



Bloodborne Pathogens:

Questions and Answers
about Occupational Exposure

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INTRODUCTION

The intent of this question-and-answer manual is to help employers and employees understand the Oregon Occupational Safety and Health Division (Oregon OSHA) requirements regarding exposure to the hepatitis B virus (HBV), the human immunodeficiency virus (HIV), and other bloodborne pathogens, including the hepatitis C virus (HCV).

Acquired immunodeficiency syndrome (AIDS) and hepatitis B merit serious concern for workers occupationally exposed to blood, other potentially infectious materials, and certain other body fluids that contain such bloodborne pathogens as HIV and HBV. According to estimates of the Occupational Safety and Health Administration, more than 5.6 million workers in health care and public safety occupations could be exposed to these viruses.

Such workers include physicians, dentists, dental employees, phlebotomists, nurses, morticians, paramedics, medical examiners, laboratory and blood bank technologists and technicians, housekeeping

personnel in health care institutions, laundry workers, employees in long-term care facilities, and home-care workers. Other workers who may be occupationally exposed to blood or other potentially infectious materials, depending on their work assignments, include research laboratory workers, first-aid responders, and public safety personnel (fire, police, rescue, correctional officers, etc.).

Exposure to bloodborne pathogens occurs in many ways. Although needlestick injuries are the most common means of exposure for health care workers, bloodborne pathogens can also be transmitted through contact with eyes, nose, and mouth or through broken skin.

Oregon OSHA recognizes the need to safeguard workers from health hazards related to bloodborne pathogens. With the bloodborne pathogens standard, Oregon OSHA aims to reduce the risk of occupational exposure to bloodborne diseases.

SECTION I

Bloodborne Pathogens Standard

OAR 437-002-1910.1030

The bloodborne pathogens standard tells how to determine who has occupational exposure and how to reduce workplace exposure to bloodborne pathogens.

QA What are bloodborne pathogens?

Bloodborne pathogens are microorganisms that can cause disease when transmitted from an infected individual to another individual through blood and certain body fluids. Bloodborne pathogens are capable of causing serious illness and death. The most common illnesses caused by bloodborne pathogens are hepatitis B (HBV), hepatitis C (HCV), and acquired immunodeficiency syndrome (AIDS) from HIV, or human immunodeficiency virus.

QA What is hepatitis B?

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV). Hepatitis B, formerly called “serum hepatitis,” is a life-threatening bloodborne pathogen and a major risk to employees in jobs where there is exposure to blood and other potentially infectious material (OPIM). Hepatitis, which means “inflammation of the liver,” can be caused by drugs, toxins, autoimmune disease, and infectious agents, including viruses.

QA What is hepatitis C?

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). It is the most common chronic bloodborne infection in the United States and is primarily transmitted through large or repeated direct percutaneous exposures to blood. Most people who are chronically infected are not aware of their infection because they are not clinically ill. Infected people can infect others and are at risk for chronic liver disease or other HCV-related chronic diseases. Currently there is no vaccine against hepatitis C.

Q Who is covered by the bloodborne pathogens standard?

A Oregon OSHA’s rule applies to all people occupationally exposed* to blood or other potentially infectious materials. Blood means human blood, blood products, or blood components. OPIM includes the following:

- Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids when it is difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions as well as blood, organs, or other tissues from animals experimentally infected with HIV or HBV.

Q Are there specific occupations covered by the standard?

A The hazard of exposure to infectious materials affects employees in many types of jobs. The following occupations are likely to be covered by the standard, but the scope of the standard is not limited to employees in these occupations:

- Physicians, physician assistants, nurses, nurse practitioners, and health care employees in clinics and physicians’ offices
- Employees of clinical and diagnostic laboratories
- Housekeepers in health care facilities
- Workers in hospital laundries or commercial laundries that serve health care or public safety institutions
- Tissue bank personnel
- Employees of blood banks and plasma centers who collect, transport, and test blood

* *Occupationally exposed means exposed during the performance of job duties to blood or other potentially infectious materials through skin, eyes, mucous membranes, or broken skin by needlesticks, human bites, cuts, abrasions, splashes, or other means.*

- Employees of freestanding clinics such as hemodialysis clinics, urgent-care clinics, health maintenance clinics, and family-planning clinics
- Employees of clinics in industrial, education, and correctional facilities (e.g., those who collect blood and clean and dress wounds)
- Employees assigned to provide emergency first aid
- Dentists, dental hygienists, dental assistants, and dental laboratory technicians
- Employees of institutions for the developmentally disabled
- Hospice employees
- Home health care workers
- Employees of nursing homes and long-term care facilities
- Employees of funeral homes and mortuaries
- HIV and HBV research laboratory and production-facility workers
- Employees handling regulated waste
- Emergency medical technicians, paramedics, and other emergency medical service providers
- Firefighters, law enforcement personnel, and correctional officers

Q How do employers determine if their employees are included in the scope of the standard?

A The standard requires employers to evaluate each job task and procedure to determine which employees may be expected to be occupationally exposed to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (PPE), because employees are considered to be exposed even if they wear PPE. If it is determined that sufficient evidence of reasonably anticipated exposure exists, the employer will be held responsible for providing the protections of OAR 437-002-1910.1030 to the employees with occupational exposure.

Q If I have employees who may rarely come into contact with blood or OPIM, do all of the rules still apply?

A Employers with employees who are not routinely exposed to blood or OPIM may fall under the collateral duty* clause, in which case the hepatitis B vaccination would not need to be offered until an incident involving the presence of blood or OPIM occurs.

In order for an employer to qualify under the collateral duty clause, the following conditions must be met:

- Reporting procedures must be in place under your organization's exposure control plan to ensure that all incidents involving blood or OPIM are reported before the end of the work shift during which the incident occurred.
- Reports of incidents must include the names of all involved employees; a description of the circumstances of the incident, including the date and time; and a determination of whether an exposure incident, as defined by the standard, has occurred.
- Exposure reports must be included on a list of such incidents, readily available to all employees, and provided to Oregon OSHA upon request.
- The specifics of the reporting procedure must be included in the bloodborne pathogens training.
- All employees who are involved in any situation involving the presence of blood or OPIM, regardless of whether a specific exposure incident occurs, must be offered the full hepatitis B vaccination series as soon as possible, but no later than 24 hours after the incident. If an exposure incident, as defined in 1910.1030, occurs, all other post-exposure follow-up procedures according to the standard must be initiated immediately, and the employer must ensure that the medical provider is familiar with and follows the recommendations for post-exposure follow-up set forth by the Oregon Department of Human Services or the Centers for Disease Control.

* *Collateral duty is not addressed in the standard, but is addressed in a Letter of Interpretation (Jan. 15, 1997) and Program Directive (A-154), Bloodborne Pathogens.*

- Bloodborne pathogens training must be provided to all affected employees.
- Appropriate PPE, cleanup materials, and equipment must be provided.

Q Are Good Samaritan acts considered occupational exposure?

A Good Samaritan acts are not covered under the standard. If an employee has an exposure incident while acting as a Good Samaritan and that employee is not expected to render assistance as part of his or her job duties, the employer is not required by the standard to provide the HBV vaccination series, post-exposure evaluation, follow-up procedures, or any other protections of the standard, although Oregon OSHA encourages employers to do so.

Q Do cleanup activities of blood or OPIM constitute occupational exposure?

A Yes. Employees who clean up and decontaminate areas or surfaces are considered to have occupational exposure. Such employees are covered under the standard.

Q Are motel/hotel housekeepers included in the scope of the rules?

A Employees in the lodging industry are covered under the standard if there is a reasonable expectation that occupational exposures to blood or other potentially infectious material will occur in the performance of their job duties. The standard is a performance standard and requires the employer to determine occupational exposures without regard to personal protective clothing or equipment. Every location may have individual considerations that must be evaluated to determine exposures. If it is determined that the standard applies to the work location, action should be taken to develop an exposure control plan; provide employee training, information, and PPE; offer the hepatitis B vaccination series; and comply with the other provisions of the standard.

Q Are janitorial services covered by the standard?

A Janitorial, custodial, or maintenance employees are covered under the standard in situations where there is reasonable expectation that exposure to blood or other potentially infectious materials may occur. These situations can include work in a health care facility, cleanup after an accident where blood is present, or removing used syringes in a parking lot. Every employer must determine if there is a reasonable expectation for exposure in their given set of circumstances.

Q Are chiropractors who may perform invasive procedures involving blood covered by the standard?

A Chiropractors with no paid employees and no workers' compensation coverage are not covered by the standard. Chiropractors with paid employees not reasonably expected to be exposed to blood or OPIM in the performance of their duties do not fall under the standard. If chiropractors themselves, who *are* covered by workers' compensation, perform procedures for which there is a reasonable anticipation of exposure to blood or OPIM, they fall under the scope of the standard, as would any of their employees whose job duties placed them at risk.

Q ABC Healthcare Employment Agency has a large personnel pool providing hospital staffing and private-duty nursing services. The employees are on ABC's payroll. Who is responsible, the employment agency or the client?

A Personnel providers who send employees to work at other facilities are considered employers whose employees may be exposed to hazards. Because ABC maintains a continuing relationship with the employees, but another employer creates and controls the hazards, there is a shared responsibility to comply with the standard. ABC is required to provide generic training in universal precautions, ensure that employees are provided

with required vaccinations, and ensure that proper follow-up evaluation is provided after any exposure incident. The client is responsible for providing site-specific training and PPE and for controlling potential exposure conditions. The client may specify qualifications for personnel, including vaccination status. It is in the best interest of ABC to ensure that all requirements of the standard are met by the client employer to ensure a safe and healthful workplace for the leased employees.

Q Are construction, maritime, and agricultural industries covered by the bloodborne pathogen standard?

A Yes. The bloodborne pathogen standard applies to all employers at worksites where there is reasonably anticipated skin, eye, mucous membrane, or other parenteral contact with blood or OPIM that may result from the performance of an employee's duties. It is the employer's responsibility to determine which job classifications or specific tasks and procedures involve occupational exposure.

Q Are drycleaning and laundromat operations covered by the standard?

A Oregon OSHA believes that some laundry workers are at risk of exposure to bloodborne pathogens. These individuals may be employed in hospital or commercial laundries that serve health care, public safety, or other institutions where occupational exposure to blood or OPIM occurs.

Q Are first-aid-trained employees covered by the standard?

A First-aid-trained employees assigned to provide emergency first aid as part of their specific job duties are covered by the standard. Examples include occupational nurses or employees in charge of first-aid stations. Position descriptions for such employees would stipulate rendering first aid to fellow employees.

Any first-aid-trained employee who has rendered first aid should receive treatment under post-exposure evaluation and follow-up, Section (f)(3). All first-aid-trained employees must have PPE available to them and must be informed about exposure hazards and post-exposure procedures.

Q Can ambulance drivers or helicopter pilots eat while transporting a patient or human body parts or organs?

A Ambulance drivers or pilots can eat and drink during transportation of patients, body parts, or organs provided that the cab, compartment, or operator have not been contaminated with blood or other potentially infectious materials. The employer may implement procedures for changing contaminated clothing and washing prior to entering the vehicle or ensuring that patients and potentially contaminated material remain behind a separating partition.

Q When is urine or feces covered as "other potentially infectious material"?

A When there is visible blood. Nasal secretions and tears that have visible blood are also defined as OPIM.

SECTION II

Exposure Control Plans

OAR 437-002-1910.1030(c)

The standard requires the employer to develop a written exposure control plan to identify workers with occupational exposure to blood and other potentially infectious material and to specify the methods of protecting and training the employees.

Q What is required in the exposure control plan?

- A** At a minimum, the exposure control plan must include:
- The exposure determination.
 - The procedures for evaluating the circumstances surrounding an exposure incident.
 - The schedule and method for implementing the provisions of the standard. This schedule may be as simple as a calendar with brief notations describing the methods of implementation and an annotated copy of the standard.

The plan must be reviewed and updated annually or whenever new tasks and procedures affect employees' occupational exposure. It must be made accessible to employees according to OAR 437-002-1910.1020(e). The annual audit must review all sections of the exposure control plan.

Q Does Oregon OSHA have a sample exposure control plan?

A Yes. See Appendix B in this publication.

Exposure determination

OAR 437-002-1910.1030(c)(2)

As an element of the exposure control plan, every employer must identify workers with occupational exposure to blood and other potentially infectious materials.

Q How do I know if any of my employees have occupational exposures?

A Exposure determination must be based on the definition of occupational exposure without regard to personal protective clothing and equipment. Exposure determination is made by reviewing job classifications within the work environment and sorting exposures into two groups:

- The first group includes job classifications in which *all* of the employees have occupational exposure, such as operating-room scrub nurses. Within this group, it is not necessary to list specific work tasks.
- The second group includes job classifications in which some of the employees have occupational exposure. In this group, specific tasks and procedures causing occupational exposure must be listed; for example, hospital laundry workers, if some workers are assigned the task of handling contaminated laundry.

Once employees with occupational exposure have been identified, communicate the hazards to these employees.

Q Do clinical or diagnostic laboratories that analyze blood or other potentially infectious materials have to comply with this section of the rules?

A Yes, but they are exempt from Section (e), which covers HIV and HBV research laboratories and production facilities. Oregon OSHA recommends that universal precaution procedures be followed in clinical or diagnostic laboratories.

Training

OAR 437-002-1910.1030(g)

Each occupationally exposed employee must be given bloodborne pathogen information and training at the time of initial assignment. The training must be conducted during working hours and at no cost to the employee. Training must be repeated at least once a year — more often if new or modified tasks involve occupational exposure to bloodborne pathogens that affect employees.

Q Who is qualified to conduct training and provide information?

A Possible trainers include a variety of health care professionals such as infection-control practitioners, nurse practitioners, physician assistants, and emergency medical technicians.

Non-health care professionals such as industrial hygienists, epidemiologists, professional trainers, or others knowledgeable in the subject matter may conduct the training if they can demonstrate knowledge of the elements covered by the standard as it relates to the workplace.

Trainers must provide information appropriate to the educational level, literacy, and language of the audience; the information must contain the following elements:

- Explanation of the regulatory text and how to get a copy of the regulatory text
- Information on the epidemiology and symptoms of bloodborne diseases
- How bloodborne pathogens are transmitted
- Explanation of the exposure control plan and how to get a copy of it
- How to recognize tasks that might result in occupational exposure
- Explanation of the use and limitations of work practices, engineering controls, and PPE
- Information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of PPE
- Information about the hepatitis B vaccination series: its safety, benefits, methods of administration, and availability

- Who to contact and what to do in an emergency
- How to report an exposure incident and conduct the post-exposure evaluation and follow-up
- Information about warning labels, signs, and color-coding
- Question-and-answer session on any aspect of the training

Additional training in standard microbiological practices and techniques, practices and operations specific to the facility, and the proper handling of human pathogens or tissue cultures is required for employees who work in HIV and HBV laboratories and HIV and HBV production facilities. Employees must receive additional training before beginning initial work assignments.

Q Can generic training programs, “outside” trainers, or videos be used?

A Yes, as long as “site specific” information and employee interaction with the trainer are also provided. Oregon OSHA evaluates training based on employee *knowledge or performance*. Audiovisual programs on bloodborne pathogens are available from the Oregon OSHA AV Library, 800-922-2989 or 503-947-7453, or select “Audiovisual Lending Library” from the “Information” section of our website, www.orosha.org.

Q Will Oregon OSHA train our employees?

A No; however, Oregon OSHA does provide a class on the bloodborne pathogens standard for employers and employees, at no charge. To obtain this assistance, contact the Oregon OSHA Training Section, 888-292-5247 and select option 2 or 503-947-7443, or visit our website, www.orosha.org.

Q Will Oregon OSHA review and approve our exposure control plan, training, PPE, or other products?

A No.

SECTION III

Preventive Measures

Hepatitis B vaccination

OAR 437-002-1910.1030(f)

The requirements for hepatitis B vaccinations are designed to protect employees from bloodborne-pathogen-caused infection by requiring employers to provide hepatitis B vaccinations and medical follow-up after an exposure incident. Early intervention, testing, counseling, and appropriate prophylaxis can reduce the risk of infection and prevent further transmission.

Q Who is required to have hepatitis B vaccinations?

A Employers must make the hepatitis B vaccination series available to all employees who have occupational exposure. They must also provide post-exposure evaluation and follow-up to all employees who experience an exposure incident. The vaccinations and all medical evaluations and follow-up must be provided at no cost to the employee, provided at a reasonable time and place, and performed by or under the supervision of a licensed physician or other licensed health care professional. Vaccinations must be administered according to current recommendations of the U.S. Public Health Service. Employees who decline the vaccination must sign a declination form. (See Appendix A, Page 23.) Employees who request the vaccination series later must receive it at no cost if they continue to be exposed.

Q When must the hepatitis B vaccination be offered?

A The hepatitis B vaccination series must be offered to employees who have occupational exposure to blood or other potentially infectious materials within 10 working days of initial assignment, unless the employee has previously received the series; antibody testing reveals that the employee is immune; or, for medical reasons, the employee cannot be vaccinated.

Employers are not required to provide medical prescreening, and employees are not required to submit to prescreening.

The employer must obtain and provide the employee with a copy of the health care professional's written opinion stating whether a hepatitis B vaccination was indicated for the employee and whether the employee received such vaccination.

Any booster doses of the hepatitis B vaccine recommended by the U.S. Public Health Service also must be provided by the employer.

Q What if an employee refuses to be vaccinated?

A The standard requires the employer to obtain a signed declination from each employee who refuses vaccination. The declination statement used by the employer must contain the language found in Appendix A, Page 23; no words may be added or subtracted. A sentence releasing the employer from liability *may not* be added.

Q If an employee who wants an HBV vaccine believes he or she is allergic to the vaccine, is the employer required to pay for allergy tests to determine if the employee can safely receive the vaccination?

A It is the employer's responsibility to bear the cost of allergy tests recommended by the physician.

Q Is prescreening required for hepatitis B serum?

A No. The standard does not require pre-screening of employees for hepatitis B; neither is prescreening prohibited. Pre-screening for immunity cannot be used in lieu of offering hepatitis B vaccination.

Q If an employee begins the vaccination series and terminates employment before the series is complete, can he or she be charged for the remaining vaccine?

A No. Section (f)(1)(ii)(A) of the standard requires the employer to offer hepatitis B vaccination at no cost to the employee.

Q Do my employees need to have a test for hepatitis B antibodies after they complete the vaccination series?

A Yes. Oregon OSHA requires that you provide vaccinations, evaluations, or follow-up procedures for hepatitis B in accordance with Centers for Disease Control and Prevention (CDC) recommendations in place when these procedures took place.

The current CDC guidelines recommend that employees who have ongoing contact with patients or blood and are at ongoing risk for injuries with sharp instruments or needlesticks be tested for antibody to hepatitis B surface antigen one to two months after the completion of the three-dose vaccination series. Employees who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. Employees who do not respond to the second vaccine series must be evaluated by a physician.

Q What if an employee starts the vaccination series, but doesn't finish it?

A Hepatitis B vaccination is a series of three shots. If the employee starts the series, but doesn't get all three shots, they either have to redo the series or sign the declination statement. If the employee chooses to redo the series, the employer must still pay for it.

Universal precautions

OAR 437-002-1910.1030(d)(1)

Universal precautions must be observed. This method of infection control requires the employer and employee to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens. Where differentiation between types of body fluids is difficult or impossible, all body fluids are to be considered potentially infectious.

Standard precautions and body substance isolation

Alternative concepts in infection control are called body substance isolation (BSI) and standard precautions. These methods define blood and all body fluids (whether or not they contain blood) and mucous membranes as infectious. These methods incorporate the fluids and materials covered by this standard and expand coverage to include all body fluids and substances. These concepts are acceptable alternatives to universal precautions, provided that facilities using them adhere to all other provisions of the bloodborne pathogens standard.

SECTION IV

Methods of Control

Engineering controls and work practices

OAR 437-002-1910.1030(d)(2)

Engineering controls and work practices are the primary methods used to prevent occupational transmission of HBV, HCV, HIV, and other blood-borne pathogens. Personal protective clothing and equipment also are necessary when occupational exposure to bloodborne pathogens remains even after instituting these controls.

Engineering controls reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Self-sheathing needles, needle systems, puncture-resistant disposal containers for contaminated sharp instruments, resuscitation bags, and ventilation devices are examples of engineering controls. Engineering controls must be examined and maintained or replaced on a schedule.

OAR 437-002-1030 also requires that every employer with employees who use medical sharps in direct patient care must identify, evaluate, and select engineering and work-practice controls, including safer medical devices, at least annually.

Evaluation of safer medical devices must involve nonmanagerial front-line employees responsible for direct patient care and must be done on a facility-by-facility basis. When a facility has multiple departments with specific equipment or work-practice concerns, evaluations must involve employees from those departments.

Emergency departments should coordinate appropriate medical-device selections with the emergency medical services from whom they receive patients. Example of a case in which it would be useful to coordinate: An ambulance service using a needleless system not compatible with the needleless system used by personnel at a hospital can increase employee exposure potential.

After a device is evaluated and selected, the employer must decide whether or not to use that device. If a device is not purchased because of employer or employee concerns, those concerns must be documented. However, if the employer does not purchase a device that had employee support, the employer must document the employee support as well as the justification for not purchasing that device.

If a device is purchased without the consent of the employees who evaluated it, the employer must document the employees' concerns as well as the employer's justification for purchasing that device.

Required documentation must be kept as part of the written exposure control plan.

The employer must ensure that all affected employees are informed on the process for selecting safer medical devices.

All employees must be trained in the use of safer medical devices before using them.

Proper *work practices* alter the manner in which a task is performed. In work areas where a reasonable likelihood of occupational exposure exists, work-practice controls include restricting eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses; prohibiting mouth pipetting; preventing the storage of food or drink in refrigerators or other locations where blood or OPIM are kept; providing and requiring the use of handwashing facilities; and routinely checking equipment and decontaminating it prior to servicing and shipping.

Washing hands when gloves are removed and as soon as possible after skin contact with blood or other potentially infectious materials is required.

The standard prohibits recapping, removing, or bending needles unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. When recapping, bending, or removing contaminated needles is required by a medical procedure, it must be done using a one-handed technique or by mechanical means such as the use of forceps.

The standard also prohibits shearing or breaking contaminated needles.

Q Are contaminated sharps defined?

A Yes. The rule defines contaminated sharps as any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.

Q What must I do with contaminated disposable sharps?

A Sharps must be placed immediately (or as soon as feasible after use) in a puncture-resistant, leak-proof sharps container that can be closed for handling, storage, transportation, and disposal. The container must be color-coded (such as red) or labeled with the “biohazard” symbol.

Q Where are sharps containers required?

A Sharps containers are considered an engineering control and must be located where sharps are used. Containers should be located in each room where sharps are used; however, containers may be placed on a tray and transported to each room for use. Disposable and reusable sharps such as large-bore needles, scalpels, and saws must be contained in a manner that eliminates or minimizes the hazard until they are disposed of or reprocessed.

Q If I’ve never had an employee experience a needlestick, do I still need to use safer devices?

A Yes. OSHA standards are intended to be implemented to prevent occupational injuries and illnesses. In order to most effectively avoid percutaneous injuries from contaminated sharps, employees must use engineering controls that include safer medical devices.

Q By what date do we have to implement safer medical devices?

A The requirement to implement safer medical devices is not new. However, the revised standard clarifies “engineering controls” described in the original 1991 bloodborne pathogens standard by adding language to the definition section of the standard that reflects the development and availability of safer medical devices. The 1991 standard states: “engineering and work practice controls shall be used to eliminate or minimize employee exposure.” The revision defines engineering controls as “controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.” Consequently, you should already have safer devices in place. If you have not already evaluated and implemented appropriate and available engineering controls, you must do so now. Also, employees with occupational exposure to blood and OPIM must be trained regarding the proper use of all engineering and work practice controls.

Q What if a safer option is not available for the medical device that I use?

A A key element in choosing a safer medical device, other than its effectiveness and appropriateness to the procedure, is its availability on the market. If there is no safer medical device available, you are not required to use something other than the device normally used. During your annual review of devices, you must investigate new and safer options and document this fact in your written exposure control plan. If no engineering control is available, work-practice controls must be used and, if occupational exposure still remains, personal protective equipment must also be used.

QA Is recapping needles permissible?

Recapping, bending, or removing needles is permissible *only* if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending, or removal is necessary, workers must use a mechanical device or a one-handed technique. If recapping is essential — for example, between multiple injections for the same patient — employees must avoid using both hands to recap. Recapping, using the needle itself to pick up the cap, can be done using a one-handed “scoop” technique, pushing the cap and sharp together against a hard surface to ensure a tight fit. An alternative is to hold the cap with tongs or forceps to place it on the needle.

QA Is hand-washing addressed in the rules?

Yes. The rule requires employers to provide readily accessible hand-washing facilities, where employees are required to wash their hands immediately or as soon as feasible after removal of gloves or other PPE. Any portion of an employee’s body that has contacted blood or other potentially infectious materials, including saliva, must be washed immediately or as soon as feasible after contact. When hand-washing facilities are not feasible, such as in an ambulance, an antiseptic hand cleanser and clean towels or antiseptic towelettes must be provided by the employer. The hands must be washed with soap and running water as soon as feasible after reaching hand-washing facilities.

Alternate hand-washing procedures for health care workers are found in Centers for Disease Control and Prevention’s *Guidelines for Hand Hygiene in Health care Settings*.

Personal protective equipment (PPE)

OAR 437-002-1910.1030(d)(3)

PPE must be used if engineering and work practice controls do not eliminate the exposure hazard or if such controls are not feasible.

PPE helps prevent occupational exposure to infectious materials. Such equipment includes gloves, gowns, laboratory coats, face shields or masks, and eye protection. PPE is considered appropriate only if it prevents blood or OPIM from passing through or reaching the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

Under the standard, employers must provide, make accessible, and require the use of PPE at no cost to employees. PPE must be provided in appropriate sizes. Hypoallergenic gloves or similar alternatives must be made available to employees who have an allergic sensitivity to gloves. Employers must ensure that protective equipment is properly used, cleaned, laundered, repaired, or replaced, as needed.

An employee may temporarily and briefly decline to wear PPE under extraordinary (usually, life threatening) circumstances and when, in the employee’s professional judgment, it prevents the delivery of health care or public safety services or poses an increased hazard to workers. In general, appropriate PPE is expected to be used whenever occupational exposure may occur.

The employer also must ensure that employees observe the following precautions for safely handling and using PPE:

- Remove protective equipment when it becomes contaminated and before leaving the work area.
- Place used protective equipment in appropriately designated areas or containers for storage, washing, decontamination, or discarding.

- Wear appropriate gloves when there is a reasonable hazard of contact with blood or other potentially infectious materials, when performing vascular access procedures,* and when handling or touching contaminated items or surfaces.
- Replace gloves if torn, punctured, contaminated, or if they no longer function as a barrier for other reasons.
- Only decontaminate utility gloves for reuse if their integrity is not compromised. Discard utility gloves when they're punctured, cracked, peeling, torn, or deteriorated.
- Never wash or decontaminate disposable gloves for reuse.
- Wear face and eye protection such as a mask with glasses and solid side-shields or a chin-length face shield whenever splashes, sprays, spatters, or droplets of blood or OPIM may reach the eyes, nose, or mouth.
- Wear protective body coverings such as gowns, aprons, caps, and boots when occupational exposure is anticipated. The type and characteristics will depend upon the task and degree of exposure anticipated.
- Remove garments when they become saturated with blood or OPIM.

Q Are gloves required when giving allergy immunotherapy injections or other injections?

A Gloves are not necessary if hand contact with blood or OPIM is not anticipated. If bleeding is anticipated, and the employee is required to clean the site following injection, gloves must be worn. To prevent employee hand contact with blood, the patient can be instructed to apply pressure to the injection site with an alcohol wipe or cotton ball, which the patient would then discard.

Q Are there standards that define such PPE terms as fluid-proof, fluid-resistant, and permeability?

A No. There are no standards defining the permeability of PPE. Paragraph (d)(3)(i) of the standard states: "Personal protective equipment will be considered 'appropriate' only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used."

Q Are latex gloves acceptable for all types of jobs?

A No. The employer has the responsibility for determining the type of glove required for each job. Vinyl or other leak-proof gloves may be required to withstand heavier work duties.

Q Is the use of hand or barrier creams acceptable when using latex gloves?

A Yes, if the barrier cream does not cause degradation of the gloves, as petroleum-based creams can.

Q If employees wear scrubs in work areas where there are exposures to blood and other potentially infectious materials, do they have to remove the scrubs to go down the hall to the restroom?

A Yes. Removing contaminated scrubs prior to leaving the work area is necessary to prevent contamination of other areas. The term "contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials.

* Some exceptions are made for voluntary blood donation centers. See Section (d)(3)(ix)(D) of the bloodborne pathogens standard for clarification.

Housekeeping

OAR 437-002-1910.1030(d)(4)

Under the standard, each place of employment must be kept clean and sanitary. Employers must develop and implement a cleaning schedule that includes the methods of decontamination and procedures to be used. The cleaning schedule must explain which areas and surfaces are to be cleaned, the type of contamination present, and how they are to be cleaned.

Employers must ensure that the following housekeeping procedures are followed:

- Cleaning and decontamination of the environment, including equipment and work surfaces that have been contaminated with blood or OPIM.
- Decontamination of work surfaces with an appropriate disinfectant after completion of procedures; immediately, if obviously contaminated; after spills of blood or OPIM; and at the end of work shifts if contaminated since last cleaning.
- Removal and replacing of protective coverings such as plastic wrap and aluminum foil when contaminated.
- Regular inspection and decontamination of reusable receptacles such as bins, pails, and cans that are likely to become contaminated. When contamination is visible, clean and decontaminate receptacles immediately or as soon as feasible.
- Use of mechanical means such as tongs, forceps, or a brush and a dustpan to pick up contaminated broken glass.
- Storage or processing of reusable sharps in a way that ensures safe handling.
- Placement of other regulated waste in closable, leak-proof, and labeled or color-coded containers for storage, handling, transporting, or shipping. "Other regulated waste" means liquid or semi-liquid blood or OPIM; items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or OPIM capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

- Placement of discarded contaminated sharps in labeled or color-coded containers that are closable, puncture-resistant, and leak-proof on the sides and bottom.
- Provision of sharps containers that are easily accessible to employees and as close as feasible to the area where sharps are used. Sharps containers must be kept upright during use, replaced routinely, closed when moved, and not overfilled. If cracked or punctured, sharps containers must be replaced.
- Prohibiting the manual opening, emptying, or cleaning of reusable sharps containers and other employee exposure to percutaneous injury.
- Handling contaminated laundry as little as possible and using appropriate PPE when handling it.
- Placement of wet contaminated laundry in labeled or color-coded leak-proof containers for transporting and bagging contaminated laundry without sorting or rinsing it in its area of use.

Q Are employees allowed to take gowns, lab coats, or PPE home to be laundered?

A No. Section (d)(3)(iv) of the standard places the responsibility on the employer for cleaning, laundering, and disposal of PPE. This procedure is intended to reduce employee exposure to bloodborne pathogens.

Q If an employee accidentally gets blood or OPIM on his or her uniform, is the employer responsible for cleaning that uniform?

A Not necessarily. The employer's responsibility for cleaning items used in the work area is based on the intended function of those items. If a uniform is to function as PPE, then it is the employer's responsibility to provide, clean, replace, and dispose of the uniform.

Q Are there special handling requirements for PPE to be laundered?

A Yes. Contaminated laundry, which is laundry that has been soiled with blood or OPIM, must be handled as little as possible and placed promptly into bags or containers in the area where it has been used or worn and removed. The bags or containers must prevent leakage and be red or labeled with the biohazard symbol. If the facility practices universal precautions, alternative labeling or color-coding is acceptable if it permits all employees to recognize the laundry bags or containers as requiring compliance with universal precautions. Protective gloves and other PPE must be worn when handling contaminated laundry.

Q What disinfectants are acceptable for decontaminating surfaces?

A Products registered by the EPA as sterilants (List A), disinfectants that are effective against tuberculosis (List B), and disinfectants that are effective against Hepatitis B and HIV (List D). These lists are available from the EPA, 703-308-0127 and on its website, www.epa.gov/oppad001/chemregindex.htm. A solution of 5.25 percent sodium hypochlorite (household bleach) diluted 1:10 to 1:100 with water and prepared daily is acceptable for cleanup of contaminated items or surfaces.

Quaternary ammonia products are appropriate for general housekeeping procedures that do not involve the cleanup of contaminated items or surfaces. "Contaminated" is defined as the presence or *reasonably anticipated presence* of blood or OPIM.

Q Is carpeting an acceptable floor covering in medical examination rooms or other areas that may become contaminated with blood or OPIM?

A The regulations do not address requirements for floor covering; however, the floor surface or covering must be capable of being cleaned and decontaminated. Some carpet surfaces may be difficult to decontaminate.

Q Is there a standard reference that I can follow for decontamination procedures?

A Yes. These procedures are found in the Centers for Disease Control and Prevention's *Guideline for Hand Hygiene in Health care Settings, October 25, 2002/51(RR16);1-44*. This publication, along with *Hand Hygiene Guidelines Fact Sheet*, is available on the CDC website, www.cdc.gov, or from the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333. The phone number for CDC: 404-639-3286.

Q What wastes are regulated?

A Regulated waste:

- Blood in liquid or semi-liquid form, or other potentially infectious materials, including saliva in dental procedures
- Items that would release blood or other potentially infectious materials if compressed
- Contaminated sharps
- Pathological and microbiological waste containing blood or other potentially infectious materials
- Items that are caked with dried blood or other potentially infectious materials and that have the ability to release these materials while being handled

Q Are feminine hygiene products defined as regulated waste?

A Oregon OSHA does not generally consider discarded feminine hygiene products used to absorb menstrual flow to be regulated waste. Oregon OSHA expects the waste containers in which these products are discarded to be lined in such a way as to protect employees from physical contact with the contents.

Q Are bandages and vaginal speculums considered regulated waste?

A Bandages that are not saturated to the point of releasing blood or OPIM if compressed are not considered regulated wastes. Similarly, vaginal speculums do not meet the criteria for regulated wastes as defined by the standard.

Q Are there special handling procedures for regulated waste?

A Yes. Contaminated sharps must be disposed in approved containers. Other regulated waste must be placed in properly labeled or red bags that contain all contents and prevent leakage. The bags or containers must be closed before removal. If a bag leaks or becomes contaminated on the outside, it must be placed in a second labeled and/or red bag or container.

Q Are there requirements other than the Oregon OSHA bloodborne pathogens standard that govern biohazardous or regulated waste?

A Yes. The rule requires disposal of regulated waste in accordance with state, local, or federal waste disposal standards. The Department of Human Services, Health Services regulates storage and collection, the Department of Transportation regulates transportation, and the Department of Environmental Quality regulates disposal of biohazardous wastes.

Labeling

OAR 437-002-1910.1030(g)(1)

The standard requires that fluorescent orange or orange-red warning labels be attached to containers of regulated waste; to refrigerators and freezers containing blood and other potentially infectious materials; and to other containers used to store, transport, or ship blood or other potentially infectious materials. (See “Labeling requirements,” Page 19.) Labels are not required when: (1) red bags or red containers are used; (2) containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use; and (3) individual containers of blood or OPIM are placed in a labeled container during storage, transport, shipment, or disposal. The warning label must be fluorescent orange or orange-red, must contain the biohazard symbol and the word BIOHAZARD in a contrasting color, and must be attached to each object by string, wire, adhesive, or another method to prevent loss or removal of the label.

Labeling requirements

Item	No labels required if universal precautions are used and container's use is known to all employees.	Biohazard label		Red container
Regulated waste container (e.g., contaminated sharps containers)		X	or	X
Reusable contaminated sharps container (e.g., surgical instruments soaking in a tray)		X	or	X
Refrigerator/freezer holding blood or other potentially infectious material		X		
Containers used for storage, transport, or shipping of blood		X	or	X
Blood/blood products for clinical use	X			
Individual specimen containers of blood or other potentially infectious materials remaining in facility	X	or	X	or
Contaminated equipment needing service (e.g., dialysis equipment, suction apparatus)		X and a label specifying where the contamination exists		
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal		X	or	X
Contaminated laundry	X *	or	X	or
Contaminated laundry sent to another facility that does not use universal precautions		X	or	X
<p>* Alternative labeling or color coding is sufficient if it permits all employees to recognize containers as requiring compliance with universal precautions.</p>				

SECTION V

Exposure Incidents

OAR 437-002-1910.1030(f)(3)

The standard requires immediate post-exposure medical evaluation and follow-up for employees who have had an exposure incident.

Q What is an occupational exposure incident?

A It's an employee's exposure to or contact with blood or OPIM through broken skin; through the eyes, nose, or mouth; or by means of a wound such as a needlestick.

Q What must be done if an exposure incident occurs?

A An evaluation and follow-up including the following elements:

- Documentation of the route of exposure and how exposure occurred.
- Identification of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
- Obtain consent from the source individual. If consent is not obtained, the employer must show that legally required consent could not be obtained. Where consent is not required by law, the source individual's blood, if available, should be tested and the results documented.
- Testing to determine HIV and HBV infectivity as soon as possible after the incident and documentation of the source individual's blood test results. If the source individual is known to be infected with either HIV or HBV, testing need not be repeated.
- Provision of the source individual's test results (if consent has been obtained) and information about disclosure and confidentiality laws to the exposed employee.
- Upon consent, testing of the exposed employee's blood for HBV and HIV serological status as soon as feasible after the exposure incident.

- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preservation of the baseline blood sample for at least 90 days. If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.
- Provision of HBV and HIV serological testing, counseling, and safe and effective post-exposure prophylaxis according to recommendations of the U.S. Public Health Service.

The employer must give the health care professional responsible for the employee's hepatitis B vaccination, post-exposure evaluation, and follow-up a copy of the Oregon OSHA standard. The employer must provide the following to the health care professional: a description of the employee's job duties relevant to the exposure incident, documentation of the route(s) of exposure, circumstances of exposure, results of the source individual's blood tests, if available, and all relevant employee medical records, including vaccination status.

The health care professional's written opinion to the employer for post-exposure evaluation must document that the employee has been informed of the results of the medical evaluation and of any medical conditions resulting from the exposure incident that may require further evaluation or treatment. Other diagnoses pertaining to the employee must remain confidential and not be included in the written report. The employer must provide a copy of this report to the employee within 15 days of the evaluation.

The requirements for the medical and training records are discussed in the next section, "Record Keeping."

Q If the employer is also the health care professional, how can the employer maintain post-exposure confidentiality?

A The employer is required to maintain required medical records in a way that protects the employee's identity and test results. If the employer has contracted with a clinic or other health care facility to provide the follow-up programs, confidentiality requirements must be included in the contract.

SECTION VI

Record Keeping

OAR 437-002-1910.1030(h)

Employers must preserve and maintain for each employee an accurate record of occupational exposure according to Oregon OSHA's rule governing access to employee exposure and medical records, 437-002-1910.1020.

Employers who must maintain an exposure-control plan must also maintain a log of injuries from contaminated sharps. This log must protect the confidentiality of the injured employee and must include the type and brand of the device, the department or work area in which the injury occurred, and how the injury occurred. This log must be maintained for five years.

Q What information is required to be recorded on the employee medical record?

A Under the bloodborne pathogens standard, medical records must include the following:

- Employee's name; Social Security number; hepatitis B vaccination status, including vaccination dates; and any medical records related to the employee's ability to receive vaccinations.
- Results of examinations, medical testing, and post-exposure evaluation and follow-up procedures.
- A copy of the information provided to the health care professional and the health care professional's written opinion.

Q When is an employee exposure to blood or OPIM required to be recorded on the OSHA 300 form?

A All contaminated sharps injuries must be recorded on the OSHA 300 log. All other exposure incidents need only be recorded on the OSHA 300 log when medical treatment is initiated as part of the post-exposure evaluation. These incidents are recorded as injuries until or unless the employee is

diagnosed with an illness, such as hepatitis or HIV. If this occurs, the OSHA 300 log must be updated to reflect the incident as an illness, and the description of the incident must reflect the new diagnosis.

All of these types of incidents are recorded as privacy-concern cases, in which the name of the employee is kept confidential. If you have a "privacy-concern case," do not enter the employee's name on the OSHA 300 log. Instead, enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative has access to the OSHA 300 log. You must keep a separate, confidential list of the case numbers and employee names for your privacy-concern cases so you can update the cases and provide the information to the government if asked to do so.

Q I own a janitorial company, and we have an exposure control plan because we clean up blood spills. My employees occasionally find used syringes. Do I need to keep a sharps injury log?

A Yes. The sharps injury log must be kept by all employers who must maintain an exposure control plan, regardless of whether or not they use sharps in their normal duties.

Q I must also log injuries from contaminated sharps on my 300 log. Can I just use that as my sharps injury log?

A Yes, as long as the information required to be kept on the sharps injury log is recorded on the 300 log. Additionally, you must be able to easily separate the sharps injury information from all of the other information on the 300 log. For example, if you keep your 300 log electronically in a database, you must be able to pull up a report of the sharps injuries with the required information. If you use the paper version of the 300 log, you can comply by using a separate sheet for the sharps injuries.

Q How long must an employer maintain medical records?

A Medical records must be kept confidential and maintained for at least the duration of employment *plus* 30 years.

The bloodborne pathogens standard also requires employers to keep accurate training records for three years. They must include training dates, contents or a summary of the training, names and qualifications of the trainer or trainers, and names and job titles of trainees.

Upon request, both medical and training records must be made available to the National Institute for Occupational Safety and Health and to Oregon OSHA. Training records must be available to employees or employee representatives upon request. An employee's medical records can be obtained by that employee or anyone having that employee's written consent.

Q What must I do if I decide to close my business?

A If an employer ceases to do business, medical and training records must be transferred to the successive employer. If there is no successive employer, the employer must notify NIOSH, U.S. Department of Health and Human Services, for specific directions regarding disposition of the records at least three months prior to ceasing company operations.

Appendix A

Statement of Declination

The following statement must be signed by every employee who *declines* the hepatitis vaccine. The statement can only be signed by the employee after he or she has received training regarding hepatitis B, hepatitis B vaccination, and the method and benefits of vaccination. Employees must be told that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

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

Date

Appendix B

The following is an example of a basic exposure control plan. It can be used as a guide to develop your organization's exposure plan, but your plan

must reflect your employees' job responsibilities and specific exposures or potential exposures to blood-borne pathogens.

ABC Precious Metals Company

Bloodborne Pathogens Exposure Control Plan

ABC Precious Metals Company has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program in compliance with Oregon OSHA *Bloodborne Pathogens, 1910.1030*, requirements. The first-aid-center nurse has the authority and responsibility to ensure that all elements of the exposure plan are in place. A copy of this plan is available to all employees at the first-aid center.

Purpose

The purpose and goal(s) of this exposure plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, provide information and training to employees exposed to blood and OPIM, and comply with Oregon OSHA *Bloodborne Pathogen* standard, *1910.1030*.

Exposure determination

Employees subject to the Oregon OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties. Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or OPIM who assist an injured employee but are not required to.

The **Employees at risk** chart lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials (OPIM). Exposure determinations are made without regard to use of PPE.

Employees at risk

Job Classification	Task or procedure
Nurse (First-aid center)	Blood drawing Process and package of blood and other biological specimens for shipping Cleanse and bandage 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
Supervisors (Assigned to provide first-aid assistance as part of their job duties)	Cleanse and bandage 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

The following is a list of job classifications and tasks in which some employees may have occupational exposures to blood or OPIM:

Employees who may be at risk

Job Classification	Task or procedure
Janitors	Clean up spilled blood or OPIM Empty biological trash cans

Compliance methods

Universal precautions

Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult- or impossible-to-identify body fluids as potentially infectious.

Engineering and work practices controls

Use the following controls to eliminate or minimize occupational exposure.

Sharp containers

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in a sharps container. Replace containers routinely and do not allow overfilling. Place reusable sharps in metal trays for decontamination. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

Safe medical devices

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

Work practices

Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material.

Personal protective equipment (PPE)

PPE is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal annually.

Storage area

The first-aid center stores and maintains an inventory of sufficient bloodborne protective gear. Take supplies, including PPE, as needed, to the location of the injured person. Supplies include disposable gloves; face shields; impervious disposable coveralls and booties; resuscitation devices; large, heavy-duty plastic bags and ties; sharps containers; biohazard signs or labels; absorbent pressure dressings for wounds; antiseptic towelettes; disposable absorptive material for cleaning up spilled blood; rubber gloves; and bleach solutions or germicides.

PPE use and disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds must wear disposable gloves made of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Disinfect reusable gloves with diluted liquid bleach or germicides after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Use laboratory coats or scrubs at the first-aid center to prevent contamination of employee street clothing. Wear impermeable disposable coveralls and booties whenever contamination of skin not protected by gloves or face shields is anticipated, such as a traumatic injury with significant blood loss.

Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation.

Remove used personal protective equipment at the exposure location or as soon as feasible to avoid contamination of other work areas. Place in a biohazard container or in a plastic bag with a biohazard label. PPE must not be taken from the work site.

Housekeeping

Maintain the first-aid center in a clean and sanitary condition. Employees who have received bloodborne pathogen training and who have been included under the exposure plan can clean up spills and work surfaces such as bench tops and blood processing areas.

Clean and decontaminate all equipment and working surfaces after completion of procedures in which blood or body fluids contaminated with blood are handled and immediately, or as soon as feasible, when surfaces are overtly contaminated with blood and at the end of the work shift if the surface may have been contaminated since the last cleaning. Inspect all biohazardous waste receptacles and decontaminate weekly or immediately upon visible contamination.

Use chemical germicides or solutions of 5.25 percent sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used.

Broken glassware or glass items must not be picked up directly with the hands. Use a mechanical means, such as a brush and dust pan, tongs, or forceps. Handle as a biohazardous waste. Decontaminate equipment used to pick up glassware with a 1:10 bleach solution or an approved germicide.

Contaminated laundry

Handle nondisposable linen, such as laboratory coats or scrubs, or any other clothing visibly contaminated with blood using disposable gloves. Minimize the time spent handling laundry. Bag laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and/or leakage of fluids to the exterior; place a biohazard label on the bag.

Employees are not to take contaminated items home to launder. Center Street Laundry currently holds the contract to pick up, clean, and return laundered items. The laundry facility has a bloodborne pathogen program in place.

Regulated waste

Medical Waste Removal Transportation Inc. has been contracted to pick up regulated waste for disposal. Place regulated waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Labels and signs

Affix warning labels to laundry bags, containers of regulated waste, refrigerator units and containers used to store, transport, or ship blood or OPIM. Red bags or red containers can be used instead of labels.



Hepatitis B vaccine

The hepatitis B vaccine is offered, at no cost, to employees that were determined to have occupational exposure, within 10 working days of initial assignment. Employees who have potential exposure to bloodborne pathogens but decline to take the vaccination must sign a declination statement. Employees who initially decline can still receive the vaccination should they decide at a later date to accept. Previously vaccinated new hires must provide a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and revaccination is declined or not appropriate.

The first-aid center nurse will coordinate with the Northwest Health Occupational Clinic employee vaccinations. The first-aid center nurse retains vaccination records in the employee medical record file.

Exposure incident and post-exposure evaluation and follow-up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is our policy to include Good Samaritan acts performed by an employee at the work site.

Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.

The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual, where feasible; exposed employee blood collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

The Northwest Health Occupational Clinic provides hepatitis B vaccinations and medical evaluations and post-exposure follow-up after an exposure incident. The Northwest Health Occupational Clinic is open 24 hours a day; the telephone number is 503-123-9876. A copy of the bloodborne pathogen standard has been provided to the clinic.

Information provided to the health care professional

The first-aid center nurse is responsible to ensure that the Northwest Health Occupational Clinic health care professional evaluating the employee after an exposure incident receives the following information:

- A description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) and circumstances of the exposure
- The results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status

Health care professional's written opinion

The first-aid center nurse will provide the employee with a copy of the health care professional's written opinion within 15 days after completion of the evaluation.

Limit the health care professional's written opinion(s) for the hepatitis B vaccination to whether the vaccination is indicated and whether the employee has received the vaccination.

Limit the health care professional's written opinion for the post-exposure evaluation to the following information:

- Whether the employee was informed of the evaluation results
- Whether the employee was told about any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment

Training and training records

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. In addition, the training program will include the following topics:

- An explanation of activities and tasks that may involve exposure to blood and OPIM
- How appropriate engineering controls, work practices, and PPE will prevent or reduce exposure
- The basis for the selection of PPE; the types, use, location, removal, handling, decontamination, and disposal procedures
- Hepatitis B vaccine information including that the vaccine is provided at no cost, the benefits of being vaccinated and methods of administration

- Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should an exposure incident occur
- An explanation of the signs and hazard labels
- How to review or obtain a copy of the exposure control plan and the standard

The first-aid center nurse trains employees prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained at the center for three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

Record keeping

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, Social Security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with Oregon OSHA's *Access to Employee Exposure and Medical Records* standard, 1910.1020. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept at the first-aid center in the employee's medical file:

1. The results of any examination, medical testing, and follow-up procedures.
2. A copy of the treating physician's written opinion to the employer.
3. A copy of all information provided by the employer to the health care professional regarding the exposure incident.

Record any needle stick, mucous membrane, or skin contact with blood or body fluids contaminated with blood or OPIM requiring medical treatment (e.g., gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) in the OSHA 300 log. In addition, record any contaminated- sharp injuries, including needle sticks on the sharps injury log. Retain these records for five years.

Plan evaluation and review

Review the exposure control plan and update at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure. The first-aid center nurse is responsible for the annual review. Sign and date this exposure plan when the review has taken place.

Signature: _____

Date: _____

