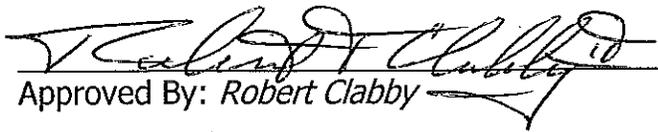


Policy Title:	Bloodborne Pathogens Exposure Control Plan		
Policy Number:	5.002	Version:	2.0
		Effective Date:	07/20/2012


Approved By: *Robert Clabby*

7/31/12
Date Approved

Overview

Purpose/Rationale:

State Operated Community Program (SOCP) has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program and complies with OR-OSHA's ***Bloodborne Pathogens, 1910.1030***, requirements.

SOCP has the authority and responsibility to ensure that all elements of the exposure plan are in place. Employees can read the plan at any time. It is located in the manager's office and also available online at <http://www.dhs.state.or.us/spd/tools/dd/socp/safetynet.html>.

Policy

Exposure determination

Employees subject to the OR-OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties. Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or OPIM who assist an injured employee but are not required to.

SOCP recognizes that all job classifications and associated tasks can put staff at risk of exposure to blood or other potentially infectious materials. Exposure determinations are made without regard to use of PPE.

Compliance methods

Universal precautions

Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult- or impossible-to-identify body fluids as potentially infectious.

Engineering and work practices controls

Use the following controls to eliminate or minimize occupational exposure.

Sharp containers

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in a sharps container. Replace containers routinely and do not allow overfilling. Place reusable sharps in metal trays for decontamination. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

Safe medical devices

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

Work practices

Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material.

Personal protective equipment (PPE)

PPE is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal annually.

Storage area

The laundry room is the storage area for bloodborne protective gear. Supplies include disposable gloves; face shields; impervious disposable coveralls and booties; resuscitation devices; large, heavy-duty plastic bags and ties; sharps containers; biohazard signs or labels; absorbent pressure dressings for wounds; antiseptic towelettes; disposable absorptive material for cleaning up spilled blood; rubber gloves; and bleach solutions or germicides.

PPE use and disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds must wear disposable gloves made of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Disinfect reusable gloves with diluted liquid bleach or germicides after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Use laboratory coats or scrubs to prevent contamination of employee street clothing. Wear impermeable disposable coveralls and booties whenever contamination of skin not protected by gloves or face shields is anticipated, such as a traumatic injury with significant blood loss.

Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation.

Remove used personal protective equipment at the exposure location or as soon as feasible to avoid contamination of other work areas. Place in a biohazard container or in a plastic bag with a biohazard label. PPE must not be taken from the work site.

Housekeeping

Employees who have received bloodborne pathogen training and who have been included under the exposure plan can clean up spills and work surfaces such as bench tops and blood processing areas.

Clean and decontaminate all equipment and working surfaces after completion of procedures in which blood or body fluids contaminated with blood are handled and immediately, or as soon as feasible, when surfaces are overtly contaminated with blood and at the end of the work shift if the surface may have been contaminated since the last cleaning. Inspect all biohazardous waste receptacles and decontaminate weekly or immediately upon visible contamination.

Use chemical germicides or solutions of 5.25 percent sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used.

Broken glassware or glass items must not be picked up directly with the hands. Use a mechanical means, such as a brush and dust pan, tongs, or forceps. Handle as a biohazardous waste. Decontaminate equipment used to pick up glassware with a 1:10 bleach solution or an approved germicide.

Contaminated laundry

Handle non-disposable linen, such as clothing or anything visibly contaminated with blood using disposable gloves. Minimize the time spent handling laundry. Bag laundry as close as possible to the location where it was used. Place laundry in the laundry bags marked for bio-hazard items. These bags are specially formulated to dissolve in the wash, minimizing the need to come into contact with blood soaked item.

If clothing or linens are ruined beyond laundering, place items in a red bio-hazard bag and remove as outlined in "Regulated Waste" section.

Regulated waste

All non-laundry items are to be placed in waste containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled, lined with a red bio-hazard bag and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contact your local waste management contractor for pickup of bio-hazard bags. They will dispose of these items properly and leave you with additional bio-hazard bags.

Labels and signs

Affix warning labels to laundry bags, containers of regulated waste, refrigerator units and containers used to store, transport, or ship blood or OPIM. Red bags or red containers can be used instead of labels.

Hepatitis B vaccine

The hepatitis B vaccine is offered, at no cost, to exposed employees within 10 working days of initial assignment. Employees who have potential exposure to bloodborne pathogens but decline to take the vaccination must sign a declination statement. Employees who initially decline can still receive the vaccination should they decide at a later date to accept. Previously vaccinated new hires must provide a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and revaccination is declined or not appropriate.

SOCp will allow staff to schedule vaccinations and will keep employees' vaccination records in their medical files.

Exposure incident and post-exposure evaluation and follow-up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is SOCp policy to include Good Samaritan acts performed by an employee at the work site.

Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.

The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual, where feasible; exposed employee blood collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

Information provided to the health care professional

SAIF is responsible for ensuring that the health care professional who evaluated the employee after an exposure incident receives the following information:

- A description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) and circumstances of the exposure
- The results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status

Health care professional's written opinion

SAIF will provide the employee with a copy of the health care professional's written opinion within 15 days after completion of the evaluation.

Limit the health care professional's written opinion(s) for the hepatitis B vaccination to whether the vaccination is indicated and whether the employee has received the vaccination.

Limit the health care professional's written opinion for the post-exposure evaluation to the following information:

- Whether the employee was informed of the evaluation results
- Whether the employee was told about any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment.

Training and training records

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. In addition, the training program will include the following topics:

- An explanation of activities and tasks that may involve exposure to blood and OPIM

- How appropriate engineering controls, work practices, and PPE will prevent or reduce exposure
- The basis for the selection of PPE; the types, use, location, removal, handling, decontamination, and disposal procedures
- Hepatitis B vaccine information including that the vaccine is provided at no cost, the benefits of being vaccinated and methods of administration
- Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should an exposure incident occur
- An explanation of the signs and hazard labels
- How to review or obtain a copy of the exposure control plan and the standard

SOCP trains employees prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained in the individual personnel files for three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

Record keeping

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, social security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with OR-OSHA's ***Access to Employee Exposure and Medical Records standard, 1910.1020***. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept in the employee's medical file:

- The results of any examination, medical testing, and follow-up procedures.
- A copy of the treating physician's written opinion to the employer.
- A copy of all information provided by the employer to the health care professional regarding the exposure incident.

Record every needlestick on the OSHA 300 Log and/or the Sharps Injury Log. Record all other exposure incidents that result in medical treatment, (e.g., amma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) on the OSHA 300 log. Retain these records for five years.

Plan evaluation and review

Review the exposure control plan will be update annually or whenever changes have

occurred. SOCP is responsible for the annual review and any updates will sign and date when the review has taken place.

Procedure(s) that apply:

4.003 Infection Control, Hep B-Post exposure guidelines

Form(s) that apply:

DHS 4566, Hepatitis B Immunization Series Designation Form
DHS 4640, Universal Precautions Form

Reference(s):

OAR 437-002-1910.1030
SOCP Policy #4.003

Contact(s):

Name: Safety Manager; **Phone:** 503-378-5952; **Email:** michelle.k.patton@state.or.us

Policy History:

- **Version 1.0:**
 - 10/10/2002 (Reaffirmed)
 - 07/01/2004 (Revised)
 - 07/20/12 (Revised)

Keywords:

Bloodborne Pathogen, Exposure Control Plan, Universal Precautions

OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20
 Department of Consumer & Business Services
 Oregon Occupational Safety &
 Health Division (OR-OSHA)

Form approved OMB no. 1218-0176

All establishments covered by OAR 437-001-0700 must complete this Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log: count the individual entries you made for each category, write the totals below, make sure you've added the entries from every page of the Log. If you haven't had any cases, write "0". Employees, former employees, and their representatives, have the right to review the OSHA Form 300 in its entirety. They also have limited access to the DCBS Form 801 or its equivalent. See OAR 437-001-0700(20)

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) _____	(H) _____	(I) _____	(J) _____

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) _____	(L) _____

Injury and Illness Types

Total number of... (M)	(4) Poisonings
(1) Injuries _____	(5) Hearing Loss _____
(2) Skin disorders _____	(6) All other illnesses _____
(3) Respiratory conditions _____	

Keep this Summary posted from February 1 to April 30 of the year following the year covered by this form.

440-3353B (11/01)

(OR-OSHA/COM)

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacturer of motor truck trailers*) _____

Standard Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment Information (If you don't have these figures, see the worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here
 Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that, to the best of my knowledge, the entries are true, accurate, and complete.

 Company Executive Title

Phone: (____) _____ Date: ____/____/____

**State Operated Community Program
Hepatitis B Immunization Series Designation form**

Performing your duties at State Operated Community Programs (SOCP) may involve exposure to blood or other potentially infectious materials. This exposure may put you at risk of acquiring the Hepatitis B virus (HBV) infection. As a benefit of employment at an SOCP facility, you have the option to receive or decline the Hepatitis B immunization series at no cost to you. This is a series of three injections given over a 6-month period.

SOCP is required to maintain records for all employees that show whether they chose to receive the series, chose not to receive the series, or had previously received the series.

Training was completed on: _____

Yes I would like to start the Hepatitis B vaccination series. A list of approved facilities is on the back of this form. Please schedule your first (next) injection within 10 days after you complete your training.

<input type="checkbox"/> 1st Shot	Date Received: _____	Initials: _____
<input type="checkbox"/> 2nd Shot	Due Date: _____ Date Received: _____	Initials: _____
<input type="checkbox"/> 3rd Shot	Due Date: _____ Date Received: _____	Initials: _____

OR

No I do not want to have the series because I have already been vaccinated at another facility. I have completed _____ shots of the Hepatitis B vaccination series at _____ on _____ **Initials:** _____

OR

No 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 the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me. **Initials:** _____

Name (Print): _____ Work Assignment: _____

Signature: _____ Date: ____/____/____

**State Operated Community Program
Hepatitis B Immunization Series Designation form**

Locations for Testing of Hepatitis B Vaccinations & Tuberculosis Testing

Salem Location			
Salem Hospital Occupational Medicine	Phone #:	(503) 561-5405	
1002 Bellevue SE	Hours:	8:00 am – 4:30 pm	
Salem, OR 97302	Closed:	12:00 – 1:00	

Portland Locations			
Appointment Number:	Sherri:	(503) 735-9588	
Airport			
Cascade Occupational Medicine	Site Phone:	(503) 253-5692	
3108 NE 181 st			
Portland, OR 97230			
Tualatin			
Cascade Occupational Medicine	Site Phone:	(503) 885-8793	
6464 SW Borland Road, Suite B-5			
Tualatin, OR 97062			
Swan Island			
Cascade Occupational Medicine	Site Phone:	(503) 285-6627	
3449 North Anchor, Suite 500			
Portland, OR 97217			

Eugene/Springfield Location			
Cascade Health Solutions	Appointment #:	(541) 228-3120	
2650 Suzanne Way, Suite 200	Hours:	8:30 am – 5:00 pm	
Eugene, OR 97408		Monday - Friday	

McMinnville Location – TB Tests Only			
Yamhill Public Health Department	Appointment #:	(503) 434-7525	
412 NE ford Street	Hours:	Monday, Tuesday and Friday	
McMinnville, OR 97128			

State Operated Community Program
Hepatitis B Immunization Series Designation form

**Procedure for Hepatitis B Immunization Series Designation Form
And Completion of Hepatitis B Vaccination Series**

- New employees will be asked during New Employee Orientation (NEO) if they would like to start the Hepatitis B vaccination series after Universal Precautions Training.
- If New Employee response is "NO" they will need to sign the forms which will go directly to SOCP Human Resources (along with the list of new employees who chose to start vaccinations).
- If New Employee response is "YES" the Designation Form will be sent with the new employee to be given to the Site Manager on their first day at their assigned group home after completion of NEO training.
- The Site Manager will be responsible to send the new employee within 48 hours (preferable the first day) to get their first injection. **(It is important to know that we only have ten (10) days to get the employee their first injection and that day starts with the last day of NEO training).**
- Currently used labs for all areas will be attached to the Hepatitis B Immunization Series Designation Form.
- Site Manager will check the box and initial next to the first shot and fill in the date-received line.
- Site manager is responsible to follow through will all three (3) injections until the third (3rd) and final injection is given. The Site Manager must then send the original form to SOCP Human Resources. No copies are to be kept at the house.
- Human Resources will track the form by "Training completion date," which is the last day of NEO training. Within 180 days this form should be completed and returned to SOCP Human Resources Office.

Send original form to SOCP Human Resources – No Copies are to be kept at the house.

Universal Precautions

Why Universal Precautions?

Completed as a part of annual training or New Employee Orientation (NEO).

1. Use Personal Protective Equipment (PPE) – these items can include:
 - disposable gloves
 - gowns
 - goggles
2. Wash your hands **frequently** using good cleansing procedures including use of soap and water and thorough washing between fingers, etc.
3. Disinfect environmental surfaces
4. Use care when disposing of trash

It may be that you will not know if someone is infected with the viruses that cause AIDS/HIV, Hepatitis B, or many other infectious diseases. Using universal precautions can protect you and your family and prevent the spread of diseases.

Use Personal Protective Equipment (PPE) – these items can include disposable gloves, gowns, goggles etc.

Safety equipment:

Completed at individual work site with designated trainer.

Each home in the agency has an available supply of disposable gloves/gowns and goggles for use by its employees. PPE should also be found in each vehicle assigned to the home to be used in case of emergency. In order to assure availability of PPE supplies, the employees of each home should report immediately to the site manager for reordering when supplies become low.

My signature below indicates that I have reviewed the general principles of universal precautions as a part of my annual training or NEO and that I know where the PPE is located at my work site and how to use it properly.

Staff name	Work site
Staff signature	Date
NEO/home trainer signature (<i>class information</i>)	Date
Home trainer signature (<i>location information</i>)	Date



State Operated Community Program

**Significant Exposure
Information**

The risk of contracting Hepatitis B in SOCP is quite low, and even lower with AIDS. However, to assure appropriate treatment, if necessary, it is important that you immediately report to your supervisor any exposure incident that represents the possibility of the spread of blood-borne infections.

Significant exposure is contact with blood or other body fluids (semen, vaginal/cervical secretions or other bodily fluids) that reasonably may have been contaminated through one of the following:

1. Parenteral exposure: needle-stick injury, cut, or contamination of an open wound less than 24 hours old with blood or other contaminated fluids.
2. Extended contact with blood or other contaminated fluids without using barrier precautions.
3. Mucous membrane exposure of the mouth, nose, or eyes by droplets of blood or other contaminated fluids.
4. Direct contact of blood or other contaminated fluids to skin if exposed skin is chapped, abraded, or afflicted with dermatitis or acne.
5. Human bites that break the skin.

Following is some general information regarding treatment available for Hepatitis B and AIDS exposure:

1. **For possible exposure to Hepatitis B:** Treatment should begin within 24 hours even if you have completed the Hepatitis B series. Information about the Hepatitis B status of the source person is available from your supervisor.
2. **For possible exposure to AIDS:** The Center for Disease Control has come out with recommendations for health care workers exposed to the AIDS virus. Post-Exposure Prophylaxis (or PEP) is a combination of medications that is started after a significant exposure to the AIDS virus. PEP should be initiated within 1-2 hours after the exposure. The important thing is that you act quickly. While the medications may cause serious side effects, existing data suggests that, given the recommended four-week regimes, the later risk is relatively low.

Employee Signature

Date

Employee Name (print)

One time only – send original to Safety Office for filing.