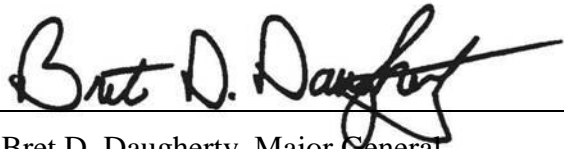




Department Policy No. SAF-613-19

Title:	Prevention of Occupational Exposure to Bloodborne Pathogens or Other Potentially Infectious Materials
Authorizing Source:	Title 29, Code of Federal Regulations, Occupational Safety and Health Administration, Part 1910.100 RCW 49.17, Washington Industrial Safety and Health Act WAC 296-823, Bloodborne Pathogens WAC 296-823-170, Access to Employee Exposure and Medical Records
Information Contact:	Human Resources Director Building #33, (253) 512-7942
Effective Date:	September 5, 2019
Mandatory Review Date:	September 5, 2023
Revised:	N/A
Approved By:	 Bret D. Daugherty, Major General The Adjutant General Washington Military Department Director

Purpose

The purpose of this policy is to provide for the safety and health of Washington Military Department (WMD) employees through training and prevention of exposure to bloodborne pathogens and other potentially infectious materials.

Scope

This policy applies to all state employees and volunteers of the WMD. It does not apply to National Guard personnel on state active duty or to federal personnel to include Active Guard Reserves (AGRs), traditional guardsmen in a federal military status, or military technicians.

Policy

The WMD Exposure Control Plan Procedure (SAF-613a-19) identifies positions within the agency which have possible occupational exposure to bloodborne pathogens or other potentially infectious materials in the course of their work.

Training for online bloodborne pathogens and universal precautions will be provided for those employees who have reasonable anticipated potential exposure to blood or other potentially infectious materials. Employees will receive a certificate which is valid for one year; annual refresher training must be tracked by the supervisor.

Responsibilities

The WMD is required to:

1. Identify all job classifications, tasks, and procedures in which occupational exposure could reasonably be expected to occur.
2. Analyze these jobs to determine risk categories of personnel having reasonable anticipated potential for exposure to blood or other potentially infectious materials.
3. List all employees with an occupational exposure. WAC 296-823-11005
4. Educate, train, and keep records of training related to occupational exposure to bloodborne pathogens. WAC 296-823-120
5. Train employees on universal precautions, bloodborne pathogens, occupational exposure (including parenteral exposure), post-exposure follow-up, reporting and treatment. WAC 296-823-12005
6. Supervisors are responsible for ensuring annual training for any of their staff who may reasonably anticipate exposure to bloodborne pathogens in the course of performing their duties as outlined in Item 1.
7. Stock, issue and mandate the use of appropriate Personal Protective Equipment (PPE) to reduce the potential for an exposure incident. WAC 296-823-150
8. Provide post-exposure evaluation, medical treatment, and follow-up for any employee who experiences an exposure incident. WAC 296-823-160
9. Report all exposure incidents using WMD Form 6009-19.

Complete information on training, post-exposure follow-up, reporting and treatment is available in the WMD Exposure Control Plan Procedure (SAF-613a-19).

Definitions

Bloodborne pathogens: disease-causing microorganisms present in human blood. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Exposure incident: a specific, actual occurrence of eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials as a result of an employee's performance of their assigned duties.

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

Parenteral contact: refers to those occasions when mucous membranes or skin is pierced by needle-sticks, human bites, cuts, or abrasions.

Personal protective equipment (PPE): specialized clothing or items worn by an employee for protection against a known hazard.

Universal precautions: a generally accepted preventative practice to treat all blood and other potentially infectious materials as if they contain bloodborne pathogens.



**STATE OF WASHINGTON
MILITARY DEPARTMENT**

BBP EXPOSURE INCIDENT REPORT

(Complete this report only for **actual exposure** "contact" with blood/fluid to skin or mucous membranes)

In case of exposure to bloodborne pathogens, complete this form immediately. Notify and consult with the Safety Officer regarding the proper procedures in response to a confirmed exposure incident. If other persons were involved, attach additional copies of this form for each person involved.

An **exposure incident** is defined as a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials. Parenteral contact means piercing mucous membranes or the skin through needlesticks, human bites, cuts or abrasions.

PART I: TO BE FILLED OUT BY EXPOSED EMPLOYEE

Name:	Job title:
Date of exposure:	Time of exposure:
Where did exposure incident occur? (be specific)	
What task was being performed when the exposure occurred?	
What caused the exposure?	
Who is the source individual? (name and contact number)	
What part(s) of your body was exposed? (circle all that apply)	Intact skin non-intact skin eyes nose mouth If skin: good condition abrasion/chapped/dermatitis
What body fluids were you exposed to? (circle all that apply)	Blood Vomit Urine Other (please specify)
Did the body fluid: (circle all that apply)	Touch unprotected skin Soak through clothing: Other: (please specify)
How much blood fluid did you come into contact with? (circle answer)	< 1 teaspoon several teaspoons several tablespoons
What PPE were you wearing? (circle all that apply)	latex/vinyl gloves safety glasses/goggles mask other: NO PPE
If no PPE was worn, explain clearly why it was not:	
Have you received pre-exposure HBV vaccine?	No Yes: Date:
Circle all BBP training you have received:	Written training module Classroom training Departmental instruction on job related tasks None
Employee Signature:	Supervisor Signature:
Date:	Date:

PART II: FOR COMPLETION BY SAFETY OFFICE

Comments / Action Taken / Recommendations:

Was the exposed employee offered a HBV Vaccination? (circle answer)

YES

NO

Name:

Date Received:

Date Logged:

Submit this form to safety@mil.wa.gov
For questions or cases deemed immediately dangerous to life or death call the
Safety Office: (253) 512-7944
In the case of an emergency call 911
To be distributed as appropriate