



**DEPARTMENT OF CORRECTIONS
Human Resources**



Title:	Blood Borne Pathogens	DOC Policy: 20.6.7
Effective:	12/1/15	Supersedes: 3/1/12
Applicability:	All Employees, Students, Volunteers and Contract Service Providers	
Directives Cross-Reference:	<p>OAD 437, Division 2, Subdivision Z, Toxic and Hazardous Substances, 1910.1030 Bloodborne Pathogens, OAR 437-002-1030, OAR 437-002-1035; ORS 433.085 HIV and Hepatitis test at request of law enforcement officer; DOC Policy 20.1.3 Code of Conduct, DOC Policy 20.6.1 Promotion and Maintenance of a Respectful Workplace, DOC Health Services P-B-01.2 Exposure Control Plan</p>	
Attachments:	<p>Attachment A – Employee Information Following Exposure Attachment B – Post Exposure – Roles/Responsibilities/Duties Attachment C – Outline of BBP Roles and Responsibilities Attachment D – Information to the Source Patient in Blood and Body Fluid Form CD1398 – Offer/Declination of Hep B Vaccination Form CD1401 – Supervisor’s Report of Employees Duties & Description Form CD1402 – Post-Exposure Follow-Up Checklist Form CD1403 – Hep B Vaccination Program Medical Report Form CD1404 – Healthcare Provider’s Written Opinion</p>	

I. PURPOSE

To eliminate or minimize exposure to blood borne pathogens in the workplace by providing consistent guidance to managers and staff.

II. DEFINITIONS

- A. Blood Borne Pathogens: Pathogenic microorganisms present in human blood, which can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
- B. Blood Borne Pathogens Safety Oversight Committee: The statewide multi-disciplinary committee responsible for conducting ongoing reviews of policies, plans, practices, training, exposure incidents, and equipment selection including medical sharps. The committee makes recommendations to the Director and appropriate managers to accomplish the aims and requirements of this policy and applicable regulations.
- C. Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.
- D. Emergency Staff Services (ESS): Department staff on-site or on-call, trained as peer support to defuse and support staff during and after a crisis.
- E. Engineering Controls: Controls (e.g., sharps containers, self-sheathing needles, etc.) that isolates or reduces the blood borne pathogen hazards from the workplace.
- F. Exposure Control Plan: A written document which identifies occupational hazards and specifies the methods of protecting and training employees (DOC Health Services policy P-B-01.2 **Exposure Control Plan**).

- G. Exposure Incident – Direct Contact: Occurs when eye, mouth, other mucous membrane, non-intact skin, or penetrated skin (parenteral exposure) comes into contact with blood or other potentially infectious materials during the performance of an employee's duties.
- H. Exposure Incident - Indirect Contact: Occurs when blood or other potentially infectious material comes into contact with anything but mucous membrane or non-intact skin.
- I. Facility Safety Liaison: Main contact for each respective location to facilitate safety related questions or concerns.
- J. Job Hazard Analysis (JHA): A method of identifying, assessing, and controlling hazards associated with a specific job. A JHA breaks a job down into tasks; each task is evaluated to determine if there is a better, safer way to do it.
- K. Licensed Health Care Professional: Any licensed health care professional who can provide consultation and/or medical treatment.
- L. Other Potentially Infectious Materials (OPIM): Include, but are not limited to, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, and any body fluid that is visibly contaminated with blood. Note: Feces, urine, nasal secretions, sputum, sweat, tears, and vomitus are not considered OPIM unless they contain visible blood.
- M. Parenteral: Piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts, and abrasions.
- N. Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and are not considered personal protective equipment.
- O. Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state, if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- P. Sharps: Any object that can penetrate the skin (i.e., needles, scalpels, broken glass, broken capillary tubes, exposed ends of dental wires, etc.).
- Q. Source Individual: Any living or dead individual whose blood or OPIM may be a source of occupational exposure to blood borne pathogens.
- R. Titer Test: A blood test conducted to determine if HBV antigens/antibodies are present in the blood and the level of immunity achieved.
- S. Universal Precautions: An approach to infection control, which treats all human blood and certain human body fluids, as if they are infectious for HBV, HCV, HIV, or other blood borne pathogens.
- T. Work Practice: The established and accepted methods for performing tasks, standard operating procedures, would include the accepted practices of licensed or certified professionals.

III. POLICY

A. General

1. Department of Corrections staff may be exposed to blood and other potentially infectious materials in the performance of their duties. It is the policy of the DOC to

comply fully with Occupational Health and Safety Regulations to eliminate or reduce the potential for exposure through the use of engineering controls and work practices, to establish written exposure control plans, to provide appropriate personal protective equipment, to provide training, to provide recommended immunizations and to conduct an ongoing review of its equipment, procedures, and exposure incidents.

2. DOC will provide confidential investigations, treatment, and follow-up for all exposure incidents following guidelines established by the Centers for Disease Control.
3. DOC will establish and maintain records and reports required under the Blood Borne Pathogens Standard.
4. This policy applies to all DOC locations, institutions, and functional units.

B. Exposure Control Plan

1. Each functional unit has an exposure control plan to minimize or mitigate exposure of employees, volunteers or contract service providers to blood borne pathogens.
2. Each site specific plan will, at a minimum, include the following elements:
 - A copy of DOC Policy 20.6.7.
 - A copy of OR-OSHA Standard Z.
 - A list of job titles where exposure can be anticipated.
 - A description of training.
 - A description of preventive measures.
 - Universal Precautions
 - Hepatitis Vaccination
 - A description of local methods of hazard control.
 - Engineering and work practice controls.
 - Personal protective equipment.
 - Housekeeping
 - Labeling and communication.
 - A description of actions to take in the event of an exposure incident.
 - A description of recording and reporting requirements.
 - A set of Appendices with information specific to the functional unit or site.
3. Each functional unit or site specific exposure control plan will be reviewed by the facility safety liaison/designee and a health service staff member annually, or as often as necessary to eliminate or reduce risks. Key parts of the exposure control plan are the steps to be followed in the event of an exposure incident. These reviews shall occur no less than annually and a record of the process will be maintained.
4. Training in all aspects of the functional unit or site specific exposure control plan will occur at the time of initial assignment, or when changes in equipment or work practices are adopted. Refresher training is required on an annual basis.
 - a. Training will be provided by qualified persons.
 - b. Training will be provided at no cost to the employee.
 - c. Training will encompass the training elements required under the OROSHA standard.
 - d. Each employee will have an opportunity to have questions answered.

- e. Training records will be maintained.
 - f. Appropriate training on blood borne pathogens shall be presented to students, volunteers and contract service providers prior to assignment.
5. Hepatitis B Vaccinations (HBV) Program
- a. Vaccinations for HBV and titer testing will be offered to all employees at no cost to the employee.
 - b. An employee who declines vaccination shall be required to complete a Declination form (CD 1398) that will be kept in a permanent record. Employees who decline vaccination may later request the series.

C. Exposure Incidents

- 1. Exposure Incidents occur when a worker comes in contact with blood or OPIM (other potentially infectious material) through contact with broken skin, mucous membranes or puncture wounds from contaminated sharp objects.
- 2. A post exposure evaluation will be conducted by manager of the effected staff member that includes the latest recommendation from the Center for Disease Control, and will consist of completing form CD 1402 (attached in this policy).
- 3. An exposure incident is a potential medical emergency and prompt referral to a qualified health care provider may be necessary.
 - a. First aid will be provided at the institution.
 - b. Accurate and thorough records of the incident will be initiated.
 - c. The employee will be referred to a medical provider.
 - d. The medical provider will supply a written opinion.
 - e. Exposure incidents will be maintained for at least 30 years beyond the last day of employment.
- 4. Volunteers and contractors who become involved in an exposure incident or believe that they have been exposed to a BBP are encouraged to seek private medical attention within the time frames outlined in the exposure control plan and are expected to comply with the reporting requirements of the plan. All costs associated with medical care are the sole responsibility of the volunteer or contractor unless otherwise approved.

D. Blood Borne Pathogens Safety Oversight Committee

A Blood Borne Pathogens Safety Oversight Committee composed of representatives from Human Resources, Health Services, and Operations functional units shall:

- 1. Meet regularly to provide ongoing oversight of the Blood Borne Pathogens Safety Program, to review policies and procedures and recommend necessary changes, to review the HBV vaccination program and to review and analyze incidents of blood borne pathogen exposure.
- 2. Monitor the agency's BBP safety training programs and make recommendations regarding their content and compliance with OSHA requirements.
- 3. Identify, evaluate, and recommend engineering controls and work practice controls including safer medical devices. This evaluation shall be done annually, at a minimum, and it will comply with OR-OSHA requirements for line staff involvement.

4. Conduct the required annual review of the BBP policy and safety programs and recommend changes to the policy committee.
5. Make recommendations to the Director and functional unit managers for improvements to policies, processes, and equipment.

E. Reports and Records

1. Reports and records required by OR-OSHA and DOC will be initiated, completed and maintained.
2. Records to include vaccinations, training, exposure incident reporting and follow up, product and equipment evaluations and follow up and minutes of meetings of committee and work groups and copies of reports to the Director and functional unit managers will be maintained.
3. Responsibility for location, content and where necessary confidentiality of records will rest with the appropriate functional unit manager, facility safety liaison/ designee, medical provider, committee or work group.
4. Records and reports will be managed and maintained in accordance with DOC policy, Oregon law and OR-OSHA requirements.

III. IMPLEMENTATION

This policy will be adopted immediately without further modification.

Certified: _____
Birdie Worley, Rules Coordinator

Approved: _____
Kim Brockamp, Deputy Director