


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
OAKLEY YOUTH DEVELOPMENT CENTER**

Subject: Exposure Control and Standard Precautions		Policy Number: 38
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Attachments Standard Precautions Form XI.38.A	Related Standards & References ACA Juvenile Health Care Performance Based Standards 2009: 4-JCF-4C-22; 4-JCF-4C-36; 4-JCF4C-62	
Effective Date: 06/09/06 Revised Date: 05/07/08, 05/01/11, 11/01/13 Review Date: 11/1/14,11/12/15	Approved:  James V. Maccarone, Director	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that standard procedural guidelines shall be established to reduce employee exposure to blood borne pathogens. Specific precautions shall be taken when exposure is possible. (4-JCF-4C-22; 4-JCF-4C-61)

Job classifications in which an employee may be expected to incur occupational exposure to blood or body fluids regardless of frequency for the Department are:

- Administrators
- Nurses, medical and dental Staff
- Psychology/Psychiatry Staff
- Juvenile Care Workers and Security Officers
- Maintenance Workers
- Warehouse Personnel
- Teachers and related Staff
- Laundry Personnel
- Recreational Staff
- Counselors
- Food Service Workers
- Any other MDYS Staff, including contractors and volunteers, having direct youth contact

The management of biohazardous waste and decontamination of medical and dental equipment shall comply with applicable local, state and federal regulations. (4-JCF-4C-62)

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Blood-Borne Pathogens – are Pathogenic microorganisms that are present in human blood and have the ability to cause disease in humans.

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Standard Precautions – are protective procedures that apply to blood, other body fluids containing blood, semen, and vaginal secretions. They also apply to tissues and the following fluids:

- Cerebrospinal fluids – found in the brain and spinal cord
- Synovial fluid – found around the joints and tendons
- Pleural fluid – found around the lungs
- Pericardial fluid – found around the heart
- Amniotic fluid – found around the fetus of a pregnant woman

Although the risk of transmission of HIV and HBV from feces, nasal secretions, sputum, sweat, tears, urine, vomitus, and saliva is extremely low, standard precautions shall apply.

High-risk exposure for blood and body fluids- when body fluids come in contact with non-intact skin or mucus membranes.

Low-risk exposure for blood and body fluids – when body fluids come in contact intact skin or clothing.

III. PROCEDURE

A. Personal Protection Equipment and Clothing

All medical staff shall use personal protection equipment as a physical barrier to eliminate or minimize exposure to blood borne pathogens or other potentially infectious materials. Personal protective equipment shall be readily accessible and available at the employee’s workstation or work site.

1. Equipment shall be considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach the employee’s work clothes, street clothes, under garments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which equipment shall be used. This equipment shall be provided at no cost to the employee. Appropriate equipment shall include, but not be limited to the use of:
 - Gloves (Latex or Vinyl)
 - Masks
 - Eye protection
 - Face shields
 - Gowns
 - Lab Coats (Moisture Resistant)
 - Aprons and other protective body clothing
 - Shoe covers
 - Resuscitation bags, pocket masks, and other ventilation devices
2. Disposable gloves shall be worn when it can reasonably be anticipated that the staff may have direct contact with blood or other potentially infectious material, mucous membranes, and non-intact skin. Gloves shall be worn when

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handling or touching contaminated surfaces.

3. Personal protective equipment manufactured and intended for re-use shall be cleaned or laundered by the department at no cost to the employee. The department shall repair or replace any personal protective equipment as needed to maintain its effectiveness.
4. One-way valve masks shall be available in the Personal Protection Pouches and first aid kits located throughout the facility to avoid direct mouth-to-mouth contact when administering CPR.

B. Exposure Control Guidelines

All staff shall adhere to the following Exposure Control guidelines for the prevention of exposure to body fluids:

1. All staff for protection from infectious diseases shall utilize standard precautions. Standard Precautions Form XI.38.A shall be posted in all staff rest rooms and in common areas of the facility, under the supervision Health Services Coordinator.
2. It is the responsibility of all facility employees to wear latex or vinyl gloves when:
 - a. There is contact with body fluids.
 - b. When handling items/equipment that is soiled or contaminated with body fluids.
 - c. When cleaning any area or equipment that is contaminated with body fluids.
3. It is the responsibility of all staff following removal of gloves to wash their hands with soap and water. When water is not available, the staff may use alcohol or hand cleaning germicide. Soap and water shall be used as soon as it is available.
4. It is the responsibility of all staff to cover all open cuts and abrasions on exposed parts of their body. Bandages shall be changed immediately if they become wet or soiled.
5. It is the responsibility of all staff to take necessary precautions during youth searches to prevent potentially hazardous needle sticks and cuts from hidden metal. The following precautionary measures shall help staff to reduce significant exposure risk:
 - a. Use great caution in searching the clothing of a youth. Instruct the youth to empty their own pockets and turn all pockets inside out. (A gentle pat search of the rest of the clothing shall be used.)
 - b. Wear protective gloves when exposure to blood is likely to be encountered.
 - c. Use puncture-proof containers to store sharp instruments, and clearly marked plastic biohazard bags to store other possibly contaminated items.
 - d. Wear facemasks and eye protection or face shields (required for nurses

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who draw blood and other staff members whose job has the potential exposure to blood being splashed in the face, mouth, nose or eyes).

6. It is the responsibility of all facility employees to place contaminated personal protective equipment and/or any clothing immediately or as soon as feasible in an appropriately designated area or container for biohazard storage, washing, decontamination or disposal, which is the responsibility of the facility.
7. Potentially contaminated sharps shall not be picked up directly with the hands. Sharps removal shall be accomplished by using a mechanical device such as forceps, tongs, or brush and dustpan. All mechanical devices used to clean up a contaminated area shall be decontaminated after use.

C. Cleaning, Disinfecting, and Disposal (4-JCF-4C-61)

1. All environmental surfaces, working surfaces, and equipment shall be cleaned and decontaminated after contact with blood, body fluids, or any potentially infectious material. Refer to policy XI.4, Medical Facility, Equipment and Environmental Monitoring and policy XI.5, First Aid Kits, Spill Kits and Automated External Defibrillator (AED).
 - a. Contaminated equipment shall display a readily observable label identifying which portions of the equipment are contaminated until cleaned and disinfected.
 - b. Protective coverings used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become contaminated or at the end of the work shift. Receptacles shall be cleaned and decontaminated immediately when visibly contaminated.
 - c. Equipment that becomes contaminated and is unsuitable for adequate decontamination shall be discarded and replacement considered if feasible.
 - d. Information identifying contaminated equipment shall be conveyed to all affected employees, servicing representatives, and/or manufacturers as deemed necessary prior to handling, servicing, or shipping. Appropriate precautions shall be implemented based on need.
2. The following cleaning and disinfecting guidelines shall be used for any area(s) and/or equipment and clothing contaminated with fluids: Refer to policy XI.4, Medical Facility, Equipment and Environmental Monitoring and policy XI.5, First Aid Kits, Spill Kits and Automated External Defibrillator (AED).
 - a. An approved disinfectant or freshly made solution of one (1) part bleach to nine (9) parts water shall be used as a cleaner. The beach solution shall be changed every 24 hours, or mixed at the time of need. An approved disinfectant shall be used for areas not suitable for bleach.

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- b. Contaminated clothing shall be placed in a melt-a-way bag, then in a container labeled Biohazard Waste. Contaminated clothing shall be washed in normal laundry cycles according to the washer and detergent manufacturer's recommendations. Clothes that cannot be washed can be dry-cleaned. This shall be the responsibility of the facility.

3. Sterilization of Medical and Dental Instruments

- a. Medical and dental instruments shall be packaged for sterilization in an autoclave pouch.
- b. The package shall include the date sterilized.
- c. Dental and health care personnel shall ensure that each medical/dental instrument is washed and either re-sterilized or cold sterilized after use. Instruments not in use are re-sterilized at least once every three months.
- d. The Director of Medical Services or designated health care professional shall monitor proper sterilization of the autoclave on a monthly basis. Refer to policy XI.4, Medical Facility, Equipment and Environmental Monitoring

4. Disposal of contaminated materials (4-JCF-4C-61)

- a. The State of Mississippi has specific regulation regarding the disposal of infectious waste. The detailed requirements can be found on the Mississippi Environmental Protection Council Website. Refer to policy XI.4, Medical Facility, Equipment and Environmental Monitoring.
- b. It is the responsibility of all facility employees to dispose of contaminated materials in the following manner:
 - Pour or flush body fluids into a sewer system. Be careful to avoid splashes.
 - Bag non re-usable items in a "red" biohazard plastic bag to prevent leakage. If the outside bag becomes soiled, double bag it.
 - Use puncture-proof containers to store sharp instruments, and clearly marked plastic biohazard bags to store other possibly contaminated items.
 - Contaminated materials shall be maintained in a locked area until removed from the facility.

D. Exposure to Blood or Body Fluids: Staff experiencing a high risk exposure to blood or other body fluids through a needle stick, cut, and puncture wound, splash to the eyes or mouth shall always:

- Remove the body fluid from the mucus membranes (e.g. eyes or mouth) by flushing with water

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- Clean the wound immediately with soap and water. If a human bite occurs, breaking the skin, milk the wound as you clean with soap and water
 - Seek medical attention as with any injury
 - Immediately report the incident to the appropriate supervisor
 - Complete a Serious Incident Report (SIR)
- E. Only staff with a history of High Risk exposure may request to have youth tested for any contagious or infectious disease.
1. A staff member exposed to the blood or body fluid of a youth may request notification of exposure to a contagious or infectious disease.
 2. The staff member with a high-risk exposure to the body fluid of a youth may request notification of the test results of the youth. This request for notification shall be in writing and sent the facility Director of Medical Services. The Director of Medical Services shall notify the Facility Administrator and any outside health care facilities or coroners where the youth may have been sent. The written request shall include:
 - The name, address, and telephone number of the staff member
 - The name of the staff member's supervisor
 - The date, time, location and manner of the exposure
 3. This request for notification to the Director of Medical Services shall be valid for ten (10) days and is renewed if necessary by resubmitting a second completed request.
 4. Notification of youth test results to a staff member is not guaranteed; notification procedures in section F (For HIV test results) and section G (For non-HIV test results) shall be followed.
- F. Notification of HIV test results performed on youth
1. After receipt and processing of the request for notification, the Director of Medical Services shall notify the Facility Administrator of the following: test performed or test not performed.
 2. The results of HIV test performed on a youth shall not be given to staff members who were exposed to blood or other bodily fluids of the youth unless the youth signs a written authorization for release that specifically identifies the staff member as an authorized recipient of the test results. The Director of Medical Services/designee shall ensure the HIV Informed Consent and Confidentiality of Test Results Form XI.34.A is utilized and is maintained in the youth's medical record. Documentation that this form has been signed by the youth and includes the staff member's name to whom the results can be released shall be noted in the youth's Interdisciplinary Progress Notes form XI.8.A.
 - a. If the HIV Informed Consent and Confidentiality of Test Results Form XI.34.A specifically list the staff member as an authorized recipient of the test results, the Director of Medical Services may then give the results in writing

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to the Facility Administrator; the staff member cannot be given the youth's name.

- b. If the youth refuses to sign the HIV Informed Consent and Confidentiality of Test Results Form XI.34A, or the form does not specifically list the staff member as an authorized recipient of the test results, the court may order the test to be performed on the youth. The results are sent directly to the Judge signing the court order. It is then up to the court to release this information as the law allows. Staff shall be instructed to seek legal counsel.

G. Notification of non-HIV test results performed on youth

1. The facility's Facility Administrator shall notify the staff member requesting results of the following: tests not performed, no diagnosis made, or tests are negative.
2. If a contagious or infectious disease is diagnosed or confirmed by a positive test result, the Director of Medical Services shall give an oral notification to the Facility Administrator within two (2) days of such findings. A written notification shall follow the oral notification within three (3) days. Oral and written notification to staff shall not include the name of youth tested. The oral and written notification of a positive test result or diagnosis shall include:
 - The name of the disease and mode of transmission,
 - The diseases symptoms and inoculation period,
 - The medical precautions necessary to prevent transmission, to others, and
 - Appropriate prophylaxis treatment and counseling for the disease.
3. All positive results and diagnoses shall be reported to the Director of Medical Services.

H. The Director of Medical Services shall revise this policy as necessary.