

PERSONNEL POLICIES AND PROCEDURES
OREGON MILITARY DEPARTMENT
AGP POLICY 99.200.03

Subject: Exposure Control Plan (ECP) for Bloodborne Pathogens

Applicability: Employees whose classification may cause them to come in contact with blood. Site specific plans are admissible under this policy. A copy of such plans should be maintained with the State Safety Office in AGP.

Effective Date: 1 June 2009

I. PURPOSE: Oregon Military Department is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

II. GENERAL PLAN: The ECP is a key document to assist our agency in implementing and ensuring compliance with the standard, thereby protecting our employees.

III. DEFINITIONS:

- A. AIDS:** Acquired Immuno-Deficiency Syndrome caused by the HIV virus.
- B. Blood:** Human blood, components and products of human blood.
- C. Engineering and Work Practice Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the workplace, such as sharps disposal containers, self-sheathing needles.
- D. General Duty Clause:** Employers with employees who are not routinely exposed to blood or OPIM in which case the Hepatitis B vaccination would not need to be offered until an incident involving the presence of blood or OPIM occurs.
- E. Hepatitis B Virus:** Hepatitis B is a germ (virus) that gets into your body and attacks your liver. Passed by contact with blood or other body fluids of someone who has the virus.

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- F. **Hepatitis C Virus:** Hepatitis C is the most common chronic bloodborne infection in the US. It is spread primarily through large or repeated direct percutaneous (via blood vessels) exposures to human blood.
- G. **HIV:** Human Immunodeficiency Virus is the virus that causes AIDS. Passed from one person to another through blood-to-blood and sexual contact.
- H. **Other Potentially Infectious Materials (OPIM):**
1. Human blood components and/or products
 2. Semen
 3. Vaginal secretions
 4. Cerebrospinal fluid
 5. Synovial fluid (joints)
 6. Pleural fluid (chest)
 7. Pericardial fluid (heart)
 8. Peritoneal fluid (abdomen)
 9. Amniotic fluid (childbirth)
 10. Saliva in dental procedures
 11. Any body fluid that is visibly contaminated with blood.
 12. Any fluids in which differentiation of body fluid types is difficult or impossible.
- I. **Pathogen:** An agent of disease; pathogens include bacteria such as staph, viruses such as HIV, AIDS and fungi such as yeast.
- J. **Standard Precautions:** Based on the latest information on the transmission of infections in hospitals.
- K. **Universal Precautions:** An approach to infection control that treats all human blood and certain human body fluids as if they are infectious for HIV, HBV and other bloodborne pathogens.
- IV. **THIS ECP INCLUDES:**
1. Determination of employee exposure;
 2. Implementation of various methods of exposure control, including:

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- A. Universal precautions,
 - B. Engineering and work practice controls,
 - C. Personal protective equipment, and
 - D. Housekeeping
- 3. Hepatitis B vaccination;
 - 4. Post-exposure evaluation and follow-up;
 - 5. Communication of hazards to employees and training;
 - 6. Recordkeeping; and
 - 7. Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

V. ADMINISTRATIVE DUTIES:

- A. The State Safety Manager is responsible for the implementation of the ECP. The State Safety Manager will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- B. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- C. AGI will maintain and provide all necessary personal protective equipment (PPE) at no cost to the employee, engineering controls (e.g., sharps containers, if applicable), labels, and red bags as required by the standard. AGI will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- D. The State Safety Manager will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
- E. The State Safety Manger and AGI will be responsible for ensuring OSHA training, documentation of training,

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and making the written ECP available to employees, OSHA, and NIOSH representatives.

VI. Employee Exposure Determination:

The following is a list of job classifications in which occupational exposure may occur for these individuals:

- A. Military Lease Agents
- B. Custodians
- C. Custodial Services Coordinators
- D. Regional Events Coordinators
- E. Facilities Maintenance Specialist
- F. Facilities Operations Specialist

VII. List of Tasks and procedures in which occupational exposure could occur:

- 1. All job classifications listed in VI include rental and maintenance of our military facilities. These duties could include:
 - a. Cleansing and bandaging of cuts, burns, and other open wounds
 - b. Emergency treatment of traumatic wounds
 - c. Cardiopulmonary resuscitation
 - d. Clean up spilled blood or OPIM
 - e. Decontamination of work surfaces and reusable equipment.

VIII. Methods of Implementation and Control:

- A. All employees will utilize universal precautions.
- B. Employees covered by the bloodborne pathogens standard receive a copy of this ECP and an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their working hours by contacting the State Safety Manager.

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C. The State Safety Manager is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

IX. Engineering and Work Practice Controls:

A. Personal Protective Equipment (PPE):

1. PPE is provided to our employees for the tasks or procedures employees will perform.
2. Types of PPE available to employees are as follows: gloves face shields, masks and eye protection.

B. Work Practice Controls:

1. Wash hands immediately or as soon as possible after removal of gloves.
2. Equipment decontamination
3. No eating, drinking, smoking in work areas where there is a likelihood of exposure to bloodborne pathogens or OPIM.

C. Housekeeping:

1. Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent spillage or protrusion of contents during handling.
2. Sinks and pails are cleaned and decontaminated as soon as feasible after visible contamination.
3. Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dust pan.
4. Appropriate disinfectants include diluted household bleach solution, freshly made within 24 hours of use at a 1:10 to 1:100 concentration.

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D. Laundry:

1. Contaminated laundry must be handled as little as possible with a minimum of agitation. It must be:
 - a. Bagged/containerized where used.
 - b. Not sorted/rinsed where used
 - c. Placed/transported in labeled or color-coded bags or containers
 - d. Placed/transported in leak-proof bags or containers if leaks likely
 - e. Employees must wear proper PPE.

E. Labels:

1. The following labeling method(s) is used in this facility:
2. Red bags will be used as required if regulated waste or contaminated equipment is brought into the facility.
3. Employees are to notify AGI and the State Safety Manager if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X. Hepatitis B Vaccination:

1. The Oregon Military Department falls under the General Duty clause in which case the hepatitis B vaccination is not offered until an incident involving the presence of blood or OPIM occurs.
2. In instances where Oregon Military Department employees may have been exposed to bloodborne pathogens, they will be required to complete a SAIF Form 801.

A. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series,
2. Antibody testing reveals that the employee is immune, or

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3. Medical evaluation shows that vaccination is not advised.
4. If an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept with the State Safety Manager in AGP.
5. Vaccination will be provided by the employees medical provider.
6. Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

XI Post-exposure Evaluation and Follow-Up:

1. Should an exposure incident occur, contact the State Safety Manager at 503-584-3581 immediately.
2. Employee needs to complete a SAIF Claim form 801 and an Exposure Incident Report Form to include the names of all involved employees and a description of the circumstances surrounding the exposure.
3. All employees who are involved in any situation involving the presence of blood or OPIM, regardless of whether a specific exposure incident occurs, will be offered the full hepatitis B vaccination as soon as possible but no later than 24 hours after the incident.

XII. Administration of Post-Exposure Evaluation and Follow-up:

1. The State Safety Manager will ensure that the health care professional(s) responsible for employee's hepatitis B vaccination, post-exposure evaluation and follow-up is given a copy of OSHA's bloodborne pathogens standard.
2. The State Safety Manager will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation stating:

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1. HBV Vaccination

- a. Whether it is indicated; and
- b. Whether it was given

2. Post-Exposure Evaluation

- a. That the employee has been informed of the results of the medical evaluation; and
- b. He or she has also been told about any medical conditions resulting from the exposure which require further evaluation or treatment.

XIII. Employee Training:

1. All employees who have occupational exposure to bloodborne pathogens will attend "The Exposure Control/Bloodborne Pathogens training" conducted by OR-OSHA.
2. Training will occur at time of initial assignment to risk of exposure.
3. Training will be conducted during working hours and at no cost to the employee.
4. Training will be at least annually thereafter; sooner if changes in tasks or procedures occur.

XIV. Recordkeeping:

A. Training Records:

1. Training records are completed for each employee upon completion of training to include date of training, summary of content covered and trainer name/qualifications.
2. Training records will be maintained by the State Safety Manager in AGP for three years.

B. Medical Records:

1. Medical records are maintained for each employee with occupational exposure in

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accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

2. The State Safety Manager in AGP is responsible for maintenance of the required medical records. The confidential records are kept for at least the duration of employment plus 30 years.

C. OSHA Recordkeeping:

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the State Safety Manager.

D. Sharps Injury Log:

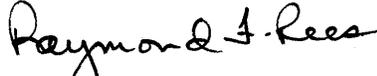
1. The Oregon Military Department does not have any Sharps Containers; therefore, there is no requirement for a Sharps Injury Log. If it is later determine that there is a need for a Sharps Container, a Sharps Injury Log will be maintained by the State Safety Manager.

XV. Attachments:

- A. Declination Form for Hepatitis B Vaccine (**Return to AGP**)
- B. OMD Exposure Incident Report (**Return to AGP**)
- C. Medical Provider Letter and Documentation & Identification of Source Individual. (**Form goes to medical provider**)
- D. Employee Exposure Follow-up Record (**Form goes to medical provider**)
- E. Exposure Incident Report (**Form goes to medical provider**)
- F. Hepatitis B Vaccine Immunization Record (**Form goes to medical provider then returned to AGP**)
- G. OMD Exposure Control Plan Safety Rules (**Return form to AGP**)

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- H. OAR 1910.1030 - Bloodborne Pathogens (**Form goes to
medical provider**)

Handwritten signature of Raymond F. Rees in cursive script.

RAYMOND F. REES
Major General
The Adjutant General

Hepatitis B Vaccine Declination (Mandatory)

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 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Witness

Name

Address

City/State/Zip

Date

OMD EXPOSURE INCIDENT REPORT

(Routes and Circumstances of Exposure Incident)

Please Print

DATE COMPLETED _____

EMPLOYEE'S NAME _____ SSN _____

HOME PHONE _____ BUSINESS PHONE _____

DOB _____ JOB TITLE _____

EMPLOYEE VACCINATION STATUS _____

DATE OF EXPOSURE _____ TIME OF EXPOSURE _____ AM _____ PM _____

LOCATION OF INCIDENT (HOME, STREET, CLINIC, ETC. - BE SPECIFIC) _____

NATURE OF INCIDENT (AUTO ACCIDENT, TRAUMA, MEDICAL EMERGENCY - BE SPECIFIC):

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED (BE SPECIFIC):

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)? YES _____ NO _____

DID THE PPE FAIL? YES _____ NO _____ IF YES, EXPLAIN HOW: _____

WHAT BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL - BE SPECIFIC)?

WHAT PARTS OF YOUR BODY BECAME EXPOSED (BE SPECIFIC)? _____

ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED:

FOR HOW LONG? _____

ATTACHMENT B
AGP POLICY 99.200.03

RETURN FORM TO AGP

Continued from front

DID A FOREIGN BODY (NEEDLE, NAIL, AUTO PART, DENTAL WIRES, ETC.) PENETRATE YOUR BODY?

YES _____ NO _____ IF YES, WHAT WAS THE OBJECT? _____

WHERE DID IT PENETRATE YOUR BODY? _____

WAS ANY FLUID INJECTED INTO YOUR BODY? YES _____ NO _____ IF YES, WHAT FLUID _____

HOW MUCH? _____

DID YOU RECEIVE MEDICAL ATTENTION? YES _____ NO _____ IF YES, WHERE? _____

WHEN? _____ BY WHOM _____

IDENTIFICATION OF SOURCE INDIVIDUAL(S) _____

NAME(S) _____

DID YOU TREAT THE PATIENT DIRECTLY? YES _____ NO _____ IF YES, WHAT TREATMENT DID YOU PROVIDE (BE SPECIFIC)? _____

OTHER PERTINENT INFORMATION: _____



OREGON MILITARY DEPARTMENT
JOINT FORCE HEADQUARTERS, OREGON NATIONAL GUARD
ADJUTANT GENERAL PERSONNEL
1776 MILITIA WAY
P.O. BOX 14350
SALEM, OREGON 97309-5047

Dear EMT, Emergency Room Medical Director, Infection Control Practitioner:

One of our employees was involved in an event with a patient who may have been transported to your facility, which may have resulted in exposure to a bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event please determine whether our employee is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" form which was initiated by the exposed employee. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed employee concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law, and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

ATTACHMENT C
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GIVE FORM TO
MEDICAL PROVIDER

Confidential

DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of Exposed Employee: _____

Name and Phone Number of Medical Provider Who Should be Contacted: _____

INCIDENT INFORMATION

Date: _____

Name or Medical Record Number of the Individual Who is the Source of the Exposure

NATURE OF THE INCIDENT

_____ Contaminated Needlestick Injury

_____ Blood or Bodyfluid Splash Onto Mucous Membrane or Non-Intact Skin

Other: _____

REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart Review By: _____ Date: _____

Source Individual Unknown - Researched By: _____ Date: _____

Testing of Source Individual's Blood Consent: Obtained _____ Refused _____

CHECK ONE:

_____ Identification of source individual infeasible or prohibited by state or local law. State why if infeasible.

_____ Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen

_____ Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person completing report: _____ Date: _____

NOTE: Report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

HIV-related information cannot be released without the written consent of the source individual.

Confidential

EMPLOYEE EXPOSURE FOLLOW-UP RECORD

Employee's Name _____ Job Title _____

Occurrence Date _____ Reported Date _____

Occurrence Time _____

SOURCE INDIVIDUAL FOLLOW-UP:

Request made to _____

Date _____ Time _____

EMPLOYEE FOLLOW-UP:

Employee's Health File Reviewed by _____ Date _____

Information given on source individual's blood test results Yes _____ Not obtained _____

Referred to healthcare professional with required information:

Name of healthcare professional _____

By Whom _____ Date _____

Blood Sampling/Testing Offered

By Whom _____ Date _____

Vaccination Offered/Recommended:

By Whom _____ Date _____

Counseling Offered:

By Whom _____ Date _____

Employee advised of need for further evaluation of medical condition:

By Whom _____ Date _____

EXPOSURE INCIDENT REPORT

Information provided to Dr. _____

Name: _____

Date of exposure incident: _____

Location of exposure incident: _____

Route(s) of exposure: _____

Results of Source Individual's tests if possible (unless prohibited by law):

Description of employee's duties related to exposure incident:

Circumstances under which exposure occurred: _____

Results of previous blood tests:

Test(s) conducted: _____

Test date: _____

Results: _____

Attachments:

1. Employee's medical records relevant to appropriate treatment, including vaccination status.
2. One copy of Oregon Administrative Rules, Chapter 437, Division 2/Z, Bloodborne Pathogens.

Confidential

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be administered on: _____

Elected dates:

First _____

One month from elected date _____

Six months from elected date _____

Employee Name: _____

Date of first dose: _____

Date of second dose: _____

Date of third dose: _____

Antibody test results - post vaccine (optional): _____

Time interval since last injection: _____

Employee Signature _____

ATTACHMENT F
AGP POLICY 99.200.03

GIVE FORM TO MEDICAL PROVIDER
RETURN TO AGP

OMD Exposure Control Plan Safety Rules

1. If handwashing facilities are not available use antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes and wash hands with soap and running water as soon as feasible.
2. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
3. Wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
4. Contaminated needles will not be bent, recapped, broken or sheared or removed unless an alternative method of disposal is possible, or if it is required by a specific medical procedure, and must be done so using a mechanical device or one-handed technique.
5. Contaminated sharps must be placed in puncture resistant, labeled, leakproof containers until properly reprocessed.
6. Employees will not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a likelihood of occupational exposure.
7. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other OPIM are present.
8. Minimize splashing, spraying, splattering or generation of droplets when working with blood and/or OPIM.
9. Employees will not use mouth pipetting/suctioning of blood or OPIM.
10. Blood and OPIM will be placed only in properly labeled containers, and closed to prevent leakage during collection, handling, processing, storage, transport, or shipping. (Labeling requirements are not required if universal precautions are used when handling all specimens, containers are recognized as containing specimens, and the containers do not leave the facility).

I have read, understood, and will comply with the above safety rules. I understand that compliance with these safety rules is a condition of employment and that violation of any rule may result in progressive disciplinary action including termination.

Employee

Date

ATTACHMENT G
AGP POLICY 99.200.03

RETURN FORM TO AGP