



CITY OF KLAMATH FALLS
Human Resources
226 S. 5th Street - P.O. BOX 237
KLAMATH FALLS, OREGON 97601
Sister City - Rotorua, New Zealand
PHONE (541) 883-5317 FAX (541) 883-5251



MEMORANDUM

Date: March 28, 2016
To: All Personnel
From: Toni Thompson, Support Services Analyst 
Subject: OCCUPATIONAL EXPOSURE TO BLOOD/BODILY FLUIDS

When an employee is exposed to blood or other bodily fluids it is very important that he/she begins the testing process as soon as possible to determine any exposure to HIV or Hepatitis B or C. The following are general procedures to follow in the event of an exposure.

During Basin Immediate Care's regular business hours and days:

(Monday – Friday, 8:00 a.m. – 7:00 p.m.; Saturday 9:00 a.m. – 6:00 p.m.; Sunday and Holidays 9:00 a.m. – 3:00 p.m.)

- Wash the exposed area(s) thoroughly with soap and water; flush mouth/eyes with lots of water
- Report the incident to your immediate supervisor
- Complete an 801 Report of Job Injury or Illness Form with Supervisor
- Obtain and complete an exposure "packet" from department/division, or Human Resources (available on City Website)
- Have supervisor complete Supervisor's Accident/Near Miss Report Form
- Retain a copy of Bloodborne Pathogens Exposure Report to take to clinic
- Employee or employee's supervisor reports incident to Human Resources ASAP
- Forward original reports to Human Resources
- Proceed to Basin Immediate Care, 3737 Shasta Way, Suite A, 541-883-2337 to begin testing process
- Complete an 827 form at clinic

During non-business hours and days: (Weekends, holidays or night time hours)

- Wash the exposed area(s) thoroughly with soap and water; flush mouth/eyes with lots of water
- Report the incident to your immediate supervisor
- Complete an 801 Report of Job Injury or Illness Form with Supervisor
- Obtain and complete an exposure "packet" from department/division, or Human Resources (available on City Website)
- Have supervisor complete Supervisor's Accident/Near Miss Report Form
- Retain a copy of Bloodborne Pathogens Exposure Report to take to hospital
- Employee or employee's supervisor reports incident to Human Resources ASAP
- Forward original reports to Human Resources
- Proceed to emergency room at Sky Lakes Medical Center, 2865 Daggett Ave, (541) 274-6176 to begin testing process
- Provide copy of the report to attending physician during visit
- Complete an 827 form at hospital
- Request E.R. to send results to Basin Immediate Care so that post-exposure testing can continue through Basin Immediate Care

Please do not wait. The sooner you start the testing, the more reliable the tests will be. All tests done after the initial visit are performed at Basin Immediate Care and employees are sent reminder memos directly from Basin Immediate Care for follow-up appointments. It is the employees' responsibility to attend follow-up appointments and to keep their supervisor informed if follow-up appointments are during work hours. Please let me know if you need additional information. Thank you.

City of Klamath Falls
BLOODBORNE PATHOGENS EXPOSURE CHECKLIST

Employee Name: _____

Date of Exposure: _____

Bloodborne Pathogens Exposure Report completed _____

Employee sent to healthcare professional for testing
(Send Packet to Healthcare Professional with employee if possible) _____

PACKET

- Request for Employee Health Services
- City of Klamath Falls Bloodborne Pathogens Exposure Report
- Supervisor's Accident/ Near Miss Investigation Report
- 801 Report of Job Injury or Illness
- Copy of employee's vaccination status (if available)
- Copy of employee's job description
- Copy of OSHA regulation 437-02-1910.1030
- Copy of the City's Bloodborne Pathogens Exposure Control Plan

Source Individual's blood tested (if applicable) _____

Record exposure or needle stick on appropriate log
Occupational Exposure Log _____

OSHA 300 Log _____

Medical Surveillance follow-up appointments

Medical Surveillance closed (per health care professional)
(Letter on file) _____



City of Klamath Falls
EMPLOYEE HEALTH SERVICES REQUEST

Confidential

To: _____
LICENSED HEALTH CARE PROFESSIONAL

RE: Employee Name: _____

The enclosed information is provided to your regarding the above employee in accordance with the City of Klamath Falls Bloodborne Pathogens Exposure Control Plan and OSHA regulation 437-02-1910.1030 (enclosed).

Service requested:

PLEASE

- ◆ Review the enclosed information.
- ◆ Commence Medical Surveillance including HBV and HIV testing (with employee consent.)
- ◆ Provide the employee with information regarding HIV testing procedures, alternatives and risks of HIV testing.
- ◆ Forward your written opinion regarding:
 - ▶ whether HBV is indicated for;
 - ▶ whether HBV vaccination has been administered to the employee;
 - ▶ that the employee has been informed of the results of your evaluation; and
 - ▶ that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment
- ◆ The written opinion should be forwarded to our office within 15 days of completion of your evaluation.
- ◆ Send chart notes to Basin Immediate Care so that post exposure testing can continue
- ◆ Send all correspondence to City of Klamath Falls, ATTN: Human Resources, 500 Klamath Avenue, Klamath Falls, OR 97601
- ◆ Billings need to be sent to SAIF Corporation, 400 High St. SE, Salem, OR 97312;
Phone: 800-285-8525

Thank you.

Toni Thompson

Authorized Signature – Human Resources – 541-883-5317 or 541-883-5326

City of Klamath Falls
BLOODBORNE PATHOGENS EXPOSURE REPORT

Employee Name:	SS#:
Dept./Division:	Position:
Date of Exposure:	Address or Location:
Time of Exposure:	
Type of Exposure: (blood, needlestick, possible communicable disease, etc.)	
Circumstances of Incident: (Please describe in detail)	
Type of first aid rendered and/or follow-up clean-up:	
Area of possible exposure: (skin, eyes, mouth, lungs, etc.)	
Was Personal Protective Equipment worn?	Is so, please describe:
Name of source individual (if known): Name: _____ Address: _____ Phone: _____ DOB: _____	
<input type="checkbox"/> UNKNOWN	
Receiving Health Care Provider: <input type="checkbox"/> Sky Lakes Medical Center Date/Time Seen by provider _____ <input type="checkbox"/> Basin Immediate Care <input type="checkbox"/> Other: _____	
Report completed by: _____ Title: _____	
<i>I hereby certify that I am a worker, as defined in ORS 433.060(10), and that the exposure reported herein occurred during the course of my occupation. I give the Health Care Provider permission to release medical records to Basin Immediate Care so that I may receive follow-up care.</i>	
Exposed Worker Signature _____	Date _____

(3/09)

Original to Medical File
 Copy to Health Care Provider
 Copy to Employee

For SAIF Customer Use

Area _____

Dept. _____

Shift _____ CC _____

CLAIM NO. _____

SUBJECT DATE _____

CLASS _____

DEFAULT DATE _____

EMPLOYER'S ACCOUNT NO. _____

Email: saif801@saif.com

Toll-free phone: 1.800.285.8525

Toll-free FAX: 1.800.475.7785

Report of Job Injury or Illness

Workers' compensation claim

Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. If you do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line. Your employer will give you a copy.

1. Date of injury or illness:	2. Date you left work:	3. Time you began work on day of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Regularly scheduled days off: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	DEPT USE: Emp Ins Occ Nat Part Ev Src 2src
5. Time of injury or illness: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	6. Time you left work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7. Shift on day of injury: (from) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (to) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right			9. Check here if you have more than one job: <input type="checkbox"/>	
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				

Information ABOVE this line: date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.

11. Your legal name:	12. Worker's language preference other than English: <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify):	13. Birthdate:	14. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
15. Your mailing address, city, state and zip:			16. Home phone:
17. Social Security no. (see back*):		18. Occupation:	19. Work phone:
20. Names of witnesses:			
21. Name and phone number of health insurance company:		22. Name and address of health care provider who treated you for the injury or illness you are now reporting:	
23. Have you previously injured this body part? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Were you hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26. By my signature, I am making a claim for worker's compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(i)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.			
27. Worker signature:		28. Completed by (please print):	29. Date:

Employer

Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name:		31. Phone:	32. FEIN: 936002195
33. If worker leasing company, list client business name:			34. Client FEIN:
35. Address of principal place of business (not P.O. Box):			36. Insurance policy no.: 761300
37. Street address from which worker is/was supervised: ZIP:			38. Nature of business in which worker is/was supervised:
39. Address where event occurred:			
40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			41. Class code:
42. Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	43. Did injury occur during course and scope of job? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		44. OSHA 300 log case no:
45. Date employer knew of claim:	46. Worker's weekly wage: \$	47. Date worker hired:	48. If fatal, date of death:
49. Return-to-work status: Not returned <input type="checkbox"/> Regular Date: <input type="checkbox"/> Modified Date: <input type="checkbox"/>		50. If returned to modified work, is it at regular hours and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
51. Employer signature:	52. Name and title (please print):		53. Date:

City of Klamath Falls

SUPERVISOR'S ACCIDENT or "NEAR-MISS" INVESTIGATION REPORT

(All incidents must be reported regardless of whether the employee received medical attention)

WHAT type of incident was it? [] Accident [] Employee Injury [] Near-Miss [] Exposure

SECTION 1 WHO and When

Name: [] Date Reported: []

Department/Division: [] Job Title: []

Employment Category: [] Full-time [] Part-Time [] Temporary [] Volunteer

Normal Shift: From [] a.m. [] p.m. To [] a.m. [] p.m.

Status at Time of Accident: [] Enter or leaving Work [] During Meal Period [] During Rest Period
[] Performing Work Duties [] Working Overtime [] Other []

Witnesses: []

Time of Incident [] a.m. [] p.m. Day of the Week []

SECTION 2 WHAT and Where

WHAT happened before, during and after the incident?? (This section must be completed in detail; add additional pages if necessary)

[]

Employee was working: [] Alone [] With a crew or fellow worker [] Other []

Supervision at time of accident: [] Directly Supervised [] Not Supervised
[] Indirectly Supervised [] Supervision not feasible

Has this type of incident occurred in the past within the division? [] YES [] NO
If yes, please explain: []

Location description

Address

SECTION 3 VEHICLE/MACHINE/EQUIPMENT

Was there Damage? YES NO If yes, complete this section (Photos must be attached). If no, skip to Section 4.

Make: Model: Year:

Plate #: City Id:

Did you contact law enforcement? YES NO If yes, was an officer dispatched? YES NO

If yes, what was the name of the officer?

What was the CAD number or report number?

Did the accident involve another Driver? YES NO If yes, did you exchange information and complete the yellow accident card? YES NO.

Explain the type of damage (Insurance claims must be filed with the appropriate department)

Did you take the vehicle to the Streets Division for inspection by a Fleet Mechanic? YES NO

SECTION 4 PROPERTY

Was there Damage? YES NO If yes, complete this section (Photos must be attached). If no, skip to Section 5.

Property Description:

Property address/location:

City owned property? YES NO If no, did you contact the owner? YES NO

Was the incident reported? YES NO If yes, who was it reported to?

Explain the type of damage (Insurance claims must be filed with the appropriate department)

SECTION 5 INJURY

Was there an injury? YES NO If yes, complete this section. If no, skip to section 6.

Area Injured: Face/head Leg(s) Hand(s)/finger(s) Skin Eye(s) Toe(s)/foot
 Arm(s) Back/Torso Lungs Other _____

Type of Injury: Scrape/Cut Strain/sprain Burn Fracture Bruise
 Foreign body Death* Other _____

Type of Care:

Was First Aid Given? YES NO Was Medical Treatment Offered? YES NO
Sent for Medical Treatment? YES NO Overnight in hospital? YES NO
801 Form Completed? YES NO

*(Fatalities must be reported within 8 hours to OSHA (800) 922-2689. Overnight hospitalizations must be reported to an OSHA field office within 24 hours of employer notification Medford 541-776-6030. If OSHA needs to be notified, contact the Risk Manager who will contact OSHA.

SECTION 6 FACTORS

What contributed to the incident? Please check all that apply.

Hazard

- Not Recognized/Identified
- Identified, but not addressed
- Inadequate repair

Training & Certification

- Insufficient Training
- Circumstances Not Covered
- Ineffective Training
- Worker Not Authorized
- Outdated Training

Work Procedures

- None Developed
- Not Followed
- Partially Followed
- Not Understood
- Not Appropriate
- Not Communicated

Other

- Weather/Temperature
- Extended Work Hours
- Physical Overexertion
- Work in Elevated Area
- Chemical Use
- Biological Agent
- Radiation
- Electricity
- Mechanical
- Animals

Communication

- Breakdown in verbal communication
- Breakdown in written communication
- Confusion after communication

Facilities/Equipment

- PPE (See Section 7)
- Faulty Equipment
- Poor/ Inadequate Maintenance
- Inappropriate Use
- Missing Guards
- Obsolete/Antiquated
- Inadequate Design
- Ergonomic Factors
- Equipment Failure
- Trip Hazard
- Slip Hazard
- Struck By

SECTION 7

PPE Requirements:

	Required	Used	Type
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	
Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	
Skin/Gloves	<input type="checkbox"/>	<input type="checkbox"/>	
Foot	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Vest	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 8

PREVENTION: How can a similar incident be prevented?

Were measures taken to prevent reoccurrences? YES NO Not applicable

If yes, what actions were taken, when and by whom?

OR Corrective action is scheduled for

SECTION 9

ACKNOWLEDGEMENTS

Employee Signature

Date

Supervisor Signature

Date

Department Director Signature

Date

Supervisor provides copy to Department Director
Original to Human Resources; HR provides copy to Central Safety Committee, Streets Division, and Legal, if needed.

City of Klamath Falls

VACCINATION DECLINATION FORM

Date: _____

Employee Name: _____

Employee SS#: _____

I understand that due to my occupational exposure to blood or other potential 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 the 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

Facility Representative Signature

Date

OAR 437, DIVISION 2

GENERAL OCCUPATIONAL SAFETY AND HEALTH RULES

SUBDIVISION Z – TOXIC AND HAZARDOUS SUBSTANCES

437-002-0360 Adoption by Reference. In addition to, and not in lieu of, any other safety and health codes contained in OAR Chapter 437, the Department adopts by reference the following federal rules as printed in the Code of Federal Regulations, 29 CFR 1910, revised as of 7/1/99, and any subsequent amendments published in the Federal Register as listed below:

(26) 29 CFR 1910.1030 **Bloodborne pathogens**, published 12/6/91, Federal Register, vol. 56, no. 235, pp. 64175-64182; amended 7/1/92, vol. 57, no. 127, p. 29206; amended 1/18/01, FR vol. 66, no. 12, p. 5318; 4/3/06, FR vol. 71, no. 63, p. 16669.

These standards are available at the Oregon Occupational Safety and Health Division, Oregon Department of Consumer and Business Services, and the United States Government Printing Office.

Stat. Auth.: ORS 654.025(2) and 656.726(4).

Stats. Implemented: ORS 654.001 through 654.295.

Hist: APD Admin. Order 13-1988, f. 8/2/88, ef. 8/2/88 (Benzene).

APD Admin. Order 14-1988, f. 9/12/88, ef. 9/12/88 (Formaldehyde).

APD Admin. Order 18-1988, f. 11/17/88, ef. 11/17/88 (Ethylene Oxide).

APD Admin. Order 4-1989, f. 3/31/89, ef. 5/1/89 (Asbestos-Temp).

APD Admin. Order 6-1989, f. 4/20/89, ef. 5/1/89 (Non-Asbestiforms-Temp).

APD Admin. Order 9-1989, f. 7/7/89, ef. 7/7/89 (Asbestos & Non-Asbestiforms-Perm).

APD Admin. Order 11-1989, f. 7/14/89, ef. 8/14/89 (Lead).

APD Admin. Order 13-1989, f. 7/17/89, ef. 7/17/89 (Air Contaminants).

OR-OSHA Admin. Order 1-1990, f. 1/11/90, ef. 1/11/90 (Formaldehyde-Temp).

OR-OSHA Admin. Order 3-1990, f. 1/19/90, ef. 1/19/90 (Asbestos & Non-Asbestiforms-Temp).

OR-OSHA Admin. Order 6-1990, f. 3/2/90, ef. 3/2/90 (Formaldehyde-Perm).

OR-OSHA Admin. Order 7-1990, f. 3/2/90, ef. 3/2/90 (Asbestos & Non-Asbestiforms-Perm).

OR-OSHA Admin. Order 9-1990, f. 5/8/90, ef. 8/8/90 (Labs).

OR-OSHA Admin. Order 11-1990, f. 6/7/90, ef. 7/1/90 (Air Contaminants).

OR-OSHA Admin. Order 13-1990, f. 6/28/90, ef. 8/1/90 (Asbestos-Temp).

OR-OSHA Admin. Order 14-1990, f. 6/28/90, ef. 8/1/90 (Lead).

OR-OSHA Admin. Order 19-1990, f. 8/31/90, ef. 8/31/90 (Asbestos-Perm).

OR-OSHA Admin. Order 20-1990, f. 9/18/90, ef. 9/18/90 (Lead).

OR-OSHA Admin. Order 21-1990, f. 9/18/90, ef. 9/18/90 (Air Contaminants).

OR-OSHA Admin. Order 7-1991, f. 4/25/91, ef. 4/25/91 (Air Contaminants, Asbestos, Formaldehyde).

OR-OSHA Admin. Order 13-1991, f. 10/10/91, ef. 10/10/91 (Lead, Formaldehyde).

OR-OSHA Admin. Order 15-1991, f. 12/13/91, ef. 12/13/91 (Asbestos).

OR-OSHA Admin. Order 1-1992, f. 1/22/92, ef. 1/22/92 (Formaldehyde).

OR-OSHA Admin. Order 4-1992, f. 4/16/92, ef. 4/16/92 (Formaldehyde).

OR-OSHA Admin. Order 5-1992, f. 4/24/92, ef. 7/1/92 (Bloodborne Pathogens).

OR-OSHA Admin. Order 6-1992, f. 5/18/92, ef. 5/18/92 (Asbestos).

OR-OSHA Admin. Order 10-1992, f. 9/24/92, ef. 9/24/92 (Lead-temp).

OR-OSHA Admin. Order 11-1992, f. 10/9/92, ef. 10/9/92 (Asbestos).

OR-OSHA Admin. Order 12-1992, f. 10/13/92, ef. 10/13/92 (Formaldehyde).

OR-OSHA Admin. Order 14-1992, f. 12/7/92, ef. 12/7/92.

OR-OSHA Admin. Order 15-1992, f. 12/30/92, ef. 12/30/92 (Air Contaminants, BBP, Labs).

OR-OSHA Admin. Order 1-1993, f. 1/22/93, ef. 1/22/93 (Cadmium, MDA).

OR-OSHA Admin. Order 6-1993, f. 5/17/93, ef. 5/17/93 (Air Contaminants-Temp).

OR-OSHA Admin. Order 12-1993, f. 8/20/93, ef. 11/1/93 (remainder of 2/Z).

OR-OSHA Admin. Order 17-1993, f. 11/15/93, ef. 11/15/93 (Air Contaminants-Perm).

OR-OSHA Admin. Order 4-1994, f. 8/4/94, ef. 8/4/94.

OR-OSHA Admin. Order 1-1995, f. 1/19/95, ef. 1/19/95.

OR-OSHA Admin. Order 4-1995, f. 3/29/95, ef. 3/29/95 (Asbestos).

OR-OSHA Admin. Order 5-1995, f. 4/6/95, ef. 4/6/95.

OR-OSHA Admin. Order 8-1995, f. 8/25/95, ef. 8/25/95 (Asbestos).

OR-OSHA Admin. Order 4-1996, f. 9/13/96, ef. 9/13/96 (Lead).

OR-OSHA Admin. Order 6-1996, f. 11/29/96, ef. 11/29/96 (Asbestos).

OR-OSHA Admin. Order 4-1997, f. 4/2/97, ef. 4/2/97.

OR-OSHA Admin. Order 6-1997, f. 5/2/97, ef. 5/2/97.

OR-OSHA Admin. Order 8-1997, f. 11/14/97, ef. 11/14/97 (Methylene Chloride).

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Oregon Administrative Rules
Oregon Occupational Safety
and Health Division

OR-OSHA Admin. Order 1-1998, f. 2/13/98, ef. 2/13/98 (Methylene Chloride).
OR-OSHA Admin. Order 3-1998, f. 7/7/98, ef. 7/7/98.
OR-OSHA Admin. Order 1-1999, f. 3/22/99, ef. 3/22/99.
OR-OSHA Admin. Order 2-1999, f. 4/30/99, ef. 4/30/99.
OR-OSHA Admin. Order 4-1999, f. 4/30/99, ef. 4/30/99.
OR-OSHA Admin. Order 6-2001, f. 5/15/01, ef. 5/15/01 (Cotton Dust).
OR-OSHA Admin. Order 10-2001, f. 9/14/01, ef. 10/18/01 (Bloodborne Pathogens).
OR-OSHA Admin. Order 12-2001, f. 10/26/01, ef. 10/26/01 (Methylene Chloride).
OR-OSHA Admin. Order 1-2005, f. 4/12/05, ef. 4/12/05.
OR-OSHA Admin. Order 4-2006, f. 7/24/06, ef. 7/24/06 (Technical Amendments).
OR-OSHA Admin. Order 6-2006, f. 8/30/06, ef. 8/30/06 (Hexavalent Chromium).

SUBDIVISION Z

TOXIC AND HAZARDOUS SUBSTANCES

§1910.1030 Bloodborne Pathogens.

(a) **Scope and Application.** This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) **Definitions.** For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means 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 wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means 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.

Z BLOODBORNE PATHOGENS

Oregon Administrative Rules
Oregon Occupational Safety
and Health Division

Exposure Incident means a specific 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.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; or
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means:

- (1) 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 that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means 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.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) Exposure Control.

(1) Exposure Control Plan.

(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2),

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(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

NOTE: Oregon OSHA did not adopt 1910.1030(c)(1)(v). In Oregon, 437-002-1030 applies.

(2) Exposure Determination.

(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(1) **General.** Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls.

(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

437-002-1030 Additional Oregon Rules for Bloodborne Pathogens. *Every employer with employees that use medical sharps in direct patient care must, at least annually, identify, evaluate, and select engineering and work practice controls, including safer medical devices.*

(1) *This evaluation must involve non-managerial front-line employees responsible for direct patient care.*

(2) *This evaluation must be done on a facility-by-facility basis. When a facility has multiple departments with specific equipment and/or work practice concerns, the evaluation must involve employees from those departments.*

(3) *After a device is evaluated and selected, the employer must make a decision on implementing that device.*

(a) *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 also document the employee support, as well as the justification for not purchasing that device.*

(b) *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 employers' justification for purchasing that device.*

(c) *All documentation required by 437-002-1030(3) must be kept as part of the written Exposure Control Plan.*

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

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(5) Employees must be trained in the use of safer medical devices before the employees use those devices.

Stat. Authority: ORS 654.025(2) and 656.726(4).
Stats. Implemented: ORS 654.001 through 654.295.
Hist: OR-OSHA Admin. Order 10-2001, f. 9/14/01, ef. 10/18/01.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) puncture resistant;

(B) labeled or color-coded in accordance with this standard;

(C) leakproof on the sides and bottom; and

(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

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(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

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(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal Protective Equipment.

(i) **Provision.** When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. 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.

(ii) **Use.** The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) **Accessibility.** The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) **Cleaning, Laundering, and Disposal.** The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) **Repair and Replacement.** The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) **Gloves.** Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(iii) When the employee is receiving training in phlebotomy.

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(x) **Masks, Eye Protection, and Face Shields.** Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) **Gowns, Aprons, and Other Protective Body Clothing.** Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(4) Housekeeping.

(i) **General.** Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

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(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment.

(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- (i) Closable;
- (ii) Puncture resistant;
- (iii) Leakproof on sides and bottom; and
- (iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

- (i) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
- (ii) Maintained upright throughout use; and
- (iii) Replaced routinely and not be allowed to overfill.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

- (i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- (ii) Placed in a secondary container if leakage is possible. The second container shall be:
 - (A) Closable;
 - (B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - (C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

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(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment.

(1) Regulated waste shall be placed in containers which are:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities.

(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special Practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

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(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment Equipment.

(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

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(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) **Training Requirements.** Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

(1) General.

(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

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(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(i) The employer shall ensure that the health-care professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the health-care professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(i) Labels.

(A) 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, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:



BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

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(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs.

(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



BIOHAZARD

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(2) Information and Training.

(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) At least annually thereafter.

(iii) Reserved.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

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(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) **Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities.** Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping.

(1) Medical Records.

(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the health-care professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B), (C) and (D).

(iii) **Confidentiality.** The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(2) Training Records.

(i) Training records shall include the following information:

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Availability.

(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

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(4) Transfer of Records.

(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(5) Sharps Injury Log.

(i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(A) The type and brand of device involved in the incident,

(B) The department or work area where the exposure incident occurred, and

(C) An explanation of how the incident occurred.

NOTE: Oregon OSHA did not adopt 1910.1030(h)(5)(ii) and (iii). In Oregon, 437-002-1035 applies.

Stat. Authority: ORS 654.025(2) and 656.726(4).
Stats. Implemented: ORS 654.001 through 654.295.
Hist: OR-OSHA Admin. Order 5-1992, f. 4/24/92, ef. 7/1/92.
OR-OSHA Admin. Order 15-1992, f. 12/30/92, ef. 12/30/92.
OR-OSHA Admin. Order 10-2001, f. 9/14/01, ef. 10/18/01.
OR-OSHA Admin. Order 4-2006, f. 7/24/06, ef. 7/24/06

437-002-1035 Oregon Rule for Sharps Injury Log. *The requirement to establish and maintain a sharps injury log applies to any employer who is required to maintain an Exposure Control Plan. The sharps injury log must be maintained for 5 years.*

Stat. Authority: ORS 654.025(2) and 656.726(4).
Stats. Implemented: ORS 654.001 through 654.295.
Hist: OR-OSHA Admin. Order 10-2001, f. 9/14/01, ef. 10/18/01.

Appendix A to §1910.1030 – Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(Approved by the Office of Management and Budget under control number 1218-0180)

[56 FR 64175, Dec. 6, 1991, as amended at 57 FR 12717, Apr. 13, 1992; 57 FR 29206, July 1, 1992]

Stat. Authority: ORS 654.025(2) and 656.726(4).
Hist: OR-OSHA Admin. Order 5-1992, f. 4/24/92, ef. 7/1/92.

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City of Klamath Falls
Bloodborne Pathogens Exposure Control Plan

The City of Klamath Falls is committed to the prevention of incidents or happenings which result in employee injury and/or illness and to comply with the Oregon OSHA bloodborne pathogens standard, Oregon Administrative Rule 437-02-1910.1030. Through this written exposure control plan we share assigned responsibility and hereby adopt this exposure control plan as an element of the City of Klamath Falls Safety and Health Program.

A. Purpose

The purpose of this exposure control plan is:

1. To eliminate or minimize employee occupational exposure to blood or other body fluids.
2. To identify employees occupationally exposed to blood or other potentially infectious materials (OPIM) in the performance of their regular job duties.
3. To provide employees exposed to blood and OPIM information and training. A copy of this plan is provided to all employees, however, only employees in identified classifications (listed below) are required to attend initial and annual training. Employees in non-identified classifications may attend annual trainings with supervisor approval.
4. To comply with OR-OSHA bloodborne pathogen standard, Oregon Administrative Rule 437-02-1910.1030.

B. Exposure Determination

The City of Klamath Falls has performed an exposure determination for all common job classifications that may be expected to incur occupational exposures to blood or other potentially infectious materials. This exposure determination is made without regard to use of Personal Protective Equipment (PPE). The following job classifications may be expected to incur occupational exposures to blood or other potentially infectious materials:

<u>Job Classification</u>	<u>Task or Procedure</u>
Patrol Officer	Peace Officer duties.
Police Captain	Peace Officer duties.
Police Chief	Peace Officer duties.
Police Corporal	Peace Officer duties.
Police Detective	Peace Officer duties.
Police Detective Corporal	Peace Officer duties.
Police Detective Sergeant	Peace Officer duties.
Police Lieutenant	Peace Officer duties.
Police Sergeant	Peace Officer duties.
Property Evidence Technician	Evidence collection – autopsy.
Reserve Officer	Peace Officer duties
Maintenance Worker I – (Cemetery)	Garbage removal and clean up.
Maintenance Worker I – (Parks)	Garbage removal and clean up.
Parks Foreman/City Forester	Garbage removal and clean up.
Laborer – Seasonal (Parks)	Garbage removal and clean up.
Laborer – (Wastewater)	Pump collection system cleaning and maintenance; handling of sewage.
Laborer - (Water)	Same as above.
Maintenance Worker I – II (Facility Maint.)	Same as above.
Operator in Training	Same as above
Pretreatment Coordinator	Same as above.
Process Control Specialist	Same as above.
Utility Maintenance Worker I-II	Same as above.
Wastewater Collections Operator I-IV	Same as above.
Wastewater/Geo. Superintendent	Same as above.
Wastewater/Geothermal Supervisor	Same as above.
Wastewater Treatment Operator I-IV	Same as above.
Water Distribution Operator I-IV	Same as above.
Water Foreman	Same as above.
Water Superintendent	Same as above.
Meter Service Person, Lead	Garbage removal/clean-up near meters
Meter Service Person	Garbage removal/clean-up near meters
Meter Reader	Garbage removal/clean-up near meters

C. Compliance Methods

1. Universal Precautions

- (a) This organization embraces "universal precautions", which is a method of infection control that requires the employer and employee to assume that all human blood and specified human body fluids are infected with bloodborne pathogens. Where it's difficult or impossible to identify body fluids, all are to be considered potentially infectious.

2. Engineering Controls and Work Practices

The following engineering and work practice controls will be used by all employees to eliminate or minimize occupational exposures:

Engineering Controls

- (a) Hand washing facilities (or antiseptic hand cleaners, towels or towelettes).
- (b) Containers for contaminated reusable sharps have the following characteristics and are located in the assigned vehicle or may be obtained from the employee's immediate supervisor:
 - Puncture-resistant.
 - Color-coded or labeled with a biohazard warning label.
 - Leak-proof on the sides and bottoms.

Work Practice Controls

- (a) Employees wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- (b) Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes (e.g., eyes, nose, and mouth) with water.
- (c) Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:
 1. It can be demonstrated that there is no feasible alternative.
 2. The action is required by specific medical procedure.
 3. In the two situations above, the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.

- (d) Contaminated reusable sharps are placed in appropriate containers immediately after use.
- (e) Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- (f) All procedures involving blood or other infectious materials minimize splashing, spraying or other actions generating droplets of these materials.
- (g) Equipment, which becomes contaminated, is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
 - 1. An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
 - 2. Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

3. Personal Protective Equipment (PPE)

The following PPE will be provided at no cost to employees:

- Latex gloves – when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membrane, non-intact skin and when handling or touching contaminated items or surfaces.
- Face shields/masks – whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Safety glasses or goggles – same as above.

The employee's immediate supervisor is responsible for ensuring and issuing appropriate, readily accessible PPE, without cost to employees. Hypoallergenic gloves, or similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

All PPE will be removed prior to leaving the work area.

All PPE will be cleaned, laundered and disposed of by the employer at no cost to the employee.

All PPE, when removed, will be placed in the department's, designated area for storage, washing, decontamination, and disposal.

4. Housekeeping

Facilities shall be cleaned and decontaminated according to departmental schedules which shall include:

- The equipment or area to be cleaned/decontaminated;
- The day and time of schedule worked;
- The cleaners and disinfectants to be used;
- The required procedures and special instructions for completing the cleaning/decontamination.

5. Contaminated Laundry

Contaminated laundry shall be handled as little as possible with a minimum of agitation. The laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and or leakage of fluids to the exterior.

Contaminated laundry shall be placed and transported in bags or containers labeled or color coded pursuant to this policy.

6. Regulated Waste

Regulated waste shall be placed in containers, (obtained from the employee's immediate supervisor) which are:

1. Closable;
2. Constructed to contain all contents and prevent leakage fluids during handling, storage, transport or shipping;
3. Labeled or color-coded in accordance with this policy;
4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
5. If outside contamination of the regulated waste container occurs, it shall be placed in a second container and points a-d above followed.

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

1. Closable;
2. Puncture resistant;
3. Leakproof on sides and bottom; and
4. Appropriately labeled/color coded.

During use, containers for contaminated sharps shall be:

1. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
2. Maintained upright throughout use;
3. Replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be:

1. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
2. Placed in a second container if leakage is possible which meets the requirements of point (a) of this section.

Once a container is full of contaminated sharps, the employee shall notify his/her immediate supervisor so that arrangements can be made with Merle West Medical Center for disposal of the container.

7. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

The City will offer the hepatitis B vaccine and vaccination series at no cost to exposed employees within ten (10) working days of initial assignment. The City will offer post-exposure follow-up at no cost to employees.

The Human Resources Division is in charge of the hepatitis B vaccination program and will ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure follow-up, including prophylaxis are made available at no charge to the employee at a reasonable place and time, and performed or supervised by a licensed health-care professional according to the recommendations of the CDC.

When an employee has an exposure incident, it will be reported to the immediate supervisor and the employee shall seek appropriate medical attention. The supervisor shall notify the Human Resources Division of the reported exposure incident.

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained for HCV, HBV and HIV serological status. The evaluation process shall include post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; counseling for the employee; and evaluation of any reported illnesses.

Additionally, the source individual's blood shall be tested as soon as feasible in order to determine HCV, HBV and HIV infectivity, upon receipt of informed consent. Results of the source individual's testing shall be made available to the exposed employee once informed consent has been received, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Information Provided to the Health-Care Professional

The Human Resources Division shall insure that the health-care professional responsible for the employee's hepatitis B vaccination receives the following:

- a. A copy of OAR 437-02-1910.1030;
- b. A description of the exposed employee's duties as they relate to the exposure incident;
- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- d. Results of the source individual's blood testing, if available;
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

Health-Care Professional's Written Opinion

The Human Resources Division will obtain and provide the employee with a copy of the evaluating health-care professional's written opinion within fifteen (15) days of the completion of the evaluation.

The health-care professional's written opinion for HBV will be limited to whether the HBV is indicated for and has been received by the employee.

The health-care professional's written opinion for post exposure follow-up will be limited to the following information: that the employee has been informed of the results of the evaluation; and has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

8. Labels and Signs

The appropriate supervisor shall ensure that biohazard labels are on each container of regulated waste or the appropriate red color-coded container is utilized for the following:

- Contaminated equipment.
- Containers of regulated waste.
- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers.
- Other containers used to store, transport or ship blood and other infectious materials.
- Laundry bags and containers.

8. Information and Training

The Human Resources Division will ensure that employees are trained prior to initial assignment to tasks in which occupational exposure may occur, and that training shall be repeated within twelve (12) months. The training will be interactive and contain the following information:

- An accessible copy of OAR 437-02-1910.1030 and an explanation of its contents;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;

- An explanation of the City's "Exposure Control Plan" and a copy of the plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up that the City is required to provide for the employee following an exposure incident;
- An explanation of the required signs, labels and color coding;
- An opportunity for interactive questions and answers with the person conducting the training session.

10. Recordkeeping

The Human Resources Division is responsible for maintaining medical records which shall include:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of all results of examinations, medical testing, and follow-up procedures;
- The employer's copy of the health-care professional's written opinion;
- A copy of the information provided to the health-care professional.

Additionally, the City maintains the following logs, which are confidential and contain the following:

"Occupational Exposure Log"

1. Date of exposure;
2. Employee name;
3. The department where the exposure occurred;
4. Type of exposure; and
5. Status of the medical surveillance.

"Sharps Injury Log"

1. The type and brand of device involved in the incident;
2. The department or work area where the exposure incident occurred; and
3. An explanation of how the incident occurred.

11. Training Records

The Human Resources Division is responsible for maintaining training records which shall include:

1. The dates of the training sessions;
2. The contents or summary of the training sessions;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

Bloodborne Pathogens Policy - Revised January 2002

