**Attachment D**

Agency Quality Assurance Standards

###### The following should be adapted to meet the specific needs of each agency and submitted for VDH approval.

Rapid HIV Test Exposure Control Plan

The purpose of an exposure plan is to eliminate or minimize employee occupational exposure to blood and other potentially infectious materials, and to comply with OSHA Blood borne Pathogen Standards.

“Universal Precautions,” as defined by the CDC, is a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), Hepatitis C virus (HCV), and other blood borne pathogens, when providing first aid or health care. Under Universal Precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV, HCV, and other blood borne pathogens. Universal Precautions apply to blood and other body fluids containing visible blood, semen, and vaginal secretions. Universal Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomit unless they contain visible blood. Universal Precautions do not apply to saliva except when visibly contaminated with blood. Universal Precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear that can reduce the risk of exposure of the health care worker’s skin or mucous membranes to potentially infectious materials.

**Gloves shall be worn:**

* When touching blood, body fluids requiring Universal Precautions, and mucous membranes or non-intact skin of all patients, and
* When handling items or surfaces soiled with blood or body fluids to which Universal Precautions apply. Gloves shall be changed after contact with each client. Hands and other skin surfaces shall be washed immediately with soap if contaminated with blood or body fluids. Hands shall be washed immediately after gloves are removed.
* Use gloves in situations where hands shall become contaminated with blood or other body fluids that require Universal Precautions.
* Use gloves for performing fingersticks.
* Use gloves when handling the rapid test device during testing. Masks and protective eyewear or face shields shall be worn to prevent exposure of the mucous membranes of the mouth, nose, and eyes where droplets of blood or body fluids are likely to be generated. Gowns or aprons shall be worn during procedures that are likely to generate splashes of blood or body fluids requiring Universal Precautions. General infection control practices shall further minimize the already minute risk for salivary transmission of HIV. These infection control practices include the use of gloves for contact with mucous membranes and hand washing after exposure to saliva. Hand-washing facilities shall be made available to the employees who are exposed to blood or other potentially infectious materials. OSHA requires that these hand-washing facilities be readily available after exposure. If hand-washing facilities are not feasible, (Insert Agency Name) will provide either an antiseptic cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, hands are to be washed with soap and running water as soon as feasible.

Work Practice Controls

In work areas where fingersticks are conducted and/or rapid test devices are processed, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials may be present.

A warning label that includes the universal biohazard symbol followed by the term "biohazard," must be included on bags/containers of contaminated laundry; on bags/containers of regulated waste; on refrigerators and freezers that are used to store blood or OPIM; and on bags/containers used to store, dispose of, transport, or ship blood or OPIM (e.g., specimen containers). In addition, contaminated equipment which is to be serviced or shipped must have a readily observable label attached which contains the biohazard symbol and the word "biohazard" along with a statement relating which portions of the equipment remain contaminated.

##### Implementation of Safer Medical Devices

The Needlestick Safety and Prevention Act was signed into law on November 6, 2000, in response to the advances made in technological developments that increase employee protection. Safer medical devices replace sharps with non-needle devices or incorporate safety features designed to reduce the likelihood of injury. Safer medical devices that are appropriate, commercially available, and effective shall be utilized. An effective, safer medical device is one that, based on reasonable judgment, will decrease the risk of an exposure incident involving a contaminated sharp. Since different employees may be comfortable using different types of retractable lancets, they shall have input in the identification, selection, and evaluation of effective work practice and engineering controls. After initial use of the device by employees, there needs to be a continued evaluation of the devices. It may be necessary to replace the device originally selected with a more suitable device. Only single-use devices may be used.

##### Safety Procedures

All rapid HIV testing shall be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. Label the container used for this purpose. Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

##### Personal Protective Equipment

All personal protective equipment (PPE) shall be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees’ clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment shall be used.

##### Personal Protective Equipment Accessibility

Each rapid testing employee shall ensure that the appropriate PPE in the appropriate sizes is readily accessible at the worksite. Hypoallergenic gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

##### Personal Protective Equipment Cleaning and Disposal

All PPE shall be disinfected, replaced, or disposed of by employee. All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE shall be removed before leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, decontamination, or disposal.

##### Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing fingersticks; handling used rapid test devices or controls; or touching contaminated items or surfaces. Contaminated gloves used at (Insert Agency Name) are not to be washed or decontaminated for re- use and are to be replaced after each client, and as soon as practical when they become torn, punctured, or when their ability to function as a barrier is compromised.

##### Eye and Face Protection

Masks, in combination with eye protection devices (such as goggles or glasses with solid side shield or chin-length face shields) shall be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials will be generated and eye, nose, or mouth contamination can be anticipated.

##### Housekeeping Procedures

Each employee shall ensure that the work site is maintained in a clean and sanitary condition. All contaminated work surfaces shall be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as at the end of the work shift. Any broken contaminated equipment shall not be picked up directly with the hands. Dustpans and hand brooms shall be available for use.

Disposal of all regulated waste shall be in accordance with applicable federal, state and local regulations, and follow the (Insert Agency Name) **Hazardous Materials Waste Management Plan.**

##### Disposable Lancets and Regulated Waste

Contaminated lancets shall be discarded immediately or as soon as feasible in containers that are capable of being sealed, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are to be used. The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately before removal during handling, storage, transport, or shipping. The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be capable of being sealed, constructed to contain all contents, and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled to identify its contents. Sharps containers shall not be opened, emptied, or cleaned. Other regulated waste shall be placed in containers that are closable and constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste shall be labeled or color-coded and closed before removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Each employee shall ensure biohazard labels are affixed to containers of regulated wastes, and refrigerators containing blood and other potentially infectious materials (including test kit controls). The universal biohazard symbol shall be fluorescent orange or orange-red. Red bags or containers shall substitute for labels; however, regulated waste shall be handled in accordance with the rules and regulations of Virginia Department of Health.

##### Hepatitis B Vaccination and Testing of Immunity

Hepatitis B vaccine and vaccination series shall be made available to all (Insert Agency Name) employees that provide community-based counseling and testing. (Insert Agency Name) shall ensure that the hepatitis B vaccine and vaccination series are made available at no cost to the employee. The hepatitis B vaccination will be made available: 1) after the employee has received the blood borne pathogen training; 2) within ten (10) working days of initial assignment; and 3) to all employees who have occupational exposure unless the employee has previously received the complete hepatitis vaccine series, and antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons. If the employee initially declines hepatitis B vaccination but later decides to accept the vaccination, the vaccination shall be made available. All employees who decline the hepatitis B vaccination shall sign the OSHA-required waiver, indicating refusal. If the

U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine at a future date, such booster shall be made available at no cost to the employee.

##### Post-Vaccination Testing of Immunity

Testing for immunity against hepatitis B shall be performed two to three months after completion of the hepatitis B vaccination series.

##### Post-Exposure Evaluation and Follow-Up

Following the report of an exposure incident, the exposed employee shall seek medical evaluation immediately for the post-exposure evaluation. Please see (Insert Agency

Name) Post-Exposure Prophylaxis (PEP) Plan manual. Documentation of the routes of exposure, circumstances under which the exposure occurred, and other information related to the exposure shall be addressed by the licensed healthcare professional evaluating the exposure incident.

##### OSHA Training

All employees shall receive the OSHA blood borne pathogen exposure training annually