
RISK MANAGEMENT MANUAL

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed to protect our employees from the risk of exposure to bloodborne pathogens, such as the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV).

HIV lasts 30 minutes maximum outside of the body. HBV lasts 7 days in dried blood: it incubates in the body for 120 days average before symptoms show up.

This Standard applies to all occupational exposures to blood or other potentially infectious materials. An occupational exposure is defined as “a reasonably anticipated skin, eye, mucous membrane, or parenteral (introduced otherwise than by way of the intestines) contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

“Other Potentially Infectious Materials” (OPIM) are defined as

1. the following human body fluids: semen, vaginal secretions, cerebrospinal (brain/spine) fluid, synovial (joint) fluid, pleural (lung) fluid, pericardial (heart) fluid, peritoneal fluid, amniotic (uterus) fluid, saliva in dental procedures, and any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
2. any unfixed tissue or organ from a human; and
3. HIV or HBV-containing cell or tissue cultures, organ cultures, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

1. Exposure Determination

OSHA requires employers to determine which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment, such as protective clothing (i.e., employees are considered to be exposed even if they wear protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications, by department, are in this category:

COMMUNITY CORRECTIONS: Corrections Director, Community Corrections Manager, Probation/Parole Officer, Supervisor, Community Corrections Officer, Corrections Counselor, Residential Services Supervisor, Cook, Human Service Assistant

COMMUNITY DEVELOPMENT: Housing Rehabilitation Specialist

COMMUNITY ENVIRONMENT: Code Compliance Coordinator, Code Compliance Specialist, Environmental Assistant

COMMUNITY HEALTH: Physician, Nurse Practitioner, Nurse Practitioner Supervisor, Community Health Nurse I & II, Certified

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	Medical Assistant, Case Management Staff, support staff who handle lab materials, selected C.H. Staff identified by Director, Lab Personnel, Clinic Aide/Health Assistant, Dental Assistant, Dentist, Housekeepers
DISTRICT ATTORNEY:	Deputy Medical Examiner
DOG CONTROL:	Animal Care Specialist, Animal Health Technician, Dog Control Manager, Dog Control Officer 1 &2, Dog License Enforcement Officer
FACILITIES MANAGEMENT:	Building Maintenance Coordinator, Senior Building Maintenance Specialist, Building Maintenance Specialist, Building Maintenance Assistant, Temporary Maintenance Worker
GENERAL COUNTY:	First Aid/CPR Responder, Manager/Supervisor
HOUSING AUTHORITY:	Maintenance (staff who enter housing units), Occupancy Specialist, Eligibility Specialist, Housing Inspector
JUVENILE:	Juvenile Counselor I & II, Director, Counselor Supervisor,
NORTH CLACKAMAS PARKS:	Recreation Leaders, Maintenance, Custodial (Milwaukie Center), Aquatic Park-all positions
PARKS:	All positions
ROADS:	Vactor Truck Worker, Street Sweeper Operator, Truck Shop Mechanic
SHERIFF/JAIL:	Property Room Officer, Detective, Uniform Patrol, Traffic Unit, Civil Courthouse Deputy, Nurse, Physician, Nurse Practitioner, Correction Officer, Maintenance, Kitchen Workers
WEATHERIZATION	Weatherization Trainee, Weatherization Installer, Weatherization Crew Leader, Weatherization Energy Auditor/Inspector

2. Implementation Schedule and Methodology

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the Standard. The following complies with this requirement.

Responsibilities

Department Heads/Elected Officials:

- Assure compliance with this policy.

Supervisors:

- Participate in training;

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- Assure employees are offered Hepatitis B vaccinations;
- Investigate reported exposure incidents;
- Complete required forms; and
- Assure that post-exposure medical attention and counseling are received.

Risk Management:

- Handles updating of this policy;
- Is a resource for training; and
- Oversees implementation of this policy.

Updating this Policy

The Bloodborne Pathogen Exposure Control Plan will be reviewed and updated at least annually. Recommended changes to this policy may be submitted at any time. The procedure for recommending a change is: 1) Submit the recommendation to the department/division Bloodborne Pathogen Coordinator. 2) This person approves the change and forwards it in writing or e-mail to the Risk Manager.

Compliance Methods

1. *Universal precautions* will be observed at the workplace in order to prevent contact with *blood or other potentially infectious materials*. All *blood or other potentially infectious material* will be considered infectious regardless of the perceived status of the source individual.
2. *Engineering and work practice controls* will be utilized to eliminate or minimize exposure to employees. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
 - a) Readily accessible hand washing facilities shall be provided. Where not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
 - b) Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Employees shall 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.
 - c) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless no alternative is feasible or that such action is required by a specific medical procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
 - d) Where occupational exposure remains after institution of these controls, personal protective equipment will be supplied and used by the employees who may become exposed. Each department will maintain adequate supplies of protective clothing, including masks and gloves, and disposal bags. Each department will have a "sharps" container with a biohazard label.

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- e) All sharps containers are to be returned to the designated clinic for disposal.

The above controls will be examined for changes in technology and maintained on a regular schedule by the department supervisor or supervisor's designee. Supervisors or supervisor's designee shall document annual consideration and implementation of commercially available safer medical devices. Employees must be able to take part in the identification, evaluation and selection of engineering controls (including safer medical devices) and work practice controls.

Personal Protective Equipment

All personal protective equipment used will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to *blood* or *other potentially infectious materials*. The protective equipment will be considered appropriate only if it does not permit *blood* or *other potentially infectious materials* to pass through or reach the employees' clothing, 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. All personal protective equipment shall be removed prior to leaving the work area.

Clackamas County will provide any or all of the following, depending upon the degree of exposure:

- Gloves (including hypoallergenic);
- gowns;
- face shields or masks;
- eye protection;
- resuscitation masks (especially for rescue-breathing and CPR);
- lab coats;
- shoe coverings.

The items will be available from the supervisor and "specialists" may be identified who will consistently be responsible for clean up of an exposed area.

All personal protective equipment will be cleaned, laundered, or disposed of by the employer at no cost to employees. If blood or other potentially infectious materials penetrate a garment(s), the garment(s) shall be removed immediately or as soon as feasible. All repairs and replacements will be made by the employer at no cost to employees.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with *blood* or bodily fluids. Gloves will be available from the department manager or supervisor. Disposable gloves may not be decontaminated for reuse. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised (i.e., no punctures, cracks or tears). Utility gloves will 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.

3. Procedures

Universal Precautions refers to a concept of bloodborne disease control which requires that all human *blood* and *OPIM* be treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens regardless of the perceived "low risk" of a person.

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When providing first aid for injured employees and/or clients where there may be exposure to *blood* or other body fluids present, *Universal Precautions* will be used as a primary procedure. This is also the practice when supervisors provide assistance in medical emergencies. Employees who respond to emergencies and provide treatment will have a supply of red biohazards waste bags and will follow established procedures in their use and disposal. In addition, they will have a supply of treatment gloves which are to be used anytime there is treatment of an open wound or contact with bodily fluids. A pocket CPR mask and set of treatment gloves must be available in a designated and accessible location. Minimally, a CPR mask with one-way valve and gloves should be used during any attempt to resuscitate a person who is not breathing.

Any materials used in treating an injured person or held for disposal will be placed in a red bag specifically designed for the purpose of holding infectious waste. These bags are readily available from medical supply companies. Arrangements should then be made for the transfer of these bags to a licensed agent for disposal in a manner prescribed by law. Contaminated sharps shall be discarded immediately or as soon as feasible according to established departmental procedures.

Department and Job Classification Practices

Practices for following the BLOODBORNE PATHOGENS STANDARD are detailed for each department and job classification as follows: (Indicated codes are for the procedures which follow each department's job classification list. The required personal protective equipment is noted to the right where applicable.)

Community Corrections:

Corrections Director	1a through 1g
Community Corrections Manager	1a through 1g
Probation/Parole Officer I & II	1a through 1g
Probation/Parole Specialist	1a through 1g
Probation/Parole Supervisor	1a through 1g
Corrections Officer I & II	1a through 1f
Corrections Counselor	1a through 1f
Residential Services Supervisor	1a through 1f
Human Service Assistants	1c
Cooks	1d, e, h

Personal Protective Equipment

Universal Precautions are used in the following procedures:

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| 1a. Arrests - offender is combative or threatening to staff and body fluids or <i>blood</i> is present. | |
| 1b. Physical confrontations - offender is combative or threatening to staff - body fluids or <i>blood</i> are present. | |
| 1c. Monitoring and processing urinalysis. | Gloves |
| 1d. Clean up of <i>blood</i> spills. | Gloves-Face Shield (Large Amounts) |
| 1e. Handling laundry (sheets, clothes, etc.) that has been contaminated with <i>blood</i> or suspected body fluids. | Gloves-Arm Protectors |
| 1f. Handling needles and other contaminated "sharps". | Gloves |

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Community Environment:

Code Compliance Coordinator	1a through 1c
Code Compliance Specialist	1a through 1c
Environmental Assistant	1a through 1c

Personal Protective Equipment

Universal Precautions are used in the following procedures:

1a. Investigation and clean up of illegal dump sites. Entails sifting through material (garbage) to attempt to determine identity of person responsible.	Heavy Rubber Gloves- Arm Protectors-Overalls
1b. Response to violation of county ordinances. Entails inspection of premises.	Gloves
1c. Assistance provided to CCSO. Entails surveying and determining what ordinances have been violated.	Gloves Available

District Attorney:

Deputy Medical Examiners	1a through 1d 2a through 2l
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General Concerns:

- 1a. Employees are not permitted to eat, drink, apply cosmetics or lip balm, or handle contact lenses in work areas where there is likelihood of occupational exposure.
- 1b. No food or drink can be kept in refrigerators, cabinets, freezers, shelves, or on countertops or bench tops where blood or OPIM (Other Potentially Infectious Materials) are present.
- 1c. Mouth pipetting or suctioning by mouth or blood or OPIM is prohibited.
- 1d. All procedures involving blood or OPIM shall be performed in a manner to minimize splashing, spraying, splattering, and generation of droplets from these substances.

Personal Protective Equipment

Universal Precautions are used in the following procedures:

2a. Handling or transport of subject specimens such as blood, urine, vitreous fluid.	Gloves
2b. Cleaning of equipment used in taking of samples.	Gloves
2c. Handling of regulated waste.	Gloves
2d. Housecleaning activities in department facilities.	Gloves
2e. Examination of subjects resulting in contact or potential contact with blood or other potentially infectious materials.	Gloves
2f. Surgical Procedures.	Gloves
2g. Transportation of bodies.	Gloves
2h. Investigation of accidents.	Gloves-Masks-Eye Shield Biohazard Suit-Disinfectant
2i. Handling of evidence.	Gloves
2j. Handling laundry (sheets, clothes, etc.) that has been contaminated with blood or suspected body fluids.	Gloves-Arm Protectors
2k. Handling of needles or other contaminated sharps.	Gloves
2l. Interviewing families	

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Dog Control:

Animal Care Specialist	1 and 2
Animal Health Technician	1 and 2
Dog Control Manager	1 and 2
Dog Control Officer 1 &2	1 and 2
Dog License Enforcement Officer	1 and 2

General Concerns:

1. Dog blood and body fluids do not transmit the specific bloodborne pathogens dangerous to humans. However dogs may transmit other diseases such as rabies, so appropriate precautions are necessary. Additionally, humans working with dogs may get scratched and bleed, which creates first aid situations.

Universal Precautions are used in the following procedures:

Personal Protective Equipment

2. Responding to a first aid situation.

Gloves, Possibly Goggles

Facilities Management:

Senior Building Maintenance Specialist	1a through 1d
Building Maintenance Specialist	1a through 1d
Building Maintenance Assistant	1a through 1d
Temporary Maintenance Worker	1a through 1d
Building Maintenance Coordinator	1a through 1d

Personal Protective Equipment

Universal Precautions are used in the following procedures:

- 1a. Clean up of public rest rooms.
- 1b. Clean up of body fluids.
- 1c. Garbage collection and disposal.
- 1d. Maintenance and repair of plumbing waste systems.

Gloves-Face Shield (Large Amount Present)
Gloves-Face Shield Large Amount Present-Overalls-Disinfectant
Heavy Rubber Gloves-Arm Protectors-Overalls
Heavy Rubber Gloves-Arm Protectors-Overalls

General County/First Aid Providers:

Responding to a first aid situation.

Gloves, Resuscitation Mask, Possibly Goggles

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Housing Authority:

Maintenance	1a
Occupancy Specialist	1b
Eligibility Specialist	1b
Housing Inspector	1b
Policy Analyst	1b

Universal Precautions are used in the following procedures:

- 1a. Garbage collection and disposal.
- 1b. Inspection of housing units.

Personal Protective Equipment

Heavy Rubber Gloves-Arm
Protectors-Overalls
Gloves

Juvenile:

Juvenile Counselor I & II	1a through 1i
Juvenile Director	1a through 1i
Counselor Supervisor	1a through 1i
Office Specialist I & II	1b through 1e, g, i
Legal Secretary	1b through 1e, g, i
Legal Office Supervisor	1b through 1e, g, i

Universal Precautions are used in the following procedures:

- 1a. Custody.
- 1b. Physical confrontations.
- 1c. Monitoring and processing urinalysis.
- 1d. Clean up of blood spills and body fluids.
- 1e. Handling laundry (blankets, clothes, etc.) that has been contaminated with blood or suspected body fluids.
- 1f. Handling needles and other contaminated sharps.
- 1g. Interviewing families and clients.
- 1h. Transportation.
- 1i. Searches.

Personal Protective Equipment

Gloves
Glove, Face Mask, Splash
Guard Visor (Large Amounts)
Gloves
Gloves
Gloves

North Clackamas Parks District:

Recreation Leaders	1b
Maintenance	1a, b, c
Custodial (Milwaukie Center)	1a, b, c
Aquatics Park (all positions)	1a, b, c

Universal Precautions are used in the following procedures:

- 1a. Clean up of public restrooms.
- 1b. Clean up of body fluids.
- 1c. Garbage collection and disposal.

Personal Protective Equipment

Gloves-Face Shield-Overalls
Gloves-Overalls-Disinfectant-
Face Shield (Large Amounts)
Heavy Rubber Gloves-
Overalls-Arm Protectors

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Parks:

All positions have all exposures 1a, b, c

Personal Protective Equipment

Universal Precautions are used in the following procedures:

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|--------------------------------------|--|
| 1a. Clean up of public rest rooms. | Gloves-Face Shield (Large Amounts-Overalls |
| 1b. Clean up of body fluids. | Gloves-Overalls-Disinfectant-Face Shield (Large Amounts) |
| 1c. Garbage collection and disposal. | Heavy Rubber Gloves-Overalls-Arm Protectors |

Roads:

Vactor Truck Worker	1a
Street Sweeper Operator	1a
Truck Shop Mechanic	1b
Mechanic, Fleet Services	1c

Personal Protective Equipment

Universal Precautions are used in the following procedures:

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|---|------------------------|
| 1a. Cleaning storm drains, catch basins, dry wells. | Gloves, Tongs |
| 1b. Cleaning equipment such as vactor truck, sweeper | Gloves, Coveralls |
| 1c. Cleaning Sheriff patrol cars containing various body fluids from people who have been arrested or transported | Gloves, Eye protection |

Sheriff/Jail:

Nurse	1a through 1d; 2a through 2k
Physician	1a through 1d; 2b, d, e, g, l, k
Nurse Practitioner	1a through 1d; 2a, b, c, d, e, g, i, k
Corrections Officer	3a, b, c, e, g, h
Maintenance	3a, b, h; 4a, b
Cook	3a, f
Property Room Officer	3b, e
Detective	3b, e, g, h
Uniform Patrol	3c, e, g, h
Animal Control Officer	3b
Traffic Unit	3b, c, e
Civil Courthouse Deputy	3b, d, e, g, h

General Concerns:

- 1a. Employees are not permitted to eat, drink, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a likelihood of occupational exposure.
- 1b. No food or drink can be kept in refrigerators, cabinets, freezers, shelves, or on countertops or bench tops where *blood* or *OPIM (Other Potentially Infectious Materials)* are present.
- 1c. Mouth pipetting or suctioning by mouth of *blood* or *OPIM* is prohibited.
- 1d. All procedures involving *blood* or *OPIM* shall be performed in a manner to minimize splashing, spraying, splattering, and generation of droplets from these substances.

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Sheriff/Jail, cont.

Universal Precautions are used in the following procedures:

	<u>Personal Protective Equipment</u>
2a. Phlebotomy services.	Gloves
2b. Handling or transport of patient specimens such as blood, excrement, tissue specimens or cultures.	Gloves
2c. Cleaning of equipment used for examination or surgical procedures.	Gloves-Disinfectant
2d. Handling of regulated waste.	Gloves
2e. Administering injections.	Gloves
2f. Housecleaning activities in clinical areas.	Gloves-Face Shield (Large Amounts-Disinfectant
2g. Examination of patients resulting in contact or potential contact with <i>blood</i> or <i>other potentially infectious materials</i> .	Gloves
2h. Handling of contaminated laundry.	Gloves-Arm Protectors
2i. Minor surgical procedures.	Gloves-Mask-Goggles
2j. Dental procedures.	Gloves-Mask-Goggles
2k. Ear irrigations.	Gloves
3a. Handling of food trays, laundry.	Gloves
3b. Clean up of body fluids.	Gloves-Goggles-Mask-Overalls-Disinfectant
3c. Investigation of accidents.	Gloves-Mask-Eye Shield-Biohazard Suit-Disinfectant
3d. Arrests.	Gloves
3e. Handling of evidence.	Gloves-Disinfectant
3f. Cooking, cleaning kitchen utensils and surfaces.	Gloves
3g. Shakedown.	Gloves Available
3h. Altercation.	Riot Control Gear
4a. Cleaning/Repairing sewer.	Gloves-Goggles-Face Shield-Overalls-Disinfectant
4b. Facility cleaning.	Gloves- Goggles-Disinfectant

Weatherization:

Weatherization Trainee	1a, b, c, d
Weatherization Installer	1a, b, c, d
Weatherization Crew Leader	1a, b, c, d
Weatherization Energy Auditor/Inspector	1a, b, c, d

Universal Precautions are used in the following procedures:

	<u>Personal Protective Equipment</u>
1a. Inspection of homes.	Gloves,Coveralls
1b. Performing minor repairs.	Gloves, Coveralls
1c. Working in crawlspace areas.	Gloves, Coveralls
1d. Removing contaminated materials.	Heavy Gloves, Coveralls

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Housekeeping

Departments shall ensure that the work site is maintained in a clean and sanitary condition. 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 shall be determined and implemented.

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

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.

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 work shift if they may have become contaminated during the shift.

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.

Broken glassware that 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 dustpan, tongs, or forceps.

Containers, Labels and Signs

The appropriate department supervisor shall ensure that biohazard labels shall be affixed to containers of regulated waste and other containers used to store or transport items contaminated with *blood* or *other potentially infectious materials*

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

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

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with pertinent rules and regulations of the disposing organization. (Any material not in a red bag needs a standard biohazard label.)

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

Each department will have a "sharps" container with a biohazard label.

These containers shall be:

- Puncture resistant,
- Labeled or color-coded in accordance with this standard,
- Leakproof on the sides and bottom, and

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- Stored or processed, if reusable and are contaminated with blood or other potentially infectious materials, in a manner that doesn't require the employee to reach by hand into the containers where these sharps have been placed.
- 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,
- Maintained upright throughout use; and
- Replaced routinely and not be allowed to overfill.

In the case of regulated waste, outside contamination of the regulated waste container and when moving containers of contaminated sharps from the area of use, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- Placed in a secondary container if leakage is possible. The second container shall be:
 - Closeable
 - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - Labeled or color-coded according to the guidelines above.
 - Closed prior to removal.
- 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.

The container for storage, transport, or shipping shall be labeled or color-coded according to the guidelines noted above.

Laundry

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

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.

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded according to the guidelines noted above.

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 that prevent soak-through and /or leakage of fluids to the exterior.

All employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

Vaccinations

Clackamas County must offer the Hepatitis B vaccine and vaccination series, including the post vaccination titer test (blood test to verify the body has developed Hepatitis B antibodies), to all employees who are reasonably expected to have occupational exposure to bloodborne pathogens as identified below. Clackamas County must offer post exposure follow-up to

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employees who have had an **exposure incident**, at no cost to the employee. All medical evaluations and procedures including the Hepatitis B vaccine, vaccination series, and post-exposure evaluation and follow-up, including prophylaxis, are made available to the employee at a reasonable time and place; performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional and provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

Participation in a prescreening program shall not be a prerequisite for receiving the Hepatitis B vaccination.

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 according to the above-noted guidelines.

If the employee declines, he/she must do so in writing using the **Voluntary Election Not to Receive Hepatitis B Vaccine Form** (Appendix III). If the employee changes his/her mind at a later date, the vaccine will be made available at that time.

The employee's department is in charge of the Hepatitis B vaccination program and will ensure records are kept on employee Hepatitis B vaccinations and the follow-up for treatment, and that each employee in the following job classifications is offered the vaccination:

COMMUNITY CORRECTIONS:	Probation/Parole Officer, Supervisor, Community Corrections Officer, Corrections Counselor, Residential Services Supervisor, Cook
COMMUNITY ENVIRONMENT:	Code Compliance Coordinator, Code Compliance Specialist, Environmental Assistant
COMMUNITY HEALTH:	Physician, Nurse Practitioner, Nurse Practitioner Supervisor, Community Health Nurse I & II, Certified Medical Assistant, Case Management Staff, support staff who handle lab materials, selected C.H. Staff identified by Director, Lab Personnel, Clinic Aide/Health Assistant, Dental Assistant, Dentist, Housekeepers
DISTRICT ATTORNEY:	Deputy Medical Examiner
DOG CONTROL:	Animal Care Specialist, Animal Health Technician, Dog Control Manager, Dog Control Officer 1 & 2, Dog License Enforcement Officer
FACILITIES MAINTENANCE:	Building Maintenance Specialist, Building Maintenance Assistant
GENERAL COUNTY:	First Aid/CPR Responder (if required as part of job duties)
HOUSING AUTHORITY:	Maintenance Occupancy Specialist, Housing Inspector
JUVENILE:	Juvenile Counselor I & II, Counselor Supervisor
NORTH CLACKAMAS PARKS:	Recreation Leaders, Maintenance, Custodial (Milwaukie Center), Aquatic Park-all positions
PARKS:	Laborer, Park Maintenance Assistant-Specialist-Coordinator

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ROADS:	Vactor Truck Worker, Street Sweeper Operator, Mechanic
SHERIFF/JAIL:	Property Room Officer, Detective, Uniform Patrol, Animal Control, Traffic Unit, Civil Courthouse Deputy, Nurse, Physician, Nurse Practitioner, Correction Officer, Maintenance, Kitchen Workers
WEATHERIZATION:	Weatherization Trainee, Weatherization Installer, Weatherization Crew Leader, Weatherization Energy Auditor/Inspector

Pre-exposure vaccinations are good for 7 years or more. Current recommendations advise only one set of vaccinations is needed for a lifetime. The three step vaccines cost approximately \$135.00/series and the timing is 0-1-6 months. The titer test (blood test to verify the body has developed Hepatitis B antibodies) occurs three to six months following the vaccination series.

Post-exposure vaccine, including the necessary tests, costs \$135.00/series.

3. Exposure Incident

In the event an employee has an **exposure incident** to *blood* or any other body fluid, the employee should immediately wash the affected area with an antibacterial soap, if available, and then report the incident to his/her supervisor without delay. The incident should be carefully documented immediately by using the **Exposure Report** (Appendix I). Once notified, the supervisor will be responsible for assuring that the site of the exposure is cleaned and decontaminated. The supervisor will assure that a complete investigation is performed in order to determine cause and prevent reoccurrence. The supervisor will document this investigation by using the **Exposure Incident Evaluation** (Appendix II).

An “**exposure incident**” is defined as a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with *blood* or *other potentially infectious materials* that results from the performance of an employee’s duties.

Post Exposure Evaluation and Follow-up

All **exposure incidents** shall be reported, investigated, and documented on the Incident/Accident Report. When the employee incurs an **exposure incident**, it shall be reported to his/her supervisor.

All employees who incur an **exposure incident** will be offered post-exposure evaluation and follow-up in accordance with the OSHA Bloodborne Pathogens Standard. Evaluation will be performed by Willamette Falls Emergency Room, 1500 Division Street, Oregon City. (503) 657-6702. All post exposure follow-up will be performed by the individual’s doctor or clinic or one designated by the department.

Following a report of an **exposure incident**, the exposed employee shall **immediately** receive a confidential medical evaluation and follow-up. Immediately is defined as within 2 hours. The evaluation and follow-up must include at least the following elements:

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1. Documentation of the route of exposure and the circumstances under which the **exposure incident** occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is not feasible or prohibited by state or local law.
3. Attempt will be made to obtain consent from the source person to determine HBV/HIV infectivity and to share the results with the exposed employee. If consent is not obtained, the department 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.
4. 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.
5. If consent is obtained the 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.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
2. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

Information Provided to the Healthcare Professional

The department shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with:

1. A copy of OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030 (*While the standard outlines the confidentiality requirements of the healthcare professional, it might be helpful for the employer to remind the individual of these requirements.*),
2. A written description of the exposed employee's duties as they relate to the **exposure incident**,
3. Written documentation of the route of exposure and circumstances under which the exposure occurred,
4. Results of the source individual's blood testing, if available, and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professional's Written Opinion

The department 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.

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1. The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
2. The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:
 - a) A statement that the employee has been informed of the results of the evaluation, and
 - b) A statement 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.

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

Record Keeping

Medical records shall be maintained in accordance with OSHA Bloodborne Pathogens Standard CFR 1910.20 in the department. These records shall be kept confidential, and must be maintained for at least the duration of employment plus **30 years**. They must be kept in a separate file from the personnel file.

The records shall include the following:

1. The name and social security number of the employee,
2. A copy of the employee's HBV vaccination status, including the dates of vaccination,
3. A copy of all results of examinations, medical testing, and follow-up procedures, and
4. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the **exposure incident**, and documentation of the routes of exposure and circumstances of the exposure.

Employee Training

Employees subject to this program will receive initial training prior to starting work. Employees who are employed when this policy takes effect will receive training within 90 days or as soon as practical. Thereafter, they will receive annual refresher training. This training must be documented and kept on file in the employee's personnel file within the department.

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.

The training will be interactive and cover the following:

1. A copy of The Standard and an explanation of its contents.
2. A discussion of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the Clackamas County Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy.
5. The recognition of tasks that may involve exposure.

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6. An explanation of the use and limitation of methods to reduce exposure, for example, engineering controls, work practice controls, personal protective equipment (PPE), and Universal Precautions.
7. Information on the types, use, location, removal, handling, decontamination and disposal of PPE.
8. An explanation of the basis of selection of PPE.
9. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration benefits, and that it will be offered free of charge.
10. Information on the appropriate actions to take and person to contact in an emergency involving *blood or other potentially infectious materials*.
11. An explanation of the procedures to follow if an **exposure incident** occurs, including the method of reporting and medical follow-up.
12. Information on the evaluation and follow-up required after an employee **exposure incident**.
13. An explanation of the signs, labels, and color coding systems.

Additional training shall be provided to employees when there are changes of tasks that would cause them to be subject to this policy or any change in procedures affecting the employee's occupational exposure.

Training Records

Training records shall be maintained in the department for three years from the date of training. The following information shall be documented:

1. The dates of the training sessions,
2. An outline describing the material presented,
3. The names and qualifications of persons conducting the training, and
4. The names and job titles of all persons attending the training sessions.

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Appendix I

BLOODBORNE PATHOGENS STANDARD

EXPOSURE REPORT

[To Be Completed By Employee]

OVERVIEW

This must be completed any time body fluids or suspected body fluids come in contact with your skin, eyes, or mucous membranes (inside mouth, nose, etc.).

EMPLOYEE

Name of Employee

Social Security Number

Name of Department

Phone Number

INCIDENT SPECIFICS

Date

Time of Day

Location (Where the incident took place. Be specific.)

CAUSE OF EXPOSURE

Suspected Body Fluid

Blood___ Saliva___ Mucous___ Semen___ Other_____

Describe how the exposure occurred.

Describe the specific part(s) of your body that received the exposure.

If medically necessary, you have the right to receive a Hepatitis B vaccine and follow-up series at no cost to you following any exposure to body fluids. If you elect not to have the vaccine, you must complete the form "Voluntary Election Not to Receive Hepatitis B Vaccine".

Employee Signature: _____ Date: _____

BLOODBORNE PATHOGENS STANDARD

VOLUNTARY ELECTION NOT TO RECEIVE HEPATITIS B VACCINE

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

Employee Name - Printed

Employee Signature

Date

Witness Name - Printed

Witness Signature

Date