

OREGON MILITARY DEPARTMENT	NUMBER: 99.200.03
ADJUTANT GENERAL PERSONNEL	EFFECTIVE DATE: Jun 15, 2021
SUBJECT: EXPOSURE CONTROL PLAN/ BLOODBORNE PATHOGEN POLICY	

APPLICABILITY:

This policy and the procedures contained herein are applicable to state employees.

AUTHORITY/REFERENCE:

OAD 437-002-1030, OAD 437-002-1035, 29 CFR 1910.1030, 29 CFR 1910 Subpart I

ATTACHMENTS:

- A. Declination Form for Hepatitis B Vaccine. **(Kept on-site with copy to Adjutant General Personnel (AGP)).**
- B. Exposure Routes and Circumstances. **(Kept on-site with copy to AGP)**
- C. Medical Provider Letter **(To medical provider)**
- D. Employee Exposure Follow-up Record (EEFR). **(To medical provider)**
- E. Exposure Incident Report (EIR). **(To medical provider)**
- F. Hepatitis B Vaccine Immunization Record. **(Form goes to medical provider, copy maintained on-site)**
- G. OMD Exposure Control Plan Safety Rules. **(Kept on-site with copy to AGP)**
- H. Hepatitis B Vaccination Consent **(Kept on-site with copy to AGP)**
- I. Individual Facility Plan **(Kept on-site with copy to AGP)**

PURPOSE:

Oregon Military Department is committed to providing a safe and healthy 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 state and federal regulations.

DEFINITIONS:

AIDS: Acquired Immuno-Deficiency Syndrome caused by Human Immuno-deficiency virus (HIV).

Blood: Human blood, components, and products of human blood.

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item of surface.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but limited to, needles, scalpels, broken glass, broken capillary tubes, and expo

Engineering and Work Practice Controls: Controls that isolate or remove the bloodborne pathogens hazard from the workplace, such as sharps disposal containers and self-sheathing needles.

Occupational Safety and Health Administration (OSHA) 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.

Hepatitis B Vaccination: A noninfectious, yeast-based vaccine given in a series of three injections in the arm. The vaccine is prepared from recombinant yeast cultures rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing Hepatitis B Virus (HBV) from the vaccine.

Hepatitis B Virus (HBV): 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.

Hepatitis C Virus (HCV): Hepatitis C is the most common chronic bloodborne infection in the United States. It is spread primarily through percutaneous (needle stick etc.) or mucocutaneous (mucous membrane or non-intact skin) exposures to human blood or other potentially infectious material (OPIM).

Human Immunodeficiency Virus (HIV): HIV is the virus that causes AIDS. Passed from one person to another through blood-to-blood and sexual contact.

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 bodily fluid that is visibly contaminated with blood.
12. Any fluids in which differentiation of body fluid types is difficult or impossible.

Pathogen: An agent of disease; pathogens include bacteria such as staph; viruses such as HIV AIDS; and fungi such as yeast.

Personal Protective Equipment (PPE): Equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses.

Standard Precautions: The minimum infection prevention practices that apply to all including the use of hand washing, appropriate personal protective equipment such as gloves, gowns and masks whenever touching, or exposure is anticipated.

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.

GUIDANCE:

This Exposure Control Plan (ECP) Includes (but is not limited to):

- Determination of employee exposure.
- Implementation of various methods of exposure control including:
 - Standard Precautions.
 - Engineering and work practice controls.
 - Personal protective equipment.
 - Housekeeping and Laundry
 - Labels
 - Hepatitis B vaccination.
 - Vaccinations and Post-exposure evaluation and follow-up.
 - Communication of hazards to employees and training.
 - Recordkeeping.
 - Procedures for evaluating circumstances surrounding an exposure incident.

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

ADMINISTRATIVE DUTIES:

The State Safety Manager is responsible for creating the ECP and updating it annually. The Site Manager will maintain and review the ECP whenever necessary to include new or modified tasks and procedures.

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.

The agency will maintain and provide all necessary PPE at no cost to the employee including, engineering controls (e.g., sharps containers, if applicable), labels, and red bags as required. The Site Manager will ensure that adequate supplies of the equipment are available in the appropriate sizes.

The Site Manager will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Site Manager will be responsible for ensuring OSHA training, documentation of training, and making the written ECP available to employees, OSHA, and National Institute for Occupational Safety and Health (NIOSH) representatives.

Determination of Employee Exposure:

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

Military Lease Agents	Custodians
Custodial Services Coordinators	Plumber
Adjutant General Installation (AGI) Rental Program Mgr.	Starbase Staff
Facilities Maintenance Specialist	All YCP Staff

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

All job classifications listed above include rental and maintenance of our military facilities or working with children. These duties could include:

- Cleansing and bandaging of cuts, burns, and other open wounds.
- Emergency treatment of traumatic wounds.
- Cardiopulmonary resuscitation.
- Clean up spilled blood or OPIM.
- Decontamination of work surfaces and reusable equipment using universal precautions (bleach solution).

Standard Precautions:

- Hand hygiene.
- Use of personal protective equipment.
- Respiratory hygiene / cough etiquette.
- Sharps safety.
- Safe injection practices.
- Sterile instruments and devices.
- Clean and disinfected environmental surfaces.

Methods of Implementation and Control:

- All employees will utilize standard precautions when dealing with bodily fluids.
- 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 their supervisor or the State Safety Manager.
- The Site Manager is responsible for review and maintenance of the ECP annually or more frequently if necessary, to reflect any new or modified tasks and procedures that effect

occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering and Work Practice Controls:

- PPE is provided to employees for the tasks or procedures they will perform. PPE selected, should be appropriate to the task.
- Types of PPE available to employees are as follows: gloves, face shields, masks, gowns, and eye protection.
- Wash hands immediately or as soon as possible after removal of gloves.
- Equipment decontamination.
- No eating, drinking, or smoking in work areas where there is a likelihood of exposure to bloodborne pathogens or OPIM.

Housekeeping:

- 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.
- Sinks and pails are cleaned and decontaminated as soon as feasible after visible contamination.
- Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.
- Appropriate disinfectants include diluted household bleach solution, freshly made within 24 hours of use at a 1:10 concentration. All containers must have appropriate labeling and a Material Safety Data (SDS) sheet on file.

Laundry:

Contaminated laundry must be handled as little as possible with a minimum of agitation. It must be:

- Bagged/containerized where used.
- Not sorted/rinsed where used.
- Placed/transported in labeled or color-coded bags or containers.
- Placed/transported in leak-proof bags or containers if leaks are likely.
- Employees must wear proper PPE.

Labels:

The following labeling method(s) will be used:

- Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.
- Red bags will be used as required if regulated waste or contaminated equipment is brought into the facility.
- Employees are to notify the Site Manager and the State Safety Manager if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Hepatitis B Vaccination:

The Oregon Military Department employees not identified in this policy fall under OSHA's collateral duty clause in which case the hepatitis B vaccination is not offered until an incident involving the presence of blood or OPIM occurs.

In instances where Oregon Military Department employees may have been exposed to bloodborne pathogens, they will be required to complete a SAIF Form 801. This form can be found on the OMD website/AGP/Safety or contact AGP directly to request a blank form.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series.
- Antibody testing reveals that the employee is immune, or medical evaluation shows that vaccination is not advised.
- 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.
- Vaccination will be provided at no cost to the employee.
- 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.

Post-exposure Evaluation and Follow-Up:

- Should an exposure incident occur, contact the Site Manager and the State Safety Manager at 503-584-3588 (during work hours) as soon as possible.
- Employee must complete a SAIF Claim form 801 and an Exposure Incident Report (Attachment E) to include the names of all involved employees and a description of the circumstances surrounding the exposure.
- The Site Manager will offer all employees who are involved in any situation involving the presence of blood or OPIM, regardless of whether a specific exposure incident occurs, the full hepatitis B vaccination as soon as possible but no later than 24 hours after the incident.

Administration of Post-Exposure Evaluation and Follow-up:

- The Site 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.
- The Site 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:

HBV Vaccination

- Whether it is indicated; and

- Whether it was given

Post-Exposure Evaluation

- That the employee has been informed of the results of the medical evaluation; and
- About any medical conditions resulting from the exposure which require further evaluation or treatment.

Employee Training:

- All employees who have occupational exposure to bloodborne pathogens will attend an OSHA compliant training on BBP.
- Training will occur at time of initial assignment to risk of exposure.
- Training will be conducted during working hours and at no cost to the employee.
- Training will be at least annually thereafter; sooner if changes in tasks or procedures occur.

Recordkeeping:

Training Records:

- Training records are completed for each employee to include date of training, summary of content covered, and trainer name/qualifications.
- Training records will be maintained on site and a copy sent to the State Safety Manager in AGP.

Medical Records:

- Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- The State Safety Manager in AGP is responsible for maintaining the required medical records. Confidential records are stored in a locked cabinet in AGP and kept according to archival requirements.

OSHA Recordkeeping:

- 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 the responsibility of the Site Manager and the State Safety Manager.

Sharps Injury Log:

The Oregon Military Department shall maintain a log with information on injuries that involve sharps or sharps containers. This log will be maintained on-site and in the AGP office by the Safety Manager.

INQUIRIES / QUESTIONS: Questions pertaining to this policy may be directed to the State Safety Manager at (503) 584-3588 or AGP at 503-584-3563.

A handwritten signature in black ink that reads "Tracy Garcia". The signature is written in a cursive style with a large, looping "G" at the end.

Tracy Garcia
Adjutant General Personnel
Oregon Military Department