



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: October 4, 2023
Department: Business Services

Title: Policy 508 and Procedure 508-A Employee Exposure Control of Bloodborne Pathogens

Agenda Planning Date: September 28, 2023 Management Update/Work Session Date: September 26, 2023 Audio/Visual aids []

Time Required: 10 Minutes Contact: Justine Flora Phone: 503-584-7786

Requested Action: Adopt revised of Marion County Administrative Policy 508 and addition of Procedure 508-A Employee Exposure Control of Bloodborne Pathogens.

Issue, Description & Background: Marion County Administrative Policy 508 and the addition of Procedure 508-A Employee Exposure Control of Bloodborne Pathogens provide guidance and support to Marion County departments in developing and maintaining bloodborne pathogen exposure control plans specific to operations that eliminate or minimize employee exposure to blood or other potentially infectious material.

Financial Impacts: None Calculated

Impacts to Department & External Agencies: Updated and improved policy and procedures that target employee health and safety for Marion County departments.

List of attachments: Board Order, Revised Policy 508, Procedure 508-A, Appendix A, and Redline Policy 508

Presenter: Justine Flora

Department Head Signature: [Handwritten Signature]

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BEFORE THE BOARD OF COMMISSIONERS
FOR MARION COUNTY, OREGON

In the Matter of Revising Administrative)
Policy 508 and Adoption of Procedure 508-)
A Employee Exposure Control of)
Bloodborne Pathogens)

ORDER No. _____

This matter came before the Marion County Board of Commissioners at its regularly scheduled public meeting Wednesday, October 4, 2023, to consider the adoption of a revised administrative policy 508 and addition of procedure 508-A Employee Exposure Control of Bloodborne Pathogens.

WHEREAS, the board adopted Policy 508, Employee Exposure Control of Bloodborne Pathogens September 1992; and

WHEREAS the board finds it appropriate to accept the revisions to Policy 508 and addition of procedure 508-A Employee Exposure Control of Bloodborne Pathogens; now therefore,

IT IS HEREBY ORDERED that revised Marion County Administrative Policy 508 and addition of procedure 508-A Employee Exposure Control of Bloodborne Pathogens Act attached hereto, is adopted.

DATED at Salem, Oregon, this *4th* day of *October*, 2023.

MARION COUNTY BOARD OF COMMISSIONERS

Chair

Commissioner

Commissioner

Attachment:
Policy 508
Procedure 508-A
Appendix A
Redline Policy 508

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SECTION: Health Safety Security		POLICY #: 508
TITLE: Employee Exposure Control to Bloodborne Pathogens		PROCEDURE #: 508-A
		ORDER #:
DEPT: Business Services		DIVISION: Risk Management
ADOPTED: 9/92	REVIEWED: 1/96, 10/23	REVISED: 10/23

PURPOSE: Limit and control occupational exposure to bloodborne pathogens and other potentially infectious materials.

AUTHORITY: The Marion County Board of Commissioners may establish rules and regulations in reference to managing the interest and business of the county under ORS 203.010, 203.035 and 203.111.

The Marion County Board of Commissioners expresses the governing body’s formal, organizational position of fundamental issues or specific repetitive situations through formally adopted, written policy statements.

The Marion County Administrative Policies and Procedures manual of the Board of Commissioners outlines the forms and process through which the board takes official action on administrative policy and is the official record of county administrative policy.

APPLICABILITY: All employees and volunteers who could reasonably be expected to encounter potentially infectious materials in the course of their work.

DEFINITIONS:

Bloodborne Pathogens are microorganisms 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).

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.

GENERAL POLICY:

Under this policy, departments with a potential for occupational exposures are required to develop a written exposure control plan designed to minimize or eliminate occupational exposure. This plan should comply with Administrative Procedures in 508-A, which are intended to guide departments in developing an Exposure Control Plan for bloodborne pathogens specific to their department. An Exposure Control Plan is meant to eliminate or minimize employee exposure to blood or other potentially infectious materials and to comply with the requirements of OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens.

Marion County understands there is a strong link between active safety and health programs and low rates of occupational injuries and illnesses. Through effective health and safety policies and procedures, Marion County seeks to keep employees safe.

Adopted: 9/92
Reviewed: 1/96, 9/23
Revised: 10/23 TG



TITLE: Employee Exposure Control to Bloodborne Pathogens		PROCEDURE #: 508-A
DEPT: Business Services		DIVISION: Risk Management
EFFECTIVE DATE: 10/23	REVIEWED:	REVISED:

OBJECTIVE: To establish procedures to limit and control occupational exposure to bloodborne pathogens and other potentially infectious materials.

REFERENCE: Policy 508 – Employee Exposure Control to Bloodborne Pathogens

APPLICABILITY: All employees and volunteers who could reasonably be expected to encounter potentially infectious materials in the course of their work.

1. DEFINITIONS:

- 1.1. **Blood:** Human blood, human blood components, and products made from human blood.
- 1.2. **Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- 1.3. **Contaminated:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 1.4. **Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- 1.5. **Contaminated Sharp:** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of wires.
- 1.6. **Decontamination:** 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 articles and the surface or item is rendered safe for handling, use or disposal.
- 1.7. **Engineering Controls:** Controls (e.g., self-sheathing needles, needleless systems, sharps disposable containers) that isolate or remove the bloodborne pathogens hazard from the workplace. This includes Sharps with Engineered Sharps Injury Protections (SESIPs) which is a non-needle 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.

- 1.8. **Exposure Determination:** The risk assessment that evaluates and determines if employees have reasonably anticipated contact with human blood or other potential infectious materials.
- 1.9. **Exposure Incident:** 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.
- 1.10. **Occupational Exposure:** 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.
- 1.11. **Other Potentially Infectious Materials (OPIM):**
 - 1.11.1. 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;
 - 1.11.2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 - 1.11.3. HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissue from experimental animals infected with HIV or HBV.
- 1.12. **Parenteral:** Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- 1.13. **Personal Protective Equipment:** 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.
- 1.14. **Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- 1.15. **Universal Precautions:** 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, HBC and other bloodborne pathogens.
- 1.16. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the way a task is performed (e.g., prohibiting recapping of needles by a two-handed technique, not reaching into a fluid filled container/sink that contains contaminated sharps with a gloved hand).

2. BLOODBORNE PATHOGEN PROGRAMS

Marion County Risk Management will provide guidance and assist each department in assessing requirements and developing a Bloodborne Pathogen program.

- 2.1. **Determine** which jobs are affected by bloodborne pathogens.
- 2.2. **Evaluate** each job position to determine which employees may be expected to be occupationally exposed to blood or other potentially infectious materials.
 - 2.2.1. Exposure determination is made without considering the use of personal protective equipment (PPE). Jobs with sufficient evidence of reasonable anticipated exposure.
 - 2.2.2. Marion County provides protections to the employees with occupational exposure.

3. CONTROLLING EXPOSURE TO BLOODBORNE PATHOGENS

- 3.1. **Reduce or eliminate** the hazards of occupational exposure to bloodborne pathogens. Departmental exposure control plans for the jobs with occupational exposure shall include details on employee protection measures.
- 3.2. **Plans shall describe** how the department will use:
 - 3.2.1. Engineering and work practice controls,
 - 3.2.2. Personal protective clothing and equipment,
 - 3.2.3. Employee training,
 - 3.2.4. Medical surveillance.
 - 3.2.5. Hepatitis B vaccinations,
 - 3.2.6. Annual policy and procedure reviews, and
 - 3.2.7. Other provisions as required by OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030).
- 3.3. **Engineering controls** are considered the preferred means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices, and plastic capillary tubes.

4. EXPOSURE CONTROL PLAN

- 4.1. **Exposure** control plans must include:
 - 4.1.1. The exposure determination to create the list of job classifications that are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with

blood or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties.

- 4.1.2. Procedures for evaluating the circumstances surrounding an exposure incident.
- 4.1.3. Schedule and method for implementing the provisions of the standard.
- 4.1.4. Annual review and updates as required OSHA or as needed when new tasks or procedures affect employee occupational exposure.

5. Risk Management is available to help departments create their exposure control plan.

Adopted: 10/23 TG

APPENDIX A

Procedure 508-A: Bloodborne Pathogen Exposure Control Plan Exposure Determination Worksheet

Duties, tasks, or job classifications that place the employee at potential risk for occupational BBP exposure:

Determinations are to be made without regard to the use of personal protective equipment.

1. **Works with sharps:**

- 1.1. Administers injections,
- 1.2. draws blood,
- 1.3. performs hemoglobin/PKU tests, or
- 1.4. other procedures that result in bleeding.

2. **Examiner:**

- 2.1. Performs physical examinations, which might result in contact with blood, semen, vaginal secretions, or other potentially infectious materials.

3. **Blood & other fluids:**

- 3.1. Has contact with urine specimens, sputum, or other situations where it may be difficult to distinguish between body fluids.

4. **Cleaning/disinfection:**

- 4.1. Cleans surfaces or instruments that have been soiled or contaminated with blood or other potentially infectious materials.

5. **Infectious waste:**

- 5.1. Empties infectious waste containers,
- 5.2. replaces/disposes of sharps containers,
- 5.3. carries red bags to biohazard box.

6. **Clients:**

- 6.1. Works with clients who may present a risk for reasonably anticipated exposure to human bites, cuts, abrasions.

7. **Designated to give first aid/CPR (other than Good Samaritan):**

- 7.1. Apply dressings,
- 7.2. irrigate wounds.

8. **Laundry:**

- 8.1. Handles potentially contaminated clothing or laundry.

9. **Other:**

- 9.1. Performs duties not described above that may expose employee to bodily fluids.

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ADMINISTRATIVE POLICIES

SECTION: Health Safety Security		POLICY #: 508
TITLE: Employee Exposure Control to Bloodborne Pathogens		PROCEDURE #: <u>508-A</u>
		ORDER #:
DEPT: <u>Risk Management</u> <u>Business Services</u>	DIVISION: <u>Risk Management</u>	
ADOPTED: 9/92	REVIEWED: 1/96, <u>10/23</u>	REVISED: <u>10/23</u>

PURPOSE: Limit and control occupational exposure to bloodborne pathogens and other potentially infectious materials. ~~This policy covers all employees who could reasonably be expected to come in contact with human blood or other potentially infectious materials in the course of their work.~~

AUTHORITY: The Marion County Board of Commissioners may establish rules and regulations in reference to managing the interest and business of the county under ORS 203.010, 203.035 and 203.111.

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The Marion County Administrative Policies and Procedures manual of the Board of Commissioners outlines the forms and process through which the board takes official action on administrative policy and is the official record of county administrative policy.

APPLICABILITY: All employees and volunteers who could reasonably be expected to encounter potentially infectious materials in the course of their work.

DEFINITIONS:

Bloodborne Pathogens means pathogenic microorganisms 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).

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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.

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GENERAL POLICY:

Under this policy, departments with a potential for occupational exposures are required to develop a written exposure control plan designed to minimize or eliminate occupational

exposure. This plan should comply with Administrative Procedures in 508-A, which are intended to guide departments in developing an Exposure Control Plan for bloodborne pathogens specific to their department. An Exposure Control Plan is meant to eliminate or minimize employee exposure to blood or other potentially infectious materials and to comply with the requirements of OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens.

Marion County understands there is a strong link between active safety and health programs and low rates of occupational injuries and illnesses. Through effective health and safety policies and procedures, Marion County seeks to keep employees safe.

Procedures in 508 A are intended to guide departments in developing an Exposure Control Plan for bloodborne pathogens specific to their department. An Exposure Control Plan is meant to eliminate or minimize employee exposure to blood or other potentially infectious materials and to comply with the requirements of OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens.

It is the policy of Marion County that all employees who can reasonably anticipate exposure to blood or other potentially infectious materials and employees trained in first aid/CPR shall receive training in prevention techniques and universal precautions to eliminate exposure to bloodborne pathogens. Hepatitis B vaccinations will be offered to employees who may reasonably anticipate exposure in the course of their employment. Any employee who has an exposure will be covered by the post exposure provision in this policy. Each department will determine who is at risk, maintain records and follow procedures according to this policy. It is the intent of Marion County through this policy to comply with the rules and implementation dates according to Oregon Occupational Safety and Health : Bloodborne pathogens : State of Oregon OR OSHA, OAR 437, Division 2, Subdivision Z, and federal OSHA 29 CFR 1910.1030.

1.a. RESPONSIBILITIES

- 1.1. Department Heads/Elected Officials: Assure compliance with this policy.
- 1.2. Communicable Disease Coordinator: Department Heads/Elected Officials shall appoint a coordinator to work with Risk Management, ensure that the requirements of this policy are followed, that records are being kept in accordance with Oregon OSHA's Bloodborne Pathogens Rule, OAR 437, DIVISION 2(z), and to conduct the annual review. Coordinator names will be given to Risk Management.
- 1.3. Supervisor: Participate in training; complete the risk assessment of duties and tasks performed by employees; schedule high risk employees for training; assure employees are offered hepatitis B vaccine, complete required forms; investigate reported exposure incidents and complete required forms; and assure that post exposure medical attention and counseling are received.

- ~~1.4. **Safety Committees:** Safety committees will review the policy and procedure and will include the universal precautions, personal protective equipment, housekeeping and incident reports as part of the worksite inspections and safety committee process.~~
- ~~1.5. **Employees:** Employees are responsible to follow this policy, report exposure incidents, and bring any problems or concerns to their supervisor or safety committee representative.~~
- ~~1.6. **Risk Management:** Risk Management is responsible for updating this policy, coordinating training and to oversee implementation of the policy.~~
- ~~2.b. **DEFINITIONS:**~~
- ~~2.1. **"Blood"** means human blood, human blood components, and products made from human blood.~~
- ~~2.2. **"Bloodborne Pathogens"** means pathogenic microorganisms 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).~~
- ~~2.3. —~~
- ~~2.4. **"Contaminated"** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.~~
- ~~2.5. **"Contaminated Laundry"** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.~~
- ~~2.6. **"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.~~
- ~~2.7. **"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.~~
- ~~2.8. **"Engineering Controls"** means controls (e.g. sharps disposal container, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.~~
- ~~2.9. **"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.~~
- ~~2.10. **"Handwashing Facilities"** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.~~
- ~~2.11. **"HBV"** means hepatitis B virus.~~

~~2.12. "HIV" means human immunodeficiency virus.~~

~~2.13. "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.~~

~~2.14. "Other Potentially Infectious Materials" means 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.~~

~~2.15. "Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.~~

~~2.16. "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.~~

~~2.17. "Reasonably Anticipated" means a rational conclusion to expect or foresee an occupational exposure.~~

~~3.e. PROCEDURES:~~

~~4.~~

~~5.(1) EXPOSURE DETERMINATION~~

~~6.~~

~~Departments are required to perform an exposure determination concerning employees that may incur and occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. The department is required to list all job classifications or positions which employees may be exposed to blood or other potentially infectious materials, regardless of frequency. Classifications where all employees have occupational exposure will be listed by job class and all employees shall be covered by this policy. In addition, job classifications where only a few employees are expected to have an occupational exposure, departments are required to specify which positions are at risk. The tasks or procedures in which exposure is expected to occur shall also be listed.~~

~~The exposure determination shall be completed no later than one month after the adoption of this policy. (See form HBV 1, Exposure Determination).~~

~~Job classifications or positions which are included in the above description will be kept at the department and a copy sent to Risk Management. Exposure determinations will be updated annually by the department to determine if additional employees should be included under this policy. (This may be reviewed during annual performance evaluations.)~~

~~(2) TRAINING~~

~~All new employees (regular, temporary, volunteer, student, and reserves) with reasonably anticipated occupational exposure shall participate in a training program on blood-borne pathogens provided by Marion County. All employees who are first aid/CPR trained will also be provided training.~~

~~Training shall be provided by Risk Management or other qualified instructors, for current staff at the time of the initial assignment to tasks where occupational exposure can be reasonably anticipated. Training will be repeated annually thereafter in accordance with OSHA standards.~~

~~Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.~~

~~Training shall contain the minimum required as outlined by Oregon OSHA.~~

~~Records of persons attending the training will be maintained by the department for three (3) years after the training occurs.~~

~~(3) HEPATITIS B IMMUNIZATIONS~~

~~All employees who are determined by departments to be at a reasonably anticipated risk of bloodborne pathogen exposure shall be offered hepatitis B immunizations, at no charge to them, within ten days of employment.~~

~~Employees who have previously received the vaccination series who have antibody testing revealing they are immune to Hepatitis B or have been exempted for other documented medical reasons, are not expected to have the vaccination series.~~

~~If a routine booster dose(s) of the vaccine is recommended by the U. S. Public Health Service at a future date, the booster shall be made available at no charge to those covered under the exposure determination section of this policy.~~

~~Employees who refuse the vaccine shall sign a waiver declining the immunization. (See form HBV 2, Employee Declination Waiver) The department is responsible to monitor and assure that immunizations and post-vaccine antibody testing are completed.~~

~~The department will maintain a separate confidential record of all employee immunizations for the duration of employment and 30 years after employment ends. (See form HBV 3, Employee Medical Record and form HBV 4, Supervisor Tracking Status Sheet)~~

~~6.1.1.1. (4) POST-EXPOSURE EVALUATION AND FOLLOW-UP~~

~~Employees are responsible for reporting their exposure to blood or other potentially infectious materials, IMMEDIATELY. The supervisor will conduct an evaluation according to procedures and~~

recommendations for follow up of post exposure situations. "Post exposure to Bloodborne Pathogen" packets will be available to all employees through their supervisor. (Packet contains incident report forms, and procedures to be followed. See form HBV-5, Exposure Incident Report Form, HBV-5A Exposure Incident Evaluation).

Confidential medical records will be maintained by the department for the duration of employment and 30 years after employment ends.

~~6.1.1.2. (5) — METHODS OF COMPLIANCE~~

~~6.1.1.3.—~~

~~6.1.1.4. Departments are responsible for the adoption and use of universal precautions whenever employees have a reasonable risk of exposure to blood or other potentially infectious materials.~~

~~6.1.1.5.—~~

~~6.1.1.6. — Universal Precautions:~~

~~6.1.1.7. — Use protective devices:~~

~~6.1.1.8. * Gloves~~

~~6.1.1.9. * Goggles, masks or protective clothing for risk of splattering.~~

~~6.1.1.10. * Double glove for any extremely hazardous procedure. Remove gloves if torn, punctured or cut. Wash hands, then re-glove.~~

~~6.1.1.11. * Use BPST approved body search and property removal techniques.~~

~~6.1.1.12.—~~

~~6.1.1.13. — Wash hands after all procedures. Wash before you eat, smoke, drink, apply cosmetics or contact lenses. (Medical procedures require washing prior any procedure).~~

~~6.1.1.14.—~~

~~6.1.1.15. — With gloves on, wash surfaces with hot, soapy water then disinfect with a bleach solution.~~

~~6.1.1.16.—~~

~~6.1.1.17. — Dispose of all sharp material in a puncture-resistant (sharps) container immediately. Sharps include:~~

~~6.1.1.18. — * Needles~~

~~6.1.1.19. * Razors~~

~~6.1.1.20. * Knives, etc.~~

~~6.1.1.21.—~~

~~6.1.1.22. — Never recap, bend, or break needles. Pick up discarded needles with any remote tool or device. Use heavy gloves if no tools are available. Dispose of needles in sharps container.~~

~~6.1.1.23.—~~

~~6.1.1.24. — All contaminated articles to be discarded must be placed in "RED BAG" with a biohazard label and disposed of in an appropriate receptacle.~~

~~6.1.1.25.—~~

~~6.1.1.26. — Do not store urine/blood/tissue samples in refrigerator where food for consumption is stored.~~

~~6.1.1.27.—~~

~~6.1.1.28. WHAT TO DO IF YOU HAVE AN EXPOSURE:~~

~~6.1.1.29.—~~

~~6.1.1.30. When stuck with sharp object force bleeding, wash with soap and water or disinfectant.~~
~~6.1.1.31.~~
~~6.1.1.32. When splattered with blood, rinse eyes, mouth and nose for as long as tolerated (10 minutes at least). Use hydrogen peroxide mouthwash (1/2 strength) without swallowing.~~
~~6.1.1.33.~~
~~6.1.1.34. Report the exposure to your supervisor immediately. Complete the "Exposure Incident Report" form. (HBV 5) Record identity of the source and route of exposure. Source testing for infectivity will be attempted if feasible.~~
~~6.1.1.35.~~
~~6.1.1.36. Seek medical attention and counseling from your physician or call the Marion County Health Department at 588-5342.~~
~~6.1.1.37.~~
~~6.1.1.38.~~
~~6.1.1.39.~~
~~6.1.1.40.~~
~~6.1.1.41. (6) — ENGINEERING AND WORK PRACTICE CONTROLS~~
~~6.1.1.42.~~
~~6.1.1.43. Departments are responsible for the development and implementation of engineering and work practice controls. The engineering and work practice controls shall be department specific.~~
~~6.1.1.44.~~
~~6.1.1.45. They shall be used to identify, eliminate or minimize employee exposures through: evaluating handwashing procedures and facilities; proper handling of contaminated needles and other sharps; and the use of personal protective equipment when handling blood specimens and other items which may be potentially contaminated with blood.~~
~~6.1.1.46.~~
~~6.1.1.47. a) — Engineering and work practice controls include but are not limited to the following:~~
~~6.1.1.48. Personal protective equipment (includes but is not limited to, gloves, gowns, lab coats, face shields, masks, eye protection and mouth shields/pocket masks).~~
~~6.1.1.49.~~
~~6.1.1.50. b) — Where there is potential occupational exposure, appropriate personal protective equipment shall be provided in different sizes, readily assessable at the worksite at no cost to the employee.~~
~~6.1.1.51.~~
~~6.1.1.52. ** — Appropriate means that it does not let blood or other potentially infectious materials pass through to employees garments or skin.~~
~~6.1.1.53.~~
~~6.1.1.54. e) — Gloves shall be worn when hand contact with blood or other potentially infectious materials can be reasonably anticipated. Proper disposal and hand washing is required after use.~~
~~6.1.1.55.~~
~~6.1.1.56. d) — Masks, eye protection, face shields and protective clothing shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be reasonably anticipated.~~
~~6.1.1.57.~~

~~6.1.1.58. e) — Other protective clothing such as lab coats and mouth shields shall be worn when occupational exposure may be reasonably anticipated.~~

~~6.1.1.59.~~

~~6.1.1.60. Supervisors are responsible for assuring that employees use their protective equipment. When an exposure or near exposure occurs the supervisor shall investigate the incident and document the circumstances and any preventative measures reviewed. This information will be made available to the safety committee.~~

~~6.1.1.61.~~

~~6.1.1.62. Equipment shall be cleaned and/or laundered or disposed of properly. All contaminated garments and equipment shall be removed as soon as possible and left at the work area for decontamination and/or laundering. Procedures shall be instituted to assure that contaminated articles are handled as little as possible.~~

~~6.1.1.63.~~

~~6.1.1.64. (7) — HOUSEKEEPING~~

~~6.1.1.65.~~

~~6.1.1.66. a) — Departments shall assure that worksites be maintained in a clean and sanitary condition. When surface contact with contaminated or potentially infectious materials occur or may be reasonably anticipated to occur, proper cleaning and decontamination shall take place after the completion of the procedure or as soon as possible after contamination occurs.~~

~~6.1.1.67.~~

~~6.1.1.68. b) — Protective coverings that have been contaminated shall be removed and replaced as soon as possible and disposed of properly.~~

~~6.1.1.69.~~

~~6.1.1.70. c) — Bins, pails, cans and waste receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated weekly by custodial or cleaning personnel.~~

~~6.1.1.71.~~

~~6.1.1.72. d) — Sharp items shall be deposited into appropriated impervious "sharps" containers. Containers shall be replaced and disposed of according to department procedures for disposing of contaminated waste.~~

~~6.1.1.73.~~

~~6.1.1.74.~~

~~6.1.1.75.~~

~~6.1.1.76. (8) — LAUNDRY~~

~~6.1.1.77.~~

~~6.1.1.78. Any contaminated laundry shall be:~~

~~6.1.1.79.~~

~~6.1.1.80. a) — Handled as little as possible using universal precautions.~~

~~6.1.1.81.~~

~~6.1.1.82. b) — Bagged or containerized at the location where the contamination occurred.~~

~~6.1.1.83.~~

~~6.1.1.84. c) — Placed and transported in color coded leak proof bags which contain the "biohazard warning label".~~

~~6.1.1.85.~~

~~6.1.1.86. d) — Handled by laundry workers using universal precautions, washed in soap and hot water and machine dried in order to kill infectious materials.~~

~~6.1.1.87.~~

~~6.1.1.88.~~

~~6.1.1.89. (9) — RECORDKEEPING~~

~~6.1.1.90.~~

~~6.1.1.91. a) — Departments shall establish and maintain an accurate medical record for each employee with occupational exposure in accordance with OAR 437.2(Z).~~

~~6.1.1.92.~~

~~6.1.1.93. Medical records shall be kept confidential and on file in the department for the duration of employment plus 30 years.~~

~~6.1.1.94.~~

~~6.1.1.95. b) — Training records shall be established and maintained by the department for three (3) years from the date of training. Training records shall include the following:~~

~~6.1.1.96.~~

~~6.1.1.97. Dates, contents or summary of training, names and qualifications of persons conducting the training and names and job titles of those attending the training sessions.~~

~~6.1.1.98.~~

~~6.1.1.99. c) — These records shall be made available upon written request by employees and employee representatives per OR-OSHA, Division Z,(h)1(iii).~~

~~7. OTHER INFORMATION —~~

~~7.1. a) — If an employee in a position is determined to be at risk, that employee will be offered the Hepatitis B vaccine at no cost. If the employee refuses the vaccine, then s/he shall be required to sign the declination waiver. If at a later date, the employee wishes to receive the vaccine s/he may do so at no cost.~~

~~7.2. b) — Departments will review their program by September 1 of each year and report compliance to Risk Management.~~

~~7.3. c) — If OR-OSHA finds a deficiency in a department's program, any fine levied will be paid by the non-complying department.~~

~~NOTE: — Contact Risk Management for forms or referred to your department hard copy of the~~

~~— Administrative Policies and Procedures.~~

Adopted: 9/92

Reviewed: 1/96

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