

**LINN-BENTON  
COMMUNITY COLLEGE**

**EMPLOYEE**

**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN**

**2019/2020**

## TABLE OF CONTENTS

### INTRODUCTION

SECTION 1 -- PURPOSE & SCOPE .....	1
SECTION 2 -- EXPOSURE DETERMINATION .....	2
SECTION 3 -- METHODS OF COMPLIANCE .....	5
SECTION 4 -- POST-EXPOSURE PROCEDURE.....	15

### OR-OSHA BLOODBORNE PATHOGENS ADMINISTRATIVE RULE

#### FORMS

- Form #1 -- Employee Vaccination History
- Form #2 -- Hepatitis B Vaccination Declination
- Form #3 -- Bloodborne Pathogens Training Session Attendance Roster
- Form #4 -- Identified At-Risk Employees Offered the Hepatitis B Vaccine
- Form #5 -- Sharps Injury Log

## LINN-BENTON COMMUNITY COLLEGE

### BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

On December 6, 1991, the Bloodborne Pathogens Standard (29 CFR 1910.1030) was enacted by Federal OSHA. These rules were adopted by OR-OSHA and became effective on July 1, 1992. A copy of the Oregon Administrative Rules is available from Human Resources.

The standard was developed to address employees who may have occupational exposure to bloodborne pathogens such as the hepatitis B virus (HBV), hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). The standard mandates engineering and work practice controls be established, a training program be developed, and a post-exposure evaluation be provided to employees who have risk of occupational exposure to bloodborne pathogens.

On November 6, 2000, the Needlestick Safety and Prevention Act (Pub. L.106-430) was enacted by the Senate and Congress. The Act modifies the bloodborne pathogens standard to set forth in greater detail its requirement that employers identify, evaluate, and make use of effective safer medical devices to reduce accidental sharps injuries. Two groups of job classifications have been identified based on exposure determination, and are covered under the exposure control plan.

**Group A** includes those job classifications in which all individuals have risk of occupational exposure to bloodborne pathogens. These would be individuals who in the course and scope of their work will encounter blood or other potentially infectious material (OPIM) in an uncontrolled situation.

**Group B** includes those job classifications in which some individuals may encounter blood or OPIM in the course and scope of their work. These encounters to blood or OPIM will be in controlled situations. This does not necessarily constitute an occupational exposure, defined by OSHA as *the 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*. Linn-Benton Community College chooses to provide the benefits of the Exposure Control Plan to Group B job classifications in the event the worst case scenario occurs. Group B job classifications will be offered the following aspects of the exposure control plan: training, work practice and engineering controls, personal protective equipment, post-exposure evaluation/follow-up and post-exposure prophylaxis.

The Employee Bloodborne Pathogens Exposure Control Plan, and its components, have been implemented at the following times. Training under the Exposure Control Plan began by the end of September 1992. The majority of the pertinent engineering and work practice controls had been established and observed for some time at the College. Additional industry specific controls are established as required. The Exposure Control Officer and supervisors of covered staff will continue to identify additional controls that may be established for each specific area or occupation where exposure may occur.

Employees covered by the bloodborne pathogens standard receive an explanation of this plan during their initial training. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting their supervisor. The plan is also available, on the college's webpage, to all employees. If requested, the college will provide an employee with a hard copy of the plan free of charge and within 15 days of the request.

Annually, the Exposure Control Officer and supervisors of employees in healthcare related positions will review and revise the exposure control plan to reflect the integration of engineering controls to include technological developments (e.g., safe medical devices/needles and sharps) that eliminate or reduce exposure to bloodborne pathogens. Employers will solicit input from their non-managerial healthcare employees in the identification, evaluation and selection of engineering and work practice controls including use of safer medical devices. The Exposure Control Officer will track all occupational injuries that result from contaminated sharps, and will maintain a sharps injury log. The log will be maintained in a way to ensure the employee's privacy and will contain: type and brand of device involved in the incident, if known; location of the incident; and a description of the incident.

This plan was originally approved November 29, 1994, and has been revised/reviewed annually each year since then.

## **SECTION 1 — PURPOSE & SCOPE**

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

### **Purpose**

The purpose of this exposure control plan is to:

- A. Eliminate or minimize employee occupational exposure to blood or other potentially infectious body fluids;
- B. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and the Needlestick Safety and Prevention Act (Pub. L.106-430).

### **Scope**

This plan covers all employees who, as a result of performing their job duties, could "reasonably anticipate" contact with blood or other potentially infectious materials.

These standards and procedures should also be incorporated into the curriculum of students who are potential employees and would be working in fields where the above standard could be applied. These academic programs may include, but are not limited to the following:

Athletics, Biology/Life Sciences, Certified Nursing Assistant (CNA and CNA 2), Criminal Justice, Culinary Arts, Dental Assistant, Diagnostic Imaging, Industrial Labs, LBCC/High School Health Occupations, Medical Assistant, Nursing, Occupational Therapy Assistant, Parenting Education, Phlebotomy, and Water/Wastewater Technology.

## SECTION 2 — EXPOSURE DETERMINATION

A thorough investigation of job classifications determined two groups of individuals, who in the course and scope of their work, have occupational exposure to bloodborne pathogens. Occupational exposure as defined by OAR 1910.1030, is *the reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee's duties*. The exposure determination is made without regard to the use of personal protective equipment (PPE) (i.e., employees are considered to be exposed even if they wear personal protective equipment). The exposure determination must be **in writing**, and list all job classifications, tasks and procedures in which all employees may be expected to incur such occupational exposure, regardless of frequency. The breakdown of the two groups and how they will be managed under this Exposure Control Plan is as follows.

**Group A:** Job classifications in which all employees have occupational exposure. Employees in these job classifications will receive the mandated training and will be offered the HBV vaccination series.

### Group A Job Classifications

Athletic Coaches Athletic Director Athletic Trainers & Assistants Assistant Director, Facilities Clinical Nursing Faculty Custodians/Lead Custodians Dental Assistant Faculty Diagnostic Imaging Faculty Director, Facilities Ed/Child and Family Studies Faculty High School Health Occ. Faculty Instructional Specialist– Biology Instructional Assistant – Dental Assistant Lebanon Center Coordinator Lebanon Center Events/Meet Coord 2 Loss Prevention Coordinator Maintenance Specialists 1, 2, 3 & 4	Maintenance Specialist/Lead Director, Safety and Loss Prevention Medical Assisting Faculty Nursing Faculty Nursing Assistant Faculty Nursing Skills Lab Staff Occupational Therapy Assistant Faculty Parent Education Child Faculty -- off campus sites Phlebotomy Faculty Physical Education Faculty Public Safety Officers Publications Assistant and Facility Coordinator Safety and Loss Prevention-Clerical Specialist 3 Surgical Technology Faculty Sweet Home Center Clerical Specialist 3
--	---

**Group B:** Job classifications in which some employees may have occupational exposure. It has been determined employees in this group have an extremely remote probability of experiencing an exposure incident, regardless of the use of personal protective equipment (PPE). It has been established if proper procedures are followed, any exposure incidents may be eliminated; however, these classifications are included under the exposure control plan. Group B job classifications will be offered the following aspects of the exposure control plan: training, work practice controls, engineering controls, personal protective equipment, post-exposure evaluation/follow-up and post-exposure prophylaxis.

### Group B Job Classifications

Job Classification	Task/Procedure Related to Exposure
Culinary Arts Faculty, Instructional Assistants , Food Service Lead & Supervisors	Providing assistance to staff or students with bleeding or OPIM injuries
Groundskeepers 2 & 3	Trash removal
Health Occupations Continuing Education Faculty	Workshops with Clinical Components (e.g., IV shop, etc.)
Industrial Faculty, Instructional Assistants 2 & Instructional Specialists	Providing assistance to staff or students with bleeding or OPIM injuries

## **Hazard Assessment**

Universal Precautions/Body Substance Isolation will be observed at LBCC in order to prevent contact with blood or other potentially infectious materials. All blood or potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

**Universal Precautions include:** mask, gown, gloves, biohazard bag, sharps disposal container, spill kit (with EPA approved disinfectant), and glasses, face shields or goggles for eye protection.

### Locations in which Universal Precautions will be used:

#### Activities Center (AC Building):

Universal Precaution procedures are in place any time staff perform first aid due to sports and physical education activities injuries. Disposal of contaminated articles follow college and OSHA standards.

#### Biology Department (Labs: WOH-205, WOH-214, WOH-216, WOH-218, and Prep Rm: WOH-206):

Universal Precaution procedures are in place during Labs, and any other potential exposure activities.

#### Community Education (Lebanon, Sweet Home and Benton Centers):

Universal Precaution procedures are in place during disposal and clean-up of blood, emesis, stool and other bodily fluid clean-up.

#### Diagnostic Imaging Lab (HOC-170):

Universal Precautions procedures are in place during IV starts, and any other potential exposure activities.

#### Facilities (CC Core 142, RCH Core 123 and WOH Core 124):

Universal Precaution procedures are in place during disposal and clean-up of blood, emesis, stool and other bodily fluid clean-up.

#### First Aid Office (RCH-121A):

Universal Precautions procedures are in place any time open wounds, abrasions or other injuries being treated present a risk of exposure by Bloodborne Pathogens.

#### Health Occupations Lab at Participating High Schools:

Universal Precautions procedures are in place during classroom lab and patient work involving teaching and cleaning of CPR equipment and mannequins, finger stick blood sugars, oral hygiene procedures, injection techniques, collection and testing of urine samples, and any other potential exposure activities.

#### LBCC Dental Area HOC 111, HOC-111A, HOC-111B, HOC-111C, HOC-111D, HOC-111E, HOC-111F, HOC-112):

Universal Precautions procedures are in place any time when working with clinical patients in these rooms.

#### LBCC Dental Lab (HOC-110):

Universal Precautions procedures are in place any time when working with students or patients in this room.

#### Medical Assisting Lab (HOC-260, HOC-260A, HOC-260B):

Universal Precautions procedures are in place during injection techniques, phlebotomy venipunctures or capillary sticks, and any other potential exposure activities.

#### Nursing Assistant Skills Lab (HOC-270):

Universal Precautions procedures are in place during IM and SQ injection administration, finger sticks for blood glucose, and any other potential exposure activities.

#### Nursing Skills Lab (HOC-281, HOC-280A, HOC-280G, HOC-280H):

Universal Precautions procedures are in place during IM and SQ injection administration, finger sticks for blood glucose, and any other potential exposure activities.

Occupational Therapy Assistant (HOC-120):

Universal Precautions procedures are in place anytime when working with clinical patients, and any other potential exposure activities.

Phlebotomy Lab (HOC-160):

Universal Precautions procedures are in place during phlebotomy venipunctures or capillary sticks, and any other potential exposure activities.

Surgical Technology Lab (HOC-160, HOC-170C):

Universal Precautions procedures are in place any time when working with students in this room.

Off-Campus Sites:

Students and staff assigned at off-campus sites have the same potential risk as health care providers in their respective categories. College and institutional compliance procedures will be adhered to. Off-Campus Sites include the following: Hospitals, Nursing Homes, Dental Offices, Medical Offices, Lebanon Community Hospital Training Center, Ambulance Transport Services, Mortuaries, Childcare Centers and Parent/Child Classes. Universal Precautions procedures are in place during exposure potential activities common in health care settings, as required.

## SECTION 3 — METHODS OF COMPLIANCE

### Universal Precautions

Universal Precautions is defined by OAR 1910.1030 as an approach to infection control. According to the concepts of Universal Precautions, all human blood and other potentially infectious materials (OPIM) are treated as if known to be infectious HIV, HBV, HCV, and other bloodborne pathogens. Universal Precautions will be stressed in plan training and implemented as a work practice control.

OR-OSHA requires this plan to include a schedule and method of implementation for the various requirements of the standard. The following complies with the requirement.

#### 1. Engineering Control

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at LBCC. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be used.

Engineering Control	Review Schedule	Person Responsible
Eye Wash Station (HOC-110)	Monthly	Instructional Assistant 2 — Dental
Eye Wash Station (HOC-170)	Monthly	Clerical Specialist 3
PPE (HOC-110)	Daily	Instructional Assistant 2 — Dental
PPE (HOC-170)	Daily	Surgical Technology Faculty
Bio Hazard Spill Kit (HOC-260)	Quarterly	Medical Assisting Faculty
Bio Hazard Spill Kit (Benton Center)	Quarterly	Public Safety Officer
Bio Hazard Spill Kit (RCH-120A)	Quarterly	Safety & Loss Prevention Mgr.
Bio Hazard Spill Kit (CC Core 142, RCH Core 123, WOH Core 134)	Quarterly	Public Safety Officer
Bio Hazard Spill Kit (HOC-280)	Quarterly	Health Occupations Specialist
Bio Hazard Spill Kit (HOC-110)	Quarterly	Instructional Assistant 2 — Dental
Bio Hazard Spill Kit (LC-159, Lebanon Kitchen Annex)	Quarterly	Events & Meetings Coord. 2
Bio Hazard Spill Kit (HOC-160)	Quarterly	Phlebotomy Faculty/Surgical Technology Faculty
Bio Hazard Spill Kit (SHC-107A)	Quarterly	Center Coordinator and Clerical Specialist 3

The following **engineering controls** will be used at LBCC:

- Sharps containers in the health occupations, medical assisting, phlebotomy, and science labs for disposal of used needles and other sharps.

- Leak-proof, labeled containers to store and transport specimens of blood.
- Provision of readily accessible hand washing facilities with soap and running water to employees who have potential exposure to blood or other potentially infectious materials.
- Airway adapters by staff responsible for teaching or performing CPR.
- Blood spill kits and procedure for handling accidental occurrences of potentially infectious materials.
- Regulated waste will be bagged properly and placed in a biohazard container. Disposable gloves that are lightly soiled, i.e., not likely to further contaminate any surface with liquid or semi-liquid blood or other potentially infectious materials (OPIM), and not caked with dried blood, may be placed in the regular trash.
- The universal biohazard symbol affixed as labels to:
  - a. Containers of regulated waste.
  - b. Refrigerators and freezers containing blood or other potentially infectious materials.
  - c. Other containers used to store, transport, or ship blood or other potentially infectious materials.
- Labels shall be fluorescent orange or orange-red.
- Red bags or containers may be substituted for labels.
- All regulated waste shall be containerized on a regular schedule.
- All regulated waste shall be shipped to an authorized facility for disposal and/or incineration.

The above controls will be maintained by supervisors whose staff are covered by this Plan. The Exposure Control Officer and supervisors of covered staff will review the effectiveness of the controls on an annual basis.

At LBCC, the following **work practices** will be used:

- Universal precautions will be observed in order to prevent contact with blood or potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
- Gloves shall be worn where it is reasonably anticipated employees will have hand contact with blood, other potentially infectious materials, non-intact skin, mucous membranes, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.
- After the removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
- If employees incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water immediately or as soon as feasible following.
- Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin length face shields are required to be worn whenever splashes or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility that would require such protection are polishing procedures in the Dental Assisting Lab.
- Contaminated needles and other contaminated sharps will not be bent, removed, sheared or purposely broken. They will be disposed into appropriate sharps disposal receptacles as soon as feasible after use.

- Sharps shall always be stored in capped position and kept in a secure manner to prevent accidental, unplanned contact with the sharp. Disposal procedures are listed in item 5 of the plan. Approved disposal containers for sharps are listed in item 11 of this section. All sharps handling require universal precautions as listed in the hazard assessment portion of this plan (Section 1). Sharps handling precautions stipulate no recapping of needles or sharps is permitted using two hands.
- In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- All laboratory procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
- Specimen handling requires universal precautions as noted in plan. Disposal of specimens shall follow procedures listed in item 5 of this section.

Supervisors whose staff are covered by the Plan will assume responsibility for administering the above work practices. The Exposure Control Officer and supervisors of affected staff will review the effectiveness of the work practices on an annual basis. Employers will solicit input from their nonmanagerial healthcare employees in the identification, evaluation and selection of engineering and work practice controls including use of safer medical devices.

## 2. Hand Washing Facilities

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires these facilities be readily accessible after incurring exposure. (If hand washing facilities are not feasible, LBCC will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.)

<b>Hand Washing Location</b>	<b>Responsible Person</b>
Dental Area: HOC-110, HOC-111A, HOC-111C	Instructional Assistant 2 — Dental Area
Diagnostic Imaging: HOC-170A, HOC-170E, HOC-170G	Diagnostic Imaging Faculty
Nursing Area: HOC-280, HOC-280A, HOC-280D, HOC-280E, HOC-280G, HOC-280H, HOC-281, HOC-281A,	Health Occupations Specialist
Medical Assisting Lab: HOC-260, HOC-260A, HOC-260B	Medical Assisting Faculty
Phlebotomy Area: HOC-160	Phlebotomy Faculty
Public Safety Office Area: RCH-121A	Director, Safety and Loss Prevention
Surgical Technology Area: HOC-160, HOC-170C	Surgical Technology Faculty

## 3. Personal Protective Equipment (PPE)

All personal protective equipment (PPE) used at LBCC 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 to reach the employee's 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.

Dental, Nursing, Health Occupations, Medical Assisting, Phlebotomy, Surgical Technology, Security and Facilities employees may use the following PPE and will follow established procedures:

PPE List	Procedures Requiring PPE	Maintenance/Use Procedures
Gloves, Masks, Glasses, Face Shield, Gown	Used when working in clinical or lab setting including use of sharps instruments, possible contact with urine, stool and other bodily fluids and clean-up of contaminated equipment.	Gowns: disposable gowns used once and disposed. If nondisposable gowns are used they should be laundered following every use. Gloves, masks disposed. Face shields, glasses disinfected & reused.
Gloves	Used by public safety officers when administering first aid and clean-up of surfaces and equipment.	
Gloves, Masks	Vomit/stool/accident clean-up Blood contaminated clean-up Sanitary sewer clean-up/repair	

PPE shall be provided when appropriate as identified in the Employee Exposure Control Plan and included in employee training. PPE may include gloves, lab coats, face shields, eye protection, mouth pieces, and resuscitation devices.

PPE must be impermeable under normal conditions to potentially infectious materials.

All PPE will be cleaned, laundered, or disposed of, as appropriate, by the College at no cost to the employees. All repairs and replacements will be made by the College at no cost to employees.

PPE in appropriate sizes will be readily accessible at the worksite. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves.

Disposable gloves used at LBCC are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided the integrity of the glove is not compromised. 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.

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

All garments penetrated by blood shall be removed immediately or as soon as feasible.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. Disposable gloves that are lightly soiled may be placed in the regular trash.

Supervisors shall ensure employees use appropriate PPE unless the supervisor can show an employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment in the specific instance its use would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall

be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

#### 4. Housekeeping

All contaminated work surfaces will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. A cleaning may be needed at the end of the work shift if the surface may have become contaminated since the last cleaning. All bins, pails, cans, or similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

Employees will wear protective gloves, glasses, and mask to clean spill as soon as feasible as follows: Cover any blood or body fluid spill with an absorbent, disposable material soaked with disinfection solution. The contaminated fluid will be wiped up using as much of the material as required to wipe up the fluid. The area will be sprayed a second time with the disinfectant and left to air dry or remain wet for ten minutes, then wiped clean with a fresh absorbent, disposable material. Used material shall be discarded in a biohazard trash bag, double bagged by tying bag ends together in a knot for each bag. Exterior bag will be either a red biohazard bag with biohazard symbol or have the biohazard sticker placed on the outer most bag for disposal. The employee will wash the utility gloves in the sink using water and disinfectant soap, then remove gloves and hang to dry. Disposable gloves will be placed in a biohazard bag if they are likely to contaminate any surface with liquid or semi-liquid blood, OPIM or caked with dried blood. The employee will finally wash hands in sink using water and disinfectant soap.

#### Decontamination Materials/Disinfectants:

Disinfection materials used:

- Bleach solution (containing at least 500 ppm free chlorine (i.e., 1:100 household bleach, i.e., 1/4 cup bleach to 1 gallon water. Solution must not be older than 24 hours from prep time to use.)

Any contaminated, broken glassware will not be picked up directly with the hands.

Reusable sharps, 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.

#### 5. Regulated Waste Disposal

Regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. OSHA has defined "regulated waste". It includes: liquid or semi-liquid blood or other potentially infectious materials; contaminated items which release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological waste containing blood or other potentially infectious materials.

Sharps container lids should be in a locked position before being placed inside the collection container. Collection containers (plastic tubs) are strictly limited to a maximum weight of 60 pounds. Removal of the collection containers by Republic Services is coordinated through Safety and Loss Prevention.

Items that are only soiled with blood, such as bandages would not be considered regulated waste. Teeth are soaked in bleach, placed in a zip-lock bag and disposed of in the trash. **NOTE:** Disposal of all regulated waste shall be in accordance with applicable United States federal, state and local regulations.

Using barrier protection, place all soiled disposable waste in plastic bags for disposal. Nondisposable towels are placed in laundry basket lined with plastic bag and are laundered (see laundry). Seal plastic bag closed by tying bag ends together in knot. Place sealed bag in secondary plastic bag sealed by tying bag ends together in knot. Label with Biohazard sticker as "Infectious Waste." Replace a clean bag in waste basket. Follow recommended barrier removal and wash hands with disinfectant soap and water.

DEQ and Republic Services have approved land disposal of these bags. Custodial workers are trained to carry these bags to dumpsters separately to discard to landfill. Sharps disposal containers are incinerated when full and container closed by Republic Services.

6. Laundry

Clothing or laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags (biohazard labeled, or color coded red bags) at the location where it is used. Such laundry will not be sorted or rinsed. If such laundry is wet and it might soak through laundry bags, then employees must use bags that prevent leakage to transport it.

Disposable gowns are used in most areas, but if reusable gowns are used, they will be placed in laundry bags provided by laundry contractor located in HOC. If wet and might soak material, gown will be placed in plastic bag prior to being placed in Laundry provided bag. Staff performing laundry on biohazard materials will wear gloves when emptying bag contents directly into washer without handling bag contents when possible. Laundry water temperature is maintained at 160 degrees Fahrenheit/75.5 degrees Celsius and bleach (1 cup bleach to a full washer load) is added to the laundry soap for sterilization. Dry on hottest setting possible (160 degrees F or hang article to dry in direct sunlight as alternative to drying at 160 degrees F). The used gloves are placed in the used bags (with biohazard sticker) and the bags are tied closed and placed in the trash (as per DEQ and Allied Waste Services of Republic Services agreement).

Health Occupations employees are using disposable supplies. Dispose of by double bagging with biohazard stickers following above listed procedures.

7. Hepatitis B Vaccination

The College shall make available the Hepatitis B virus (HBV) vaccination series to Group A employees who have occupational exposure to blood or other potentially infectious material within 10 working days of assignment, at no cost, at a reasonable time and place, under supervision of a licensed physician/health care professional and according to the latest recommendation of the CDC (Centers for Disease Control) of the U.S. Public Health Service (USPHS).

Post-vaccination testing for antibody to hepatitis B surface antigen will be provided for those employees working in health care related positions who have blood or patient contact and who are at ongoing risk for injuries with sharp instruments or needlesticks.

The employee may receive the vaccination series at no charge by requesting the vaccination series from their supervisor and contacting the Exposure Control Officer to schedule the vaccination.

8. Vaccination Declination Form:

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal (Form #2). The employee's supervisor will have the employee fill out the Vaccination Declination Form (Form #2) approved with adoption of this plan and forward the signed form to the employee's confidential medical file located in Human Resources.

If the employee initially declines the Hepatitis B vaccination, but at a later date while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available. If a routine booster dose of Hepatitis B vaccine is recommended by the CDC/USPHS at a future date, such booster shall be made available.

9. Exposure Incident Report Form

All Exposure incidents shall be reported, investigated, and documented.

Should an employee be exposed to blood or possible contaminated bodily fluids, the employee's supervisor will investigate the exposure by following the exposure protocol outlined in Section 4-Post Exposure Procedure (page 15). Should the employee require medical treatment or suffer loss of work time due to a job related exposure/accident, the College procedures shall be utilized by the employee for accessing the

Workers' Compensation System insurance by filling out an 801 form in Human Resources. Each exposure incident will be followed up by the supervisor for procedure modifications required as indicated by the investigation results. An Exposure Incident has been defined by OAR 437 1910.1030 as 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.*

10. Post-Exposure Evaluation and Follow-up

The Exposure Control Officer shall ensure all medical assessments, evaluations and procedures for post-evaluation and follow-up, including prophylaxis, counseling, and evaluation of reported illnesses, are made available according to the following:

- At no cost to the employee.
- At a reasonable time and place.
- By or under the supervision of a licensed physician or other licensed health care professional.
- According to the recommendations of the U.S. Public Health Service.

Following the report of an exposure incident, the exposed employee shall immediately receive, within 72 hours, a confidential medical evaluation and follow-up.

11. Labels and Signs

Biohazard labels shall be affixed to containers of regulated waste. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

Biohazardous waste containers are located in the Hazardous Waste Shed at the Service Center Building and at the Lebanon Center.

Biohazardous laundry containers are located in HOC with biohazard labels.

Biohazardous waste containers for sharps with biohazard label are located in HOC-110, HOC-112, and HOC-111C.

All biohazard waste from clean-up procedures as listed in item #5 above also follow biohazard label protocol.

12. Information and Training

Training for Group A employees shall be provided online via a Moodle course at time of initial assignment **to tasks where occupational exposure may occur**. Training shall be repeated within twelve months of the previous training either in person or online. The training is at no cost to the employee and offered during the normal work shift. The person conducting the in-person training shall be knowledgeable in the subject matter.

For the online training course please click [here](#):

For in-person trainings, refer to and use Form #3 and Form #4.

The trainings will cover the following:

- A copy of the regulatory text of the OSHA standard, and explanation of its contents.

- A general explanation and discussion of bloodborne diseases and their transmission.
- An explanation of Linn-Benton's Exposure Control Plan and the means for obtaining a copy.
- An explanation of the use and limitations of methods to prevent or reduce exposure
- HBV vaccination information, including efficacy, safety, method of administration, benefits and that they are offered free of charge.
- Information on the appropriate actions to take, and persons to contact in response to emergencies involving blood or other potentially infectious materials.
- Procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up that will be available.
- Information on post-exposure evaluation and follow-up required after an employee exposure incident.
- An explanation of the signs/labels/color coding systems.

Training will include an opportunity for questions and answers. Training shall occur within ten (10) days of employee hire date and annually thereafter. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employees' occupational exposure.

All other employees (Group B) listed in this plan shall receive specialized training by reviewing the exposure control plan with their supervisors for specialized training in their work responsibility areas.

Training responsibilities are as follows:

<b>Administrative Area</b>	<b>Person Responsible for Coordination of Training</b>
Athletics/Health & Human Performance	Athletic Director
Dental	Dental Assisting Department Chair
Diagnostic Imaging	Diagnostic Imaging Program Chair
Ed./Child and Family Studies	Education/Child and Family Studies Faculty
Facilities	Director of Facilities
Phlebotomy	Phlebotomy Faculty
Food Services/Culinary Arts	Food Services/Culinary Arts Supervisors
Health Careers	Healthcare Faculty
Medical Assistant	Medical Assisting Program Chair
Nursing	Associate Degree Nursing Department Chair
Parenting Education	Parent Education Coordinator
Physical Education	Coordinator of First Aid/CPR Courses
Safety and Loss Prevention/Public Safety	Director, Safety and Loss Prevention
Surgical Technology	Surgical Technology Faculty

13. Recordkeeping  
**Medical Records**

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. All employee medical records shall be made available to the employee. Contact the Exposure Control Officer in Human Resources for requests to review medical records. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 3 years. Records relating to a BBP exposure must be kept for at least the duration of employment plus 30 years. The records shall include the following:

- a. The name and identification number of the employee;
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination and any medical records relative to the employee's ability to receive vaccination;
- c. A copy of all results of post-exposure examinations, medical testing, and follow-up procedures;
- d. The employer's copy of the health care professional's written opinion following post-exposure evaluation of the employee; and
- e. A copy of the information provided to the health care 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.

The College shall ensure the above medical records are not disclosed or reported to any person within or outside the workplace without the employee's written consent except for reporting required for compliance with 29 CFR 1910.1030 or as may be required by law.

**Training Records**

Employee training records will be kept on file by their supervisor and available for employee inspection upon request. Training records shall be maintained for three years from date of the training. The following information shall be documented:

- a. The dates of the training sessions;
- b. An outline describing the material presented;
- c. The names and qualifications of the person conducting the training; and
- d. The names and job titles of all persons attending the training sessions.

All employee records regarding hazard communication and bloodborne pathogen training shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request. All employee records relating to 29 CFR 1910.20 shall be made available to the employee in accordance with 29 CFR 1910.20.

If LBCC is closed and there is no successor employer to receive and retain these records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

**Sharps Injury Log**

The Exposure Control Officer 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.

14. Program Evaluation and Review

Review of the entire exposure control plan will be the responsibility of the Exposure Control Officer. The Exposure Control Officer, in conjunction with the supervisors of covered individuals, will review all facets of the Exposure Control Plan on an annual basis. A revised edition of the Exposure Control Plan will be published annually.

## SECTION 4 — POST-EXPOSURE PROCEDURE

An exposure incident is defined as *a specific eye, mouth, or other mucous membrane, non-intact skin (e.g., paper cuts, hang nails, dry, cracked skin, dermatitis, etc.), or parenteral (piercing skin or mucous membranes) contact with blood or Other Potentially Infectious Material (OPIM) that results from the performance of an employee's duties.*

1. If an employee sustains an exposure incident, cleansing should take place immediately. The exposure should then be reported to Nurse Plus 24/7 by telephoning the phone number on the Nurse Plus card each employee has been given. The employee's immediate supervisor and the Exposure Control Officer (ECO) should also be notified. A nurse from Nurse Plus will discuss the specifics of the employee's exposure incident with the employee and schedule a confidential medical evaluation with an occupational medicine physician.
2. The employee will work with Nurse Plus in documenting the route(s) of exposure, and the circumstances under which the exposure incident occurred. Nurse Plus will schedule counseling to help the employee ascertain their personal risk (approximately 1 hour). Nurse Plus will also provide necessary medical follow-up such as first aid, tetanus and/or other vaccinations pertinent to the exposure incident (approximately 15 minutes). The ECO will provide the Employee's Vaccination History (Form #1) and job information to Nurse Plus upon request. Nurse Plus will recommend follow-up health care at this time.
3. If the employee agrees to Nurse Plus's recommendation for a medical evaluation and counseling session, the employee must contact the Exposure Control Officer in Human Resources to complete a Workers' Compensation Claim Form (801) and LBCC General Accident Report. These forms must be completed immediately upon completion of seeing the physician. These forms may be completed via the telephone (541-917-4424) if the employee is unable to go to Human Resources. If the employee does not see a physician, the employee should contact Human Resources to complete an LBCC General Accident Report form in order to record the incident.
4. Nurse Plus, with assistance from the employee and his/her supervisor, will try to identify the source individual. Nurse Plus will contact the source individual regarding testing. If the source agrees to testing, Nurse Plus will schedule testing with the source individual or parent/guardian of a minor.

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If the source individual is already known to be infected with HBV, HCV, and/or HIV, testing should still occur for the other viruses. Hepatitis B vaccination status of the source individual will be verified if received at this time; however, blood testing will be recommended to establish antibody response.

Results of the source individual's testing are to be kept confidential. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

5. In the event the source individual or parent/guardian of a minor child declines testing after telephone contact, Nurse Plus will document the refusal.
6. Nurse Plus will provide the employee with a written opinion within 15 days of the completion of the evaluation. Appropriate documentation will be provided by Nurse Plus to the ECO for inclusion in the employee's confidential medical file in Human Resources.
7. Nurse Plus will track dates the employee should return for follow-up visits, and notify both the ECO and employee of those dates.

[OR-OSHA BLOODBORNE PATHOGENS ADMINISTRATIVE RULE](#)

**FORM 1  
EMPLOYEE VACCINATION HISTORY**

Employee's Name:
College ID #:
Job Classification:
Department/Site:
Agency/School: Linn-Benton Community College, 6500 SW Pacific Blvd., Albany, OR 97321

<b>HEPATITIS B VACCINATION RECORD</b>				
<b>Series</b>	<b>Date</b>	<b>Administered By</b>	<b>Lot #</b>	<b>** Nursing Doc.</b>
Dose #1				
Dose #2				
Dose #3				
Titer				
Titer				

\*\* Indicates further documentation on nursing progress note

<b>ADDITIONAL VACCINATION RECORD</b>				
<b>Series</b>	<b>Date</b>	<b>Administered By</b>	<b>Lot #</b>	<b>** Nursing Doc.</b>
MMR or Titer				
TB Skin Test (PPD) or Chest X-ray				
CPR Card				
Polio				
DPT or TD				

\*\* Indicates further documentation on nursing progress note

Revised 11/09

**FORM 2  
HEPATITIS B VACCINATION  
DECLINATION**

LINN-BENTON COMMUNITY COLLEGE

(Mandatory OSHA Required Waiver)

This form must be filled out when an employee who is eligible, under the Bloodborne Pathogens Standard, 29 CFR 1910.1030, for Hepatitis B vaccine decides not to have the vaccinations. The completed form must be placed in the employee's medical records. 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 vaccinations shall then be made available, at no cost to the employee and at a reasonable time and place.

<p>* I understand due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B (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 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.</p>
Print Name
Department
Position Title
Signature
Date

\* Taken from 29 CFR Part 1910.1030 Appendix A to Section 1910.1030,12-6-91 11/09





**FORM 5  
SHARPS INJURY LOG  
YEAR:**

Date	Case/Report #	Type of Device (e.g., syringe, suture needle, etc.)	Brand Name of Device	Department/Location (where injury occurred)	Brief Description of How the Incident Occurred [i.e., procedure being done, action being performed (disposal, injection, etc), body part injured]

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. The Log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The Log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.