

Louisiana Office of Financial Institutions  
BLOODBORNE PATHOGENS PROGRAM

## I. PURPOSE:

The purpose of this program is to reduce or eliminate occupational exposure to blood and other potentially infectious materials. 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 Louisiana Office of Financial Institutions (LOFI) 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 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 LOFI employees.

## III. PERSONAL PROTECTIVE EQUIPMENT

Bodily Fluid Clean-Up Kits (personal protective gear) will be located with the First Aid Kit located in the Mailroom. Safety Officers are responsible for the maintenance and replacement of these protective items. The Safety Office notifies the Purchasing Agent when new supplies are required for the kit. The kit will contain:

- A. Disposable gloves- to 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 - to 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 – to sprinkle over the spill to solidify the blood and bodily fluids to assist in safer handling.

- D. Scoop and scraper – to pick up the solidified blood and bodily fluids.
- E. 10/1 bleach solution– to clean contaminated surfaces.
- F. Suitable towelettes – to clean hands.
- G. Biohazard labeled red plastic bags – All contaminated materials used in the treatment of injuries and for 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 LOFI Safety Coordinator.
- C. An “Incident/Accident Investigation Form” will be filed by the Safety Officer and an “Employer’s Report of Occupational Injury or Disease Form” will be completed by the Safety Officer if necessary.
- D. The Safety Officer will notify the LOFI 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. The Safety Officer should contact the Facility Maintenance Manager for the LA School Employees’ Retirement System at (225) 922-1321 to schedule proper cleanup and disposal.

#### **V. MEDICAL PROVISIONS**

All LOFI employees who have been identified as having exposure to blood or other potentially infectious materials during a 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 no cost to the employee. The immunization series should be started as soon as possible but no later than 24 hours.

## VI. TRAINING

All employees will participate in a training program. The training shall be provided during initial employment orientation and at least every five years thereafter. The Safety Officer will schedule appropriate sessions within the guidelines of this policy.

## VII. RESPONSIBILITY

LOFI supports and stresses the importance of following the guidelines of the Bloodborne Pathogens Program.

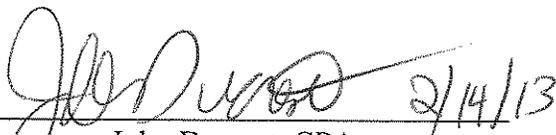
### A. Safety Officer

1. Reports, investigates, and documents all exposure incidents.
2. Requests the purchase of Bodily Fluid Clean-Up Kit and maintains replacements.
3. Ensures that the training for all employees is provided at the time of initial employment and at least every five years thereafter.

### 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.

APPROVED BY:

  
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John Ducrest, CPA  
Commissioner

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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date