

 <b>Policy #:</b> H-4	<b>Effective Date:</b> 1/24/96	<b>Page #:</b> 1 of 9
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**COMPONENT: HEALTH**

**SUBJECT: INFECTIOUS DISEASE CONTROL**

**PERFORMANCE OBJECTIVES:** To establish a procedure for Head Start employees to be informed about and prevent infectious diseases.

**SECTION I: GENERAL INFORMATION**

- A. Purpose: It is the responsibility of the Highland Rim Economic Corporation (HREC) to provide employees with a place of employment that is free of recognized hazards that could cause serious physical harm or death. In providing services to the citizens of Humphreys, Houston, Stewart, and Dickson Counties, employees may come in contact with life-threatening infectious diseases that can be transmitted through job related activities. It is essential that both citizens and employees are protected from the transmission of diseases and that neither is discriminated against because of basic misconceptions about various diseases and illnesses. The purpose of this policy is to establish a comprehensive set of rules and procedures governing the prevention of occupational exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
  
- B. Coverage: The rules and procedures outlined in this policy are applicable to all HREC employees. However, some employees are assumed to be at greater risk for blood borne infections due to their increased likelihood of contact with blood and other bodily fluids. Regardless of their work activity, all employees must understand that the consequences of exposure to HBV and HIV are serious and possibly catastrophic.
  
- C. Administration: The Infectious Disease Control Policy shall be administered by the Executive Director or his/her designated representative who shall have the following duties/responsibilities:
  - 1. Exercise leadership in the development, implementation, and maintenance of an effective Infectious Disease Control Policy;
  - 2. Survey all employee positions/work activities to determine their potential for exposure to blood and/or other potentially infectious materials;

3. Maintain records of all employees and incidents subject to the provisions of this policy;
4. Conduct periodic inspections to determine compliance with the rules and procedures specified by this policy;
5. Coordinate and document all relevant training activities that are conducted in support of this policy;
6. Prepare and recommend to the HREC Board of Directors amendments or changes to this policy; and
7. Perform such other duties and exercise such other authority as may be directed by the HREC Board of Directors in furtherance of the goals of this policy.

D. Definitions:

1. Hepatitis B Virus (HBV): A serious blood-borne virus with potential for life-threatening complications.
2. Human Immunodeficiency Virus (HIV): The virus that causes acquired immunodeficiency syndrome (AIDS), a disease transmitted through contact with infected blood/bodily fluids and for which there is no known cure.
3. Universal Precautions: An approach to infectious disease control that assumes that all direct contact with blood/bodily fluid is infectious and requires all employees undergoing such contact to be protected as though the fluid were HBV or HIV contaminated.
4. Body Fluid: Fluids that have been recognized as directly linked to the transmission of HBV/HIV and to which universal precautions apply. These fluids include blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HBV/HIV.
5. Exposure: The contact with blood or other potentially infectious material to which universal precautions apply when such contact occurs through open wounds, non-intact skin, or mucous membranes.
6. Category I Activity: Work activity where direct contact with blood and/or other potentially infectious materials to which universal precautions apply is both routine and expected. There are no Category I activities associated with HREC employment.
7. Category II Activity: Work activity normally performed without blood/bodily fluid exposure but where such exposure can be predicted to occasionally occur.

8. Category III Activity: Work activity where there is no predictable exposure to blood and/or other potentially infectious material. All HREC employees not designated as Category II shall be considered as performing Category III activities.

## **SECTION II: GENERAL POLICIES AND PROCEDURES**

- A. Policy Statement. All blood and some other bodily fluids are known to transmit infections. For this reason, the Center for Disease Control has developed the strategy that everyone should take particular care when there is a potential exposure. These precautions have been termed “universal precautions”. Universal precautions stress that all persons should be assumed to be infectious for HBV, HIV, and other blood-borne pathogens. Universal precautions apply to blood and tissue as well as other potentially infectious materials not usually associated with the work place. Universal precautions do not apply to feces, nasal secretions, human breast milk, sputum, saliva, sweat, tears, urine, and vomitus unless these substances contain visible blood.
- B. General Guidelines. General guidelines which shall be followed by all employees include:
  1. Think and exercise common sense when there is a potential for exposure to blood or other potentially infectious material which requires universal precautions.
  2. Employees should keep all open cuts and abrasions covered with an adhesive bandage capable of repelling liquids.
  3. HREC will provide gloves of appropriate material, size, and quality for each employee engaged in Category II activities. In addition, gloves will be accessible to other employees in the event they are needed. Gloves are to be worn when there is contact or expected contact with blood or other potentially infectious materials to which universal precautions apply. This includes:
    - a. While touching, handling, or treating an individual where blood/bodily fluid exposure is possible;
    - b. While cleaning or handling items, clothing, or equipment contaminated by blood/bodily fluid; and
    - c. While cleaning up an area contaminated by blood/bodily fluid.
  4. Gloves will not be used if they are peeling, cracked, discolored, have punctures, tears, or evidence of obvious deterioration. Employees shall not wash or disinfect gloves for reuse.

5. Soap and water will kill many bacteria and viruses on contact. If hands are contaminated with blood or other potentially infectious material to which universal precautions apply, wash them as soon as possible and as thoroughly as possible. Hands will also be washed after gloves are removed even if the gloves appear to be intact.
6. Areas and equipment contaminated with blood/bodily fluids shall be cleaned as soon as possible using a household (chlorine) bleach solution applied to the contaminated surface and left on for at least 30 seconds. A solution containing at least 10% chlorine is recommended.
7. Clothing (or other articles) contaminated by blood or other potentially infectious material will be handled carefully and washed as soon as possible. Laundry and dish washing cycles at 120 degrees are adequate for decontamination.
8. Whenever possible, disposable equipment shall be used for effective clean-up operations and then discarded properly.
9. All contaminated items (gloves, clothing, cleaning supplies, etc.) deemed to be disposable will be placed inside two sealable plastic bags (double-bagged).

### **SECTION III: VACCINATIONS, TESTING, AND POST-EXPOSURE MANAGEMENT**

- A. Hepatitis B Vaccinations. HREC shall offer Hepatitis B vaccinations to employees engaged in Category II activities free of charge and in amounts and times prescribed by standard medical practices. The vaccinations shall be strictly voluntary and employees who wish to take the HBV vaccination should notify the Health Manager.
- B. Reporting Potential Exposures. HREC employees shall observe the following procedures for reporting a job exposure incident that may put them at risk for HBV/HIV infection (blood/bodily fluid contact on broken skin, into eyes or mouth, etc.):
  1. Notify the Executive Director/Health Manager of the contact incident and details thereof.
  2. Complete any incident/insurance reports as may be required.
  3. Arrangements will be made for the employee to be seen by a physician as with any job-related injury. Once an exposure has occurred, a blood sample should be drawn after consent is obtained from the individual from whom exposure occurred (source individual) and tested for HBV/HIV.

C. HBV Post-Exposure Management. The following procedures are the recommended courses of action for employees who have had a possible HBV exposure:

1. For an exposure to a source individual found to be positive for HBV antigens, the employee who has not previously been given the Hepatitis B vaccine should receive the vaccine series.  
A single dose of Hepatitis B immune globulin (HBIG) is also recommended if it can be given within seven days of the exposure.
2. For an exposure to a source individual found to be positive for HBV antigens, the employee who has previously received the vaccine should be tested for antibodies to Hepatitis B and given one dose of vaccine and one dose HBIG if the antibody level in the employee's blood sample is inadequate.
3. Management and treatment, if any, of employees who receive an exposure from a source individual who refuses testing or is not identifiable should be individualized.
4. If the source individual is negative for Hepatitis B antigens and the employee has not been vaccinated, this opportunity should be taken to again offer the Hepatitis B vaccine series.

D. HIV Post-Exposure Management. The following procedures are the recommended courses of action for employees who have had a possible HIV exposure:

1. For any exposure to a source individual who has AIDS, who is found to be positive for HIV infection, or who refuses testing, the employee should be counseled regarding the risk of infection and evaluated clinically for evidence of HIV infection as soon as possible after the exposure. The employee should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks of exposure. Such an illness, particularly one characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV infection.
2. Following the initial test at the time of exposure, seronegative employees should be retested at 6 weeks, 12 weeks, and 6 months after exposure to determine whether transmission has occurred. During this follow-up period (especially the first 6 - 12 weeks after exposure), employees should follow the U.S. Public Health Service recommendations for preventing transmission of HIV. These include refraining from blood donations and using appropriate protection during sexual intercourse. During all phases of follow-up, it is vital that employee confidentiality be protected.
3. If the source individual was tested and found to be seronegative, testing of the exposed employee with follow-up testing 12 weeks later may be performed if desired by the employee or recommended by the health care provider.

4. If the source individual cannot be identified, decisions regarding appropriate follow-up should be individualized. Testing should be made available by HREC to all employees who may be concerned that they have been infected with HIV through an occupational exposure.

D. Disability/Benefits. Entitlement to disability benefits and any other benefits available for employees who suffer from on-the-job injuries will be determined by the Tennessee Worker's Compensations Bureau in accordance with the provisions of T.C.A. 50-6-303.

#### **SECTION IV: WORKERS COMPENSATION**

A. In the event that an employee is injured while on the job:

1. The employee is to receive immediate medical or other services as required by the workers compensation law.
2. The attached First Report of Work Injury Report must be completed and signed (if possible) by the employee and the employee's supervisor.
3. The supervisor must fax the report to the Director of Finance immediately at 931-289-5311.
4. The supervisor must see to it that the original report is received by the Director of Finance within 48 hours of the accident.
5. Each center will have pre-printed forms available to anyone who is injured

#### **SECTION V: TRAINING**

- A. Category III Employees: On an annual basis, all employees shall receive training and education on precautionary measures, modes of transmission, prevention of HBV/HIV infection, and procedures to be used if they are exposed to potentially infectious material.
- B. Category II Employees: In addition to the above, employees engaged in Category II activities shall also receive training regarding the location and proper use of personal protective equipment. They shall be trained concerning proper work practices and understand the concept of "universal precautions" as it applies to their work situation.
- B. New Employees: During orientation to his/her job, all new employees shall be trained on the requirements of the HREC Infectious Disease Control Policy.

## **SECTION VI: LEGAL RIGHTS OF VICTIMS OF COMMUNICABLE DISEASES**

- A. Victims of communicable diseases have the legal right to expect and HREC employees are duty bound to provide the same level of service as any other individual would receive.
- B. Whenever an HREC employee finds it necessary to notify anyone that a victim has, or is suspected of having, a communicable disease, that information shall be conveyed in a dignified, discrete, and most confidential manner. The person to whom the information is being conveyed should be reminded that the information is confidential and that it should not be treated as public information.
- C. Any employee who disseminates confidential information in regard to a victim or suspected victim of a communicable disease in violation of this policy shall be subject to serious disciplinary action.

## **SECTION VII: AMENDMENTS, REPEALS, AND EFFECTIVE DATE**

- A. Amendments: Amendments or revisions of this policy may be recommended for adoption by the Executive Director or any member of the Board of Director.
- B. Repeal: Repeal of this policy will be by action of the HREC Board of Directors.
- C. Effective Date: This policy shall take effect 30 days after passage by the HREC Board of Directors.

## **HEAD START PROCEDURE FOR OBTAINING HBV VACCINE**

- C. Employee will complete the attached form indicating their intent to receive the HBV vaccination.
- D. Employees should go to the Dickson County Health Department to receive the immunizations. Employees should notify the Health and Disability Manager of when they are scheduled to visit the health department.
- E. A receipt of immunization must be submitted to the Health and Disability Manager. The Health and Disability Manager will submit a purchase order to the HREC bookkeeper for payment to the health department.
- F. Any employees that do not go to the Dickson County Health Department are responsible for the cost of the immunizations, and must request reimbursement from the Health and Disability Manager. All receipts and proof of immunization must be submitted before reimbursement can be made. HREC will only reimburse the employee the amount up to but not exceeding the current amount charged by the Dickson County Health Department.

## **EMPLOYEE FACT SHEET**

**HEPATITIS** Hepatitis is a liver disease, initially resulting in possible inflammation of the liver, and frequently leading to more serious conditions including cirrhosis and liver cancer. In the United States there are approximately 300,000 new cases of HBV, the most prevalent form of Hepatitis, every year. While there is not a cure for Hepatitis B, a vaccine does exist that can prevent infection. HBV is most often transmitted through breaks in the skin or mucous membranes. This usually occurs through needle sticks, human bites, or having infectious material (such as blood or other body fluids) get into existing cuts or abrasions.

The symptoms of HBV infection are very much like a mild flu. Initially, there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin), and a darkened urine will often occur. However, people who are infected with HBV will often show no symptoms for some time.

After exposure it can take 2 - 6 months for Hepatitis B to develop. This is extremely important since vaccinations begun immediately after exposure to the virus can often prevent infection.

**HIV** HIV is the newest of the major blood borne diseases and is spreading rapidly. Symptoms of HIV infection can vary, but often include weakness, headaches, fever diarrhea, sore throat, nausea, and other flu-like symptoms. However, many people with the HIV virus can show no apparent symptoms for years after their infection. In most cases, contracting HIV ultimately leads to the development of AIDS. This results in the breakdown of the immune system so the body does not have the ability to fight off other diseases. Currently no vaccination exists to prevent infection of HIV and there is no known cure.

