

DHS
Seniors and
People with
Disabilities

STATE-OPERATED COMMUNITY PROGRAMS December 10, 2002
24-HOUR RESIDENTIAL POLICIES AND PROCEDURES #5.002

SAFETY: Bloodborne Pathogens Exposure Plan

OAR 309-049-0075, OAR 437-002-1910.1030

The State-Operated Community Program (SOCP) is committed to eliminating or minimizing employee occupational exposure to blood or other body fluids; identifying employees occupationally exposed to blood or other potentially infectious materials (OPIM) while performing their regular job duties; and providing employees exposed to blood and OPIM information and training.

POLICY:

A. Exposure Determination.

The SOCP has performed an exposure determination for all common job classifications which may be expected to incur occupational exposures to blood or other potentially infectious materials. This exposure determination is made without regard to use of PPE. The following is a list of those job classifications: Habilitative Training Technician 2, Habilitative Shift Supervisor, Agency Program Trainer, Licensed Respiratory Care Technician, Manual Arts Instructor, Licensed Practical Nurse, Mental Health Charge RN, Mental Health Supervising RN, Program Technician 1, Principal Executive Manager A, B, C, D, E, G, Office Specialist, and Administrative Specialist.

B. Compliance Methods

1. Standard Precautions:

“Standard precautions” recognizes all body fluids as though they are infected with bloodborne pathogens. This method of infection control requires the assumption that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens. Where differentiation of types of body fluids is difficult or impossible, all body fluids are to be considered as potentially infectious.

2. Engineering Controls and Work Practices:

Engineering and work practice controls will be used by all employees to eliminate or minimize occupational exposures. Annually a committee composed of the Medical Homes' Program Administrator, a nurse manager, a nurse, an HHT2, and the safety manager will consider and implement the identification, evaluation, and selection of commercially available safer medical devices, engineering controls, and work practices.

a. Engineering Controls:

1. Approved sharps disposable containers.
2. Self-sheathing needles.
3. Mechanical needle recapping devices
4. Readily available personal protective equipment (i.e. gloves, gowns, masks, eye protection, etc.)
5. Readily accessible handwashing facilities.
6. Antiseptic wipes available in vehicles.

b. Work Practice Controls:

1. Washing hands frequently using good cleansing procedures.
2. Wearing PPE as needed.
3. Disinfecting environmental surfaces.
4. Proper disposal of trash.
5. Proper laundering techniques.
6. Using correct technique in the disposal of sharps.

3. Personal Protective Equipment (PPE).

The following PPE will be provided at no cost to the employee and will be used as incidents warrant:

- a. Disposable gowns.
- b. Gloves and masks (non-latex gloves will be available to employees who are allergic.)
- c. Eye protection.

All PPE will be removed and properly disposed of prior to leaving the work area.

4. Housekeeping.

a. General Housekeeping Procedures.

All equipment and environmental and working surfaces will be cleaned and decontaminated using appropriate disinfectants and procedures as soon as feasible after any contact with blood or other potentially material.

b. Regulated Waste.

Contaminated sharps will be discarded using only approved containers and methods.

c. Contaminated Laundry.

Contaminated laundry shall be handled as little as possible with minimum agitation. Employees will wear proper personal protective equipment when handling contaminated laundry.

5. Hepatitis B Post-Exposure Evaluation and Follow-up:

a. When an employee has an exposure incident, it will be immediately be reported to the direct supervisor.

b. All employees who incur an exposure incident will be offered a no-cost, post-exposure evaluation and follow-up. All post-exposure follow-ups will be performed by a local emergency room or the worker's personal physician.

1. The health care professional will be provided with:

- a. A copy of OAR 437-002-1910.1030
- b. A description of the exposed employee's duties as they relate to the exposure incident.
- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- d. Results of the source individual's blood testing, if available.
- e. All relevant employee medical records including vaccination status.

c. Healthcare Professional's Written Opinion.

A copy of the evaluating healthcare professional's written opinion will be available to the employee within 15 days of the completion of the evaluation. The opinion will be limited to whether HBV is indicated for an employee and if the employee has received such a vaccination.

6. Communication of Hazards:

a. Labels and signs.

All containers (i.e. sharps containers) will be labeled with approved biohazard warning labels.

b. Information and training.

Training will be provided at the time of initial assignment where occupational exposure may occur and will be repeated within 12 months of the previous training. The training will be tailored to the education and language level of the employee and offered during the normal work shift. The training will contain the following information:

1. A copy of the regulation.
 2. Epidemiology and symptoms of bloodborne diseases.
 3. Modes of transmission of bloodborne pathogens.
 4. The SOCP exposure control plan and how the employee can get a copy of the plan.
 5. Methods for recognizing tasks that may involve exposures.
 6. The use and limitations of engineering controls, work practices, and PPE that will prevent or reduce exposure.
 7. The types, proper use, location, removal, handling, and disposal of PPE.
 8. The basis for selection of PPE.
 9. Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated.
 10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious material.
 11. Procedure to follow if an exposure incident occurs.
 12. Post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 13. Signs and labels and/or color coding required.
 14. An opportunity for interactive questions and answers.
7. Record Keeping.
- a. Medical Records

SOCP is responsible for maintaining medical records as indicated below. Medical records are strictly confidential and will not be reported to any person within or without the workplace without the employee's express written consent. These records will be maintained for the duration of the employee's employment plus 30 years and kept in the safety office unless otherwise indicated.

1. Name and social security number of the employee.
2. A copy of the employee's hepatitis B vaccination status including the dates of the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccinations.
3. A copy of all results of examinations, medical testing, and follow-up procedures and the employer's copy of the healthcare professional's written opinion will be maintained by SOCP's Worker's Compensation insurance carrier.
4. A copy of the information provided to the healthcare professional.

b. Contaminated Sharps Injury Log

1. The Safety Office will maintain a contaminated sharps injury log which will include the type and brand of device involved in the incident, the house where the incident occurred, and a description of how the incident occurred.

Approved by: _____
Jon Cooper, Director

Date: _____