

 <b>Portland Community College Health &amp; Safety Manual</b>	<b>Dept: Environmental Health and Safety (EH&amp;S)</b>	
	<b>Function: Facilities Management Services</b>	
	<b>Topic: Chapter 4 — Bloodborne Pathogens Exposure Control Plan</b>	
	<b>Board Policy: B507</b>	<b>Revised Date: June 2019</b>

<b>Authority</b>	<b>PCC Board Policy—B507</b>
	<b>Portland Community College is committed to providing a safe and healthy work and educational environment for our employees, students and visitors.</b>

<b>Summary</b>	<p>The OR-OSHA Bloodborne Pathogens Standard establishes requirements and controls to which the Portland Community College must adhere whenever employees could be reasonably expected to come into contact with human blood and other potentially infectious materials in the performance of their work. Portland Community College has developed the following <i>Bloodborne Pathogens Exposure Control Plan</i> in compliance with this OR-OSHA Standard.</p>
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## I. PURPOSE

Portland Community College (the College) has developed this chapter of the Health & Safety Manual (H&SM) to comply with the requirement in OR-OSHA's Bloodborne Pathogens Standard (the Standard) to have a written Bloodborne Pathogens Exposure Control Plan. This chapter, also known as the Plan, describes the College's established procedures as they relate to various elements of the Standard. The purpose of the Plan is to limit and control occupational exposure to blood and other potentially infectious materials (OPIM) since any exposure could potentially result in the transmission of bloodborne pathogens, which could lead to disease or death. This Plan covers all employees who could be reasonably expected to come into contact with human blood and/or OPIM in the course of their work.

Employees in recognized departments or programs having the potential for occupational exposure to blood or OPIM, or who have an exposure incident in the performance of their duties will be part of this Plan (see *Section IV. A. Exposure Determination*).

## **II. AUTHORITY**

PCC Board Policy – B507

OR-OSHA Division 2/Z, 1910.1020 *Access to Employee Exposure and Medical Records*

OR-OSHA Division 2/Z, 1910.1030, *Bloodborne Pathogens Standard*

## **III. RESPONSIBILITY**

### **A. Environmental Health & Safety:**

- Collect and maintain information related to the Standard and the Plan and distribute it to affected departments; modify the Plan as necessary.
- Work with affected departments and programs to develop and facilitate procedures related to the Standard (see *Section IV. Procedures*).
- Maintain a list of at risk employees and affected departments and programs
- Provide general training opportunities and/or communicate training requirements to departments (see *Section V. Training*).
- Maintain required records (see *Section VI. Recordkeeping*).
- Contract with regulated waste disposal companies for supplies of waste containers and disposal services.
- Annually review and update the Plan in conjunction with Risk Services; maintain a copy of the Plan on the College's EH&S website; ensure the Plan is accessible.

### **B. Risk Services:**

- Provide for Hepatitis B Virus immunizations for employees opting to receive the HBV vaccine (see *Section IV. B. Hepatitis B Virus Vaccination*).
- Provide for medical evaluation, testing and administration of post-exposure prophylaxis to personnel exposed to blood or OPIM.
- Investigate instances of exposure to blood or OPIM to personnel (see *Section IV. I. Post-Exposure Incident Reporting, Investigations & Documentation*).

- Maintain the Sharps Injury Log (see *Section IV. J. BBP Medical Record and Sharps Injury Log*).
- Maintain required records (see *Section VI. Recordkeeping*).

### **C. Affected Departments and Programs:**

- Maintain a list of employees having job responsibilities that may expose them to blood or OPIMs (see *Section IV. A. Exposure Determination*).
- Maintain a list of medical field practicum students (if applicable) that may be exposed to blood or OPIM during practicum education (see *Section IV. A. Exposure Determination*).
- Inform affected personnel of the HBV vaccination program; distribute and collect forms showing employee preferences for consenting to, or declining from, the immunization program; forward completed forms to Risk Services (see *Section IV. B. Hepatitis B Virus Vaccination*).
- Departments and programs are to develop appropriate procedures for invasive or exposure incidents as related to the activities or tasks of their employees; teach their employees these procedures; and post the procedures in readily visible locations.
- Ensure that the worksite, equipment and all reusable materials, instruments and supplies are maintained in a clean and sanitary condition; establish and implement an appropriate and written schedule for decontamination of above items (see *Section IV.E. Housekeeping*).
- Notify Risk Services as soon as possible of any exposure incident, non-compliance issue or problem implementing the Plan (see *Section IV. I. Post-Exposure Incident Reporting, Investigation & Documentation*).
- Ensure affected personnel (management, staff and medical field practicum students) receive required training (see *Section V. Training*).
- Complete and process exposure and post exposure incident reports and investigations according to College procedures.

### **D. Employees:**

- Understand the risks associated with potential exposure to blood and OPIM.
- Attend the required trainings.
- Adhere to Universal Precautions and those procedures contained in this Plan and established by affected departments and programs (see *Section IV: Procedures*); Report concerns regarding compliance to the Standard or Plan to their supervisor/instructor in the department or program.
- Report all exposure incidents in accordance with *Section IV. I. Post-Exposure Incident Reporting, Investigations & Documentation* and the College's H&SM *Chapter 2 – Accident/Incident Investigation*; participate in investigations involving exposure to blood or OPIM.

## **IV. PROCEDURES**

### **A. Exposure Determination:**

The exposure determination contained in the Plan is based on the requirements found in the Standard. The College has decided to use basic job classifications as a method of identifying employees who are required to be part of this Plan. The following departments and programs have positions that require personnel to perform tasks that have a potential for exposure to blood or OPIM without regard to personal protective equipment (PPE):

**Tasks with Exposure to Blood or OPIM**

**Department / Program**

Required to provide CPR and/or First Aid

-Child Development  
-PE Staff  
-Public Safety

Clean-up of blood, OPIM or contaminated sharps (includes spill response & laundry)

-FMS Custodial  
-FMS Grounds  
-Public Safety

Provide clinical services that may involve exposure to blood or OPIM

-Dental  
-Nursing  
-Medical Assisting  
-Medical Laboratory Technology  
-Emergency Medical Technology

Medical Field Practicum Students\*

-Dental  
-Nursing  
-Medical Assisting  
-Medical Laboratory Technology  
-Emergency Medical Technology

*\*Students are generally not covered by OR-OSHA regulations. However, Allied Health Practicum Students in the College's clinical affiliates, apprenticeship programs, cooperative education and professional crafts programs are included as College employees for purposes of Workers Compensation coverage of exposure incidents when they are working on or off campus. HBV vaccination requirements for these students are coordinated through their specific department. Departments and programs are encouraged to prepare students who will be entering the work force in at-risk positions with the knowledge and understanding of the Standard.*

*Note: Employees providing CPR and/or First Aid, as lay responders, are not covered by the Standard. Only employees required to provide these services as part of their job description are covered by the Standard.*

This exposure determination information is to be kept current. Changes to the exposure determination must be communicated to EH&S and Risk Services.

**B. Hepatitis B Virus Vaccination:** Every employee who is at risk of exposure to bloodborne pathogens in the performance of his or her job responsibilities, as indicated in Section IV. A. *Exposure Determination*, shall be offered immunization against HBV at the expense of the College. The vaccine will be made available at a reasonable time

and place and performed under the supervision of a licensed physician or healthcare professional in accordance with the recommendations of the U.S. Public Health Service.

Detailed information regarding the HBV vaccination and its efficacy can be found in *Reference Document v: Hepatitis B Vaccine – What You Need to Know*, published by the CDC. Information regarding the HBV vaccine is also required to be discussed during employee training (see *Section V. Training*).

The employee's decision to receive the HBV vaccination is voluntary as is their decision to decline from participation in the program. The employee's choice is to be documented in writing on *Form 1: Hepatitis B Virus Immunization for PCC Employees*, along with their name, title, signature and date. An employee declining the HBV vaccine series may at any time change their election, at which point they should contact EH&S or Risk Services to complete a new *Form 1: Hepatitis B Virus Immunization for PCC Employees* and the vaccine series will be made available to them. Completed forms are to be forwarded to Risk Services. Participation in a pre-screening program shall not be a prerequisite for receiving the HBV vaccination.

A consenting employee's HBV immunization shall occur as soon as possible following completion of their required Bloodborne Pathogens training and within 10 days of their initial assignment to work tasks involving exposure, unless:

- The employee has been previously vaccinated; or
- Antibody testing reveals the employee to be immune, or
- The vaccine is inadvisable for medical reasons

PCC has contracted with Kaiser Permanente to provide these vaccinations and the reader is referred to *Reference Document vii: Hepatitis B Full Series Immunization Program*, which can be used to identify participating Kaiser Permanente locations and to track an employee's immunization. A record of immunizations shall be kept by the medical facility offering the immunizations and copies of these records will be maintained by Risk Services. Immunizations shall take place at the College's contracted facility unless an employee wishes to bear the expense of the vaccine series.

Should a booster dose of HBV vaccine be recommended by the U.S. Public Health Service at a future date, such a dose shall be made available in accordance with the Standard.

The HBV vaccination is also made available to those employees undergoing post-exposure evaluation and follow-up (see *Section IV.I. Post-Exposure Incident Reporting, Investigations & Documentation*).

## **C. Compliance and Controls:**

- 1. Universal Precautions** are a set of protocols recommended by the Centers for Disease Control and Prevention (CDC) and required by OR-OSHA to prevent skin and mucous membrane exposure when potential contact with blood or OPIM is

anticipated. These precautions apply to all potentially infectious body fluids regardless of the perceived status of the individual. These protocols are based on the following three basic premises:

- All blood and body fluids are to be treated as potentially infectious; and
- Proper use of protective barriers will reduce the risk of exposure; and
- Hand washing is the number one defense against disease transmission

Universal Precautions specifically includes the following:

- a. Use of appropriate PPE shall include, but not be limited to disposable and utility gloves, facemasks, disposable or launderable gowns, goggles, safety glasses with side shields, face shields and rescue breathing barriers. Specific quality and type of barriers shall be determined by the departments or programs relative to the exposure potential tasks. PPE is to be of high quality and standards and must include:
  - Gloves that are hypoallergenic, non-porous, and of sufficient strength and flexibility to resist tears
  - Face masks that are impervious to fluids, and that cover the mouth and nose while remaining in place while performing at-risk tasks
  - Eye protection, e.g., safety glasses (with permanent side shields, chemical splash goggles, full-face shields)
  - Protective clothing (gowns) that are impervious to fluids, that cover the arms to the wrist, and that cover the front of the body to the neck. Gowns should either be disposable or launderable at high temperatures in disinfectant soap or detergent.
- b. All critical instruments are to be sterilized in a heat or heat plus steam pressure sterilizer and at the appropriate time and temperature, or disposed of as medical waste per the College's guidelines (see *Section IV. F. Regulated Waste Disposal*)
- c. All contaminated surfaces must be disinfected with an Environmental Protection Agency (EPA) registered, hospital grade disinfectant, or covered with an environmental barrier such as plastic wrap. Pre-cleaning of such areas is necessary prior to disinfecting.
- d. Regulated wastes must be contained in red, color-coded plastic waste containers and stored in a dry, lockable area and properly disposed of.
- e. Hands should be thoroughly washed and cleansed after removal of gloves or after contacting blood or OPIM. If hand washing facilities are not available, hands should be disinfected in an appropriate solution. Appropriate solutions include alcohol, alcohol based hand sanitizers or pre-impregnated antiseptic towelettes. Glove removal and washing procedures are as follows:

- Rinse gloves in running water to remove gross contamination
  - Remove gloves from 1<sup>st</sup> hand by pinching the cuff of the glove using the thumb and index finger of the 2<sup>nd</sup> gloved hand and gently pulling the glove off the 1<sup>st</sup> hand. Contain the removed glove with the 2<sup>nd</sup> hand. Slip finger from 1<sup>st</sup> hand under the cuff of the gloved 2<sup>nd</sup> hand and gently remove 2<sup>nd</sup> glove, turning it inside out and containing the 1<sup>st</sup> glove.
  - Hands are to be washed thoroughly with soap and water for at least 10-20 seconds after contact with blood or body fluids, or after handling contaminated articles (note: the use of hot water removes oil from the skin\*)
  - Rub hands vigorously – create friction by rotary motion and rinse under running water to aid in the surfactant and mechanical removal of pathogens and dirt
  - Wash all surfaces, including forearms, backs of hands, wrists, between fingers, and under finger nails
  - Rinse well and dry hands with paper towel or hand dryer
  - If able, turn off water using a paper towel instead of bare hands
  - Discard of gloves into the trash if there is no gross contamination or into a red regulated waste bag if gross contamination is present.
  - Follow above procedures for non-disposable gloves but ensure thorough decontamination prior to removal; allow gloves to dry, and store gloves so that they do not degrade or become contaminated
- f. Flushing, irrigation and/or showering may be necessary if body contamination has occurred or if the eyes, mouth and nose are involved (see *Section I. Post-Exposure Incident Reporting, Investigations & Documentation*).

**\*Note:** Frequent hand washing destroys natural oils and causes drying and cracking of the skin, allowing invasion of pathogens and causing possible secondary infections; therefore, hand lotion should be applied after hand washing.

- 2. Work Practice Control Methods:** Supervisors of employees who perform at-risk procedures are responsible for the examination, maintenance, and replacement of engineering controls and equipment, under the guidance of EH&S. These include:
- a. Hand washing facilities that shall be made available to the employees who have exposure to blood or OPIM. For employees whose activities take them away from hand washing facilities, or whose jobs take place at some distance, the supervisor is to be certain that an appropriate antiseptic hand cleanser available in conjunction with clean cloths, paper towels, or antiseptic towelettes. The supervisor may determine how this alternative is provided.
  - b. It is the responsibility of the employee's supervisor to make certain that each employee washes his or her hands immediately or as soon as feasible after removal of gloves or other protective equipment.
  - c. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except under the following circumstances:
    - The supervisor may demonstrate that no alternative is feasible or that such action is required by a specific task or procedure
    - If a needle must be recapped, it is to be recapped using a mechanical device,

or a one-handed “scoop” technique that is to be taught to employees.

- d. Contaminated needles are not to be sheared or broken for disposal, but are to be placed whole in College provided Sharps containers that meet the Standard.
- e. Sharps container should be brought to the location of the Sharps pick-up, rather than picking up and carrying sharps to a Sharps container. When picking up Sharps (such as hypodermic needles) and broken contaminated glass, the employee needs to wear disposable gloves and use tongs or a broom and dustpan, rather than using his or her fingers.
- f. Needles or other Sharps are not be removed from the Sharps Container once discarded.
- g. Sharps Containers are to be maintained in a an upright position, closable, puncture resistant, leak proof on the sides and bottom, clearly labeled “Biohazard”, and are red color-coded.
- h. The supervisor shall place a full Sharps container in a regulated waste container, and immediately replace it with a new container. The supervisor is to check the infectious waste containers regularly to ensure that they are not overfilled, and when full, call for their disposal and replacement.
- i. Food and drink are not to be kept in areas where potentially infectious materials are kept or stored.
- j. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses should not be done in work areas where tasks having exposure potential are being performed.
- k. Employees are to be encouraged to work in such a manner that splashes, splattering, spraying or the creation of droplets or aerosols containing infectious materials is minimized.
- l. Mouth pipetting or sectioning of blood or other infectious materials is prohibited.
- m. If specimens of blood or OPIM are taken, they are to be handled, stored and labeled according to the Standard. If any College department or program is engaged in the collection of potentially infectious specimens, then procedures, materials, equipment and protocols are to be included in the department’s or program’s plan and posted for employees’ referral.
- m. No potentially infectious equipment, material, sample, etc., are to be shipped or mailed without appropriate containment and labeling.
- n. Safe medical devices are to be purchased and used whenever possible. Departments and programs must evaluate these devices at least annually to determine their appropriateness and invest in new and safer devices when necessary.

**D. Personal Protective Equipment (PPE) :** Exposure can be reduced and/or eliminated through the use of PPE as described in *Section IV.C.1.a.* of this Plan. Other protective



barriers such as mouthpieces, ventilation devices, shoe coverings, etc., may be appropriate for some tasks. Departments and programs are to identify these additional barriers, describe their appropriate use, and work with EH&S to provide them for their employees. Each department and program involved in exposure control shall have their PPE hazard assessment precautions outlined for these related tasks. The department and program must maintain these hazard assessment precautions and ensure that their employees are trained to use appropriate PPE.

Departments and programs are to determine which type of gown is the most effective and appropriate, as well as cost effective, for their area

- Disposable gowns are to be disposed of in the regulated waste container.
- Reusable gowns (Note: departments and programs should contact the College's Purchasing Office to determine if a state contract is available that can lower their costs for purchases and laundering services):
  - Gowns must be laundered using an appropriate disinfectant materials. It is the responsibility of the department or program to contract with a commercial laundry for this service when College laundry facilities are not available.
  - Gowns are not to be worn away from the work site, and are not to be reused once removed.

Gloves are to be removed after the removal of face masks and eye protection. They are to be removed following the process described in *Section IV.C.1.e*. Utility gloves used for cleaning should be removed in a manner designed to prevent skin contact with contaminated surfaces and disposed of once they become softened and sticky from repeated use.

- Eye protection may include safety glasses with solid side shields, chin length face shields, and shields that are an integral part of a facemask. Decontamination of such devices should be accomplished with an EPA registered disinfectant.
- Rescue breathing barriers are single use barriers that cannot be decontaminated and must be disposed of after use.
- All protective barriers (e.g., PPE) should be appropriate for the type of work performed. Department and program purchases and policies are to be developed with input from employees, and reported in the department or program specific plan.
- One employee should be delegated the task of inspection of protective barriers and quality control in purchasing.

#### **PPE Limitations:**

- **Gloves**—gloves that are torn or punctured should be disposed of and hands washed after the completion of each procedure. Disposable gloves should not be washed or disinfected for reuse. They should not be used when visibly soiled, punctured, or when their ability to function as a barrier is compromised.
- **Face/Eye Protection**—these items also need to be clean and maintained in good repair. They should be discarded if they do not function as indicated by the

manufacturer's use and maintenance documentation.

## **E. Housekeeping**

- Whereas HIV can survive outside of a human host for only a few hours, HBV is capable of surviving and remaining virulent for up to 7 days in a dried state at room temperature on work surfaces. As a result, it is important to ensure proper cleaning of all materials or surfaces contaminated with blood or body fluids.
- Cleaning up blood or body fluids shall be done as soon as possible. Basic cleaning and sanitizing products used by College staff are to be effective environmental disinfectants. The chemical product's use instructions need to be followed exactly for proper dilution and application methods.
- A fresh bleach solution is effective and may be made if commercial disinfectants are not used. This solution consists of: 500 ppm (parts per million) free available chlorine (a 1:100 dilution of common household bleach—approximately 1/4 cup bleach per gallon of tap water). The bleach solution must be made fresh each day.
- Dental and Medical Assisting departments providing clinical services are responsible for the cleaning and disinfection of their patient care areas and equipment during clinic operations.
- Cleaning and Disposing:
  - Disposable nitrile or vinyl gloves or gowns should be disposed of in the regular trash after use unless they are contaminated with blood or OPIM; then they must be disposed of in a regulated waste container.
  - Goggles (non-disposable) should be cleaned with soap and water and then wiped down with alcohol or other germicides if contaminated with blood or OPIM. Garments contaminated with blood or OPIM are to be removed immediately or as soon as possible.
  - Laundry contaminated with blood or OPIM shall be handled in accordance with *Section IV.G.* of this Plan.
  - Expenses for laundering and cleaning of employee or College-owned clothing contaminated in the course of work performance will be the responsibility of the department or program. Most PPE purchased by the department or program will be disposable therefore the costs associated with their replacement is also the responsibility of the department or program.

## **F. Regulated Waste Disposal**

**Sharps Containers** – Contaminated sharps are to be discarded immediately or as soon as feasible into containers that are closable, puncture resistant, leakproof on the sides and bottom, and labeled & color-coded in accordance with the Standard.

Sharps containers shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries). During use, Sharps containers shall be maintained upright throughout use and replaced routinely and not be allowed to be overfilled.

Reusable sharps containers shall not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

**Other Regulated Waste Containers** – Regulated wastes shall be placed into containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, appropriately labeled & color-coded.

Blood and OPIM may be disposed of in the sanitary sewers.

**Movement of Regulated Waste Containers at PCC** – Prior to moving containers of regulated waste from the area of use, the containers shall be closed and placed in a secondary container if leakage is possible. The secondary container shall be closeable, appropriately labeled & color-coded and constructed to contain all contents and prevent leakage during handling, storage, transport or shipping.

**Disposal of Regulated Wastes** - EH&S contracts with appropriate companies for regulated waste disposal. In some instances, the College is required to use a specific company based on the county in which a College facility is located. These services include the provision and delivery of the following items:

- Red color-coded plastic bags of varying sizes with sealing ties for waste disposal
- Sealable secondary containment boxes, also of varying sizes as needed
- Sharps containers that meet the Standard (see *Appendix B: Sharps Container Fact Sheet*).
- Pickup of regulated wastes from the area of use and/or regulated waste storage area and proper disposal

For more information regarding the disposal of regulated wastes, the reader is directed to the *H&SM Chapter 21 – Regulated Wastes*.

## **G. Laundry**

- Laundry contaminated with blood or OPIM will be handled as little as possible. Such laundry will be placed in appropriately marked bags (biohazard labeled, or red color-coded) at the location of use and transported to a College laundry facility. Contaminated laundry will not be sorted or rinsed in the area of use.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- Contaminated laundry is to be washed in a disinfectant soap or detergent by personnel wearing protective gloves and other appropriate PPE. If the College is unable to provide appropriate laundry services, a commercial laundry capable of complying with the Standard should be used.
- Highly contaminated towels or materials used to staunch blood flow after an accident shall be disposed of as infectious waste. Laundry personnel are to be trained in learning to make such determinations.

**H. Warning Labels** - Warning labels shall be affixed to containers used to store, transport or ship blood or OPIM as well as containers of regulated waste according to the following procedures:

- Labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color
- Labels shall be a prominent and integral part of the container, or affixed as close as feasible to the container by string, wire, adhesive, or another method that prevents their loss or unintentional removal
- Red bags or containers may be substituted for labels
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempt from the labeling requirements
- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement
- Labels required for contaminated equipment shall be in accordance with this section and shall also state which portions of the equipment remain contaminated
- Appropriate labels may be obtained by departments or programs independently, or will be provided upon request by EH&S.

**I. Post-Exposure Incident Reporting, Investigation and Documentation** - After an exposure incident, affected employees are to stop work, wash/flush the exposed area(s), report the incident as described below and seek medical care within 2 hours of the exposure. Established College procedures and protocols shall be followed to document and investigate the exposure incident. (ref. *H&SM Chapter 2 – Accident Investigation and Reporting Plan*)

In the event of a percutaneous exposure or one involving non-intact skin, washing should involve the use of a disinfectant soap, detergent or disinfectant solution. In the event of an exposure involving the mouth, nose or eyes, irrigation and flushing of affected areas for at least 15 minutes is essential. The use of emergency washing equipment in the form of eye/face washes, showers, drench hoses and personal eyewash bottles should be considered part of an appropriate first aid response to these exposure incidents. Public Safety personnel may provide first aid when requested.

Exposure incidents must be reported, investigated, and documented as soon as possible.

- **Reported** – Employees and Medical Field Practicum Students involved with an exposure incident to blood or OPIM must immediately report the exposure to:
  - The exposed employee's Department or Program manager; and
  - Public Safety; and
  - Risk Services
- **Investigated** – Risk Services will investigate all exposure incidents to determine factors that contributed to exposure with an emphasis on preventing future occurrences. The investigation will include a review of engineering controls and work practices in place at the time of exposure, as well as the exposed employee's use of PPE and adherence to Universal Precautions. Risk Services will make available to the exposed employee a confidential medical evaluation and follow-up to include:
  - Documentation of the route(s) of exposure and the circumstances under which

- the exposure incident occurred;
- Identification and documentation of the source individual, unless the College can establish that identification is infeasible or prohibited by state or local law;
  - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the College shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
  - When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
  - Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.
- Collection and testing of blood for HBV and HIV serological status;
  - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
  - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- Counseling; and
- Evaluation of reported illnesses
- **Documented** – Exposure incidents must be documented as follows:
  - *Reference Document i: Injury or Property Incident Report* is to be completed online by the exposed employee or by the instructor of a Medical Field Practicum Student. Completion of Form 1 is not to take priority over obtaining medical care within 2 hours. If an employee is unable to complete Form 1: Injury or Property Report any reason, the Department or Program Manager must complete the form or delegate this responsibility to someone else.
  - *Reference Document ii: Bloodborne Pathogens Incident Report* is to be completed by the Department or Program Manager in conjunction with the exposed employee or Medical Field Practicum Student and is forwarded to Risk Services.
  - *Reference Document iii: Supervisor's Incident Investigation Report* is to be completed by the Department or Program Manager and is forwarded to Risk Services.
  - *Reference Document iv. Workers Compensation 801 Form* is to be completed by the exposed employee or the Medical Field Practicum Student should they wish to do so.

- Healthcare Professional's Written Opinion is to be obtained and provided to the exposed employee by Risk Services within 15 days of completing their evaluation. With respect to the HBV vaccination, the opinion shall be limited as to whether the HBV vaccination is indicated for the exposed employee and if the employee has received such vaccination. With respect to post-exposure evaluation and follow-up, the opinion shall be limited to the following information:
  - That the employee has been informed of the results of the evaluation; and
  - That the employee has been told about any medical conditions resulting from exposure to blood or OPIM, which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Risk Service will provided the healthcare professional, responsible for the exposed employee's confidential medical evaluation and follow-up related to the exposure incident with the following information:

- A copy of the Standard; and
- All medical records relevant to the treatment of the employee including *Form 1: Hepatitis B Virus Immunization for PCC Employees*, and any HBV Immunization records, if the College has these records; and
- A copy of *Reference Doc ii: Bloodborne Pathogens Incident Report*; and
- A description of the employee's duties as they relate to the exposure incident; and
- Results of the source individual's blood test, if available.

## V. TRAINING

The College shall provide training to each employees having occupational exposure to blood or OPIM at the time of initial assignment to tasks in which occupational exposure may take place and at least annually thereafter.

### A. General Training:

1. EH&S provides general training which includes the following elements:
  - An accessible copy of the Standard and an explanation of its contents;
  - A general explanation of the epidemiology & symptoms of bloodborne diseases;
  - An explanation of the modes of transmission of bloodborne pathogens;
  - An explanation of the College's *Bloodborne Pathogen Exposure Control Plan* and how employees can obtain a copy of the Plan;
  - An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood or OPIM;
  - An explanation on the use and limitation of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and PPE;
  - Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE;
  - An explanation of the basis for selection of PPE;

- Information on the HBV vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge by the College;
  - Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
  - An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
  - Information on the post-exposure evaluation and follow-up that the College is required to provide for the employee following an exposure incident;
  - An explanation of the signs and labels and/or color coding required by the Standard;
  - An opportunity for interactive questions and answers with the instructor conducting the training
2. Those departments and programs unable to attend and/or complete general training conducted by EH&S may conduct their own training so long as it meets the requirements for training documented in *Section V.A.* above. Additionally, departments and programs conducting their own general training must document their employee's training on *Form 4: Training Checklist*. Once completed, these forms are to be forwarded to EH&S within 5 days of the training class. The name and qualifications of the trainer conducting Bloodborne Pathogens training for the department or program shall be documented and submitted to EH&S before training begins.

**B. Specific Training:** Departments and programs have the additional obligation to discuss with their employees how Bloodborne Pathogens training applies to their department or program activities and their employees' specific work areas.

## VI. RECORDKEEPING

EH&S is responsible for maintaining the following records associated with this Plan:

- Training records: EH&S is responsible for maintaining employee training records. These records shall include the following information:
  - Employee names and job titles
  - Date of training
  - Outline of the material presented
  - Qualifications of the presenter/training

- Accident/Incident investigations involving employee or Medical Field Practicum Students exposures to blood or OPIM.
- Copies of contractual arrangements related to regulated medical waste disposal.
- Records associated with conducting annual reviews of the Plan.

Risk Services will maintain the following records associated with this Plan:

- Medical Records: to include completed *Form 1: HBV Immunization for PCC Employees*, completed healthcare professional's written opinions regarding HBV Immunization and post-exposure evaluation and follow-up, immunization and booster records, completed Workers Compensation 801 Forms and employee medical records in accordance with 29 CFR 1910.1020.
  - The name, social security number, and job position of the employee.
  - A copy of the employee's HBV vaccination status, including the date(s) of vaccinations.
  - A copy of results of examinations, medical testing, and follow-up procedures relating to an exposure incident.
  - A copy of the information provided to the healthcare provider, including a description of the employee's duties as they relate to an exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
- Completed *Reference Document i: Injury or Property Incident Reports* and completed *Reference Document ii: Bloodborne Pathogens Incident Reports*.
- Copies of contractual agreements related to providing the HBV Vaccine and Bloodborne Pathogens post-exposure evaluation, treatment and follow-up.
- Sharps Injury Logs associated with specific College locations for a calendar year. Information contained in these logs includes:
  - Date of Sharps Injury
  - Case/Report number
  - Type and brand of device involved
  - Work area where exposure occurred
  - Brief description of the exposure incident

All records are to be retained by the applicable departments for the duration established by the Oregon State Archives in conjunction with government regulations.