

# Reed College Bloodborne Pathogens Exposure Control Plan

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**Reed College Hepatitis B Virus Vaccination Form**

**Form #1 Blood or Other Body Fluid Exposure Report**

**Form #2 Bloodborne Pathogen Exposure Employee History and Consent Forms**

**Form #2a Physician's Statement and Written Opinion**

**Form #4 Source Individual Consent for Blood Testing**

**Form #5 Source Individual Refusal of Blood Testing**

**Form #6 Source Healthcare Provider's Report**



## 1.0 Purpose and Scope

Microorganisms found in blood and other body fluids can cause diseases, such as AIDS, hepatitis, malaria, syphilis, and other serious illnesses. Whether providing first aid, cleaning up blood or vomit, picking up syringes, or other activities involving potentially infectious materials, Reed College employees must do so in a safe manner. This means that they need to identify both the hazards and the safeguards that they will use when working in the presence of fluid that may contain bloodborne pathogens. While these safeguards should protect workers and others from unsafe conditions in most situations, there is no substitute for personal knowledge and vigilance when working with potentially infectious materials.

No one is risk free from becoming infected. However, the Oregon Occupational Safety and Health Administration (OR-OSHA) recognizes two categories of employees who are at higher risk for occupational exposure to bloodborne pathogens.

### 1.1 Category I

ALL members of the following job classifications have occupational exposures:

- Art Department: Woodshop Technician
- Community Safety: Director, Assistant Director, Manager, Supervisor, and Officers
- Environmental Health and Safety: Director and EHS Specialist
- Health Center: Nurse, Receptionist, and Physician
- Psychology: Animal Colony Supervisor
- Sports Center: Director, Assistant Director, Supervisor, and Building Operator
- Theatre: Technical Director and Designer

### 1.2 Category II

SOME employees in Facilities Services have occupational exposure to bloodborne pathogens. The following job classifications indicate tasks and procedures where occupational exposure may occur:

- Building Services/Combination Worker
  - Changing linens
  - Removing garbage bags
  - Cleaning bathrooms
- Grounds Services Employees
  - Picking up trash and waste, including needles
  - Cleaning up potentially contaminated blood, vomit, or fecal matter
- Building Maintenance Employees
  - Cleaning up and/or working around potentially contaminated blood, vomit, or fecal matter



## 2.0 Responsibilities of Positions

### 2.1 Environmental Health and Safety Department (EHS)

The Environmental Health and Safety (EHS) staff will administer and manage the bloodborne pathogens exposure control program. In addition, EHS personnel will assist departments in evaluating potential exposures, facilitate employee training, coordinate the disposal of infectious waste materials, make necessary program revisions, and provide updates to staff as needed.

### 2.2 Reed College Administration

The college administration will provide commitment, leadership, and financial resources to support this program. The Vice President and Treasurer will establish and approve the policy and procedures for the bloodborne pathogen program for Reed College.

### 2.3 Supervisors

Supervisors will identify employees at risk of occupational exposure and inform them of these risks and the need to follow this written program. Each supervisor must make sure that each identified employee receives annual training coordinated by EHS. In addition, supervisors will review this policy annually or whenever they assign new or modified tasks, use new technologies, or develop employee positions with occupational exposure. They will provide employees with personal protective equipment, as needed. In the event of an exposure, supervisors *must* call Providence Occupational Health for an appointment, or go to Kaiser Permanente/Sunnyside. (See page 17 for [Steps To Take Following an Exposure](#)).

### 2.4 Affected Employees

Employees will comply with procedures established by their supervisors in accordance with this program to minimize the risk of exposure. They must use universal precautions at all times. They must inform their supervisors immediately of any exposure incident.

### 2.5 Human Resources

Human Resources will maintain confidential employee medical records related to this program and will provide funding for program expenses such as immunizations. In addition, Human Resources will maintain employee training records and the sharps injury log.

### 2.6 Health and Counseling Center

The Health Center will assist in student training and, if necessary, will refer them for post exposure care and counseling.



## 3.0 Definitions

**bloodborne Pathogens** – microorganisms found in human blood. Many of these pathogens can cause serious or life-threatening disease; they include hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV) among others.

**Exposure Incident** – a specific eye, mouth, other mucous membrane or non-intact skin contact with blood or other potentially infectious materials that results from the performance of one's duties.

**Engineering Controls** – these isolate or remove bloodborne pathogens from the workplace, e.g., sharps disposal containers and self-sheathing needles.

**Occupational Exposure** – reasonably anticipated skin, eye, mucous membrane, or non-intact skin contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. A covered employee will have a position description that specifically describes the duties involving occupational exposure.

**Other Potentially Infectious Material (OPIM)** – includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids. OPIM also includes any unfixed human tissue or organ, HIV-containing cell, organ, or tissue cultures; HIV-, HBV-, HCV-containing culture medium or other solutions; blood, organs, or tissues from HIV/HBV/HCV infected laboratory animals. The following fluids generally **do not** contain enough HIV/HBV/HCV to cause infection: normal saliva, feces, urine, sputum, vomit, tears, sweat, and nasal secretions.

**Regulated Waste** – a liquid or semi-liquid blood or other potentially infectious material and contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. It also includes items that are caked with dried blood or other potentially infectious materials that are capable of releasing these materials during handling, contaminated sharps and pathological or microbiological wastes containing blood or other potentially infectious materials.

**Sharps** – include any contaminated object that can penetrate the skin, such as needles, scalpels, broken glass, broken capillary tubes, or ends of dental wiring.

**Universal Precautions** – a method of infection control that requires all employees to treat all human blood and certain human body fluids as potentially infectious.



## 4.0 Methods of Compliance

### 4.1 Universal precautions

Universal precautions reduce the risk of contact with potentially infectious material. Employees must consider all blood or other potentially infectious material as infectious regardless of the perceived status of the source individual. When distinction between bodily fluids is impossible, that material will be considered infectious.

### 4.2 Engineering controls

Engineering controls assist in eliminating, isolating, or minimizing occupational exposure, whenever practical. Supervisors will review the effectiveness of engineering controls annually or whenever new technologies or procedures eliminate or reduce exposure to bloodborne pathogens. The review will include sharps disposal containers, self-sheathing needles, sharps with built-in safety features, injury protections, and needleless systems. At a minimum, each year, the Health and Counseling Center and any other departments that use sharps in direct patient care, must identify, evaluate, and select engineering and work practice controls, including safer medical devices. This evaluation will include input from front-line employees using such devices. The manager of each department will maintain written documentation of the evaluation process, including decision-making regarding employee preferred devices.

### 4.3 Work practices

Work practices reduce the risk of exposures when engineering controls are not available or feasible. Employees will:

- Use only puncture-resistant, leak-proof, spill-proof containers for all potentially infectious sharps. These containers must be red, clearly labeled "BIOHAZARD," and accessible to all personnel.
- Be provided, whenever possible, with easily accessible hand washing facilities. When this is not possible, employees will use antiseptic hand cleanser in first aid kits until a sink with hot and cold running water, soap, and disposable towels is accessible.
- Wash hands or any other potentially exposed skin with soap and water immediately or as soon as possible after removing gloves or other personal protective equipment or following contact with blood or other potentially infectious materials. When working with patients, also wash hands before and after patient contact.
- Never bend, shear, or break off needles. If needles must be recapped, use one-hand scoop or a recapping device.
- Never reuse sharps.
- Never eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses in areas that have a likelihood of exposure to blood or other potentially infectious materials.
- Never store food and beverages in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or other potentially infectious materials are present.
- Never mouth pipette or suction blood or other potentially infectious materials.



- Conduct all procedures in a manner that minimizes splashing, spraying, splattering, or generating droplets of blood or other potentially infectious materials.
- Place all specimens of potentially infectious materials into a leak proof container during collection, handling, processing, storage, and transport. The following items must have a biohazard tag or be stored in a red bag or container:
  - regulated waste that has not been decontaminated.
  - refrigerators or freezers used to store blood or other potentially infectious material.
  - contaminated equipment or containers used to store, transport or ship blood, or other potentially infectious materials.
- Label the container used for this purpose as described in [Section 6.1](#) of this plan.
- Place any specimen that could puncture a primary container in a secondary container that is puncture resistant. If outside contamination of the primary container occurs, place the primary container within a secondary container that prevents leakage during handling, processing, storage, or transport and complies with all labeling requirements.
- Decontaminate equipment contaminated with blood or other potentially infectious materials as necessary, unless the decontamination is not feasible (see [Section 4.5 Housekeeping](#)). Supervisors will ensure proper equipment decontamination. If the equipment cannot be decontaminated, tag it with biohazard labels. Inform all persons who come into contact with the equipment, of the hazards and which pieces of the equipment are contaminated.

#### 4.4 Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. Employees will use PPE when engineering or work practice controls fail to control the hazard. Reed College will provide PPE at no cost to the employee. Employees must anticipate possible exposures to blood or other potentially infectious materials and choose equipment accordingly.

Appropriate PPE reduces the risk of blood or other potentially infectious materials passing through or reaching the employee's clothes, skin, eyes, mouth, or other mucous membranes under normal use. General work clothing (e.g., uniforms, pants, shirts, and blouses) is not PPE.

The following list includes examples of tasks that have a reasonable expectation of exposure and the appropriate PPE that should be used:

- First Aid: disposable nitrile gloves, protective eyewear, face mask.
- CPR: disposable nitrile gloves, CPR mouthpiece, protective eyewear.
- Health and Counseling Center procedures: disposable nitrile gloves, protective eyewear, disposable gowns, and masks.
- Clean up of potentially infectious materials: heavy-duty nitrile gloves, puncture resistant gloves, nitrile inner gloves, protective eyewear, respirator (if air-borne), protective coveralls, and a device to pick up sharps such as a forceps or grabber, as needed.





- Grounds keeping: puncture resistant gloves, nitrile inner gloves, protective eyewear, and a picking-up device such as a forceps or grabber.

Glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are sensitive to the gloves normally provided. The following people will maintain supplies of PPE for their employees:

- Art Department: Woodshop Technician
- Theatre: Technical Director and Designer
- Health and Counseling Center: Medical Services Manager
- Community Safety: Director
- Psychology: Animal Colony Supervisor
- Sports Center: Director
- Facilities: Building Services Supervisor
- Facilities: Maintenance Supervisor
- Facilities: Grounds Services Supervisor
- Environmental Health and Safety: Director

Employees must use appropriate PPE whenever there is a reasonably anticipated chance for exposure to blood or other potentially infectious materials.

In the rare and extraordinary circumstances that dictate that PPE cannot be worn, employees must report the incident to their supervisor. An example of this might be: where the use of PPE would prevent delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or co-worker. The supervisor must investigate and document the situation using the accident/incident form to determine whether changes in work practices, engineering controls, or PPE are required. When necessary, appropriate follow up action will occur.

Reed College will clean, launder, or dispose of PPE at no cost to the employee. Any garments penetrated by blood or other potentially infectious materials must be removed immediately or as soon as feasible. Employees must remove all PPE before leaving the work area and place it in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Employees must wear gloves when they reasonably anticipate hand contact with blood, other potentially infectious materials, non-intact skin, or mucous membranes or when handling or touching contaminated items or surfaces. They may not reuse disposable gloves. They must replace them as soon as feasible if they are contaminated, torn, or when their ability to function as a barrier is compromised.

Employees must use eye and face protection whenever there is a reasonable anticipation of splashes, sprays, or droplets of blood or other potentially infectious materials that could contaminate eyes, nose, or mouth.



## 4.5 Housekeeping

Departments must maintain their work area in a clean and sanitary condition. Departments will implement an appropriate written schedule for cleaning and method of decontamination that best suits their situations.

Employees must clean and decontaminate all equipment, environmental surfaces, and working surfaces as soon as feasible after contact with blood or other potentially infectious materials. For surface decontamination, a 10% bleach solution made fresh daily or other equally effective disinfecting agent must remain on the surface for at least 10 minutes. Removal and replacement of PPE or surface coverings must occur as soon as feasible or at the end of the shift.

The Health and Counseling Center will maintain clean and sanitary conditions as indicated in their department's Infection Control Manual. This includes inspecting and disinfecting examination room surfaces, all pails, bins, and similar receptacles at a minimum of once per week. The nursing staff will use bleach or other equally effective disinfectant as described above. They will autoclave all equipment that can be decontaminated by autoclaving.

Nursing staff will decontaminate all reusable equipment, such as thermometers, with the disinfectant Wavicide (or other equally effective disinfecting agent) or use protective disposable covers specifically designed for the equipment as described in the Health Center's Infection Control Manual.

In an emergency first aid or CPR situation, the emergency responder will clean contaminated surfaces. Other surfaces that become contaminated with blood or other potentially infectious materials will be cleaned by the Community Safety Officer (CSO) on duty or by other individuals on campus who are fully covered by this plan. CSO vehicles will carry biohazardous bags and sharps containers.

Employees must consider all broken glassware contaminated and clean it up with a broom and dustpan or other mechanical device. No one may clean up broken glass with bare or ungloved hands. They must place broken glass in broken glass containers found throughout the chemistry and biology buildings and other locations.

## 4.6 Regulated Waste

### **Contaminated sharps collection and containment**

Employees must collect contaminated sharps in leak proof, puncture resistant, sealed containers labeled in accordance with [Section 6.1](#) of this plan. During use, containers will be easily accessible to personnel and as near as feasible to the immediate working area where sharps are used. The Reed College nursing staff will provide sharps containers to insulin dependent students and will exchange the containers on an as needed basis.



Personnel must never overfill sharps containers. The containers must be maintained in an upright position during use. Before removing a sharps container from the work area, staff must make sure the container is closed and placed in secondary containment if leakage is possible. The secondary containment must include proper labeling.

Sharps containers may not be opened, emptied, or cleaned manually or in any other manner that could expose employees to the risk of percutaneous injury. Employees will handle all contaminated sharps as biohazardous waste and deliver the waste to the EHS Director in Chemistry 211. Disposal of all waste shall be in accordance with the applicable federal, state, and local regulations.

#### **Other regulated waste containment**

Other regulated waste includes contaminated gloves, blood, excretions, and materials saturated with blood or other potentially infectious materials. Personnel must place all regulated waste in closed containers, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping.

The waste must be labeled using biohazard labels or tape as described in [Section 6.1](#) of this plan. Staff will deliver properly labeled regulated waste to the EHS Director in Chemistry 211. Disposal of all waste must follow all applicable federal, state, and local regulations.

### 4.7 Contaminated Laundry

Employees must minimize the handling of contaminated laundry. Employees need to bag soiled linens at the point of origin. They may not sort or rinse laundry contaminated with blood or other potentially infectious materials. In addition, they must place contaminated laundry in red biohazard bags labeled in accordance with [Section 6.1](#) of this plan. Staff must transport the contaminated laundry to the Physical Plant for laundering.

The Medical Services Supervisor will ensure the proper laundering of all contaminated laundry from the Health and Counseling Center.

## 5.0 Hepatitis B Vaccine and Post-Exposure Evaluation

### 5.1 General

Reed College will make the hepatitis B vaccination series available to all employees whose job puts them at risk for an occupational exposure. In addition, Reed College will provide post exposure follow up to employees who have had an exposure incident.



Department directors, in conjunction with the Human Resources Department of Reed College, must ensure that all medical evaluations and procedures including the hepatitis B vaccination series, post-exposure evaluation and follow-up, including prophylaxis, are:

- Available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by, or under the supervision of, a licensed physician or other licensed healthcare professional.
- Provided according to recommendations of CDC and OSHA.

Reed College will ensure that an accredited laboratory will conduct all laboratory tests at no cost to the employee.

## 5.2 Hepatitis B Vaccination

The hepatitis B vaccination is available to employees at no cost – either following training, as described in [Section 6.2 Information and Training](#), or within 10 working days of initial assignment, whichever comes first. The hepatitis B vaccination will be available through a physician selected by the college. Contact Human Resources at 503-777-7704 for this information. If a physician has identified that the employee has previously received the complete hepatitis B vaccination series, if antibody testing has revealed that the employee is immune, or, for medical reasons, vaccination is contraindicated, the vaccination will not be required.

If the employee initially declines hepatitis B vaccination but later, while still covered under the standard, decides to accept the vaccination, it will be made available.

All employees who decline the hepatitis B vaccination offered by the College must sign the OSHA required waiver indicating their refusal. A copy of this form is on [page 20](#) of this plan.

If the U.S. Public Health Service recommends a routine booster dose of the hepatitis B vaccine at a future date, such booster doses will be available.

## 5.3 Post Exposure Evaluation

Personnel must report exposure incidents for investigation and documentation immediately to their supervisor and EHS Coordinator. All employees who incur an exposure incident receive a confidential post-exposure evaluation and follow-up in accordance with the OSHA standard. Exposed employees should seek medical attention as soon as possible (within minutes if possible) following an exposure incident.

The nearest emergency service for post-exposure follow-ups is **Providence Hospital (503-215-6000) at 4805 NE Glisan St.**



**Directions:**

- Go north on Caesar Chavez Blvd (formerly 39<sup>th</sup> Ave.)
- Cross Powell Blvd, Division St., and Burnside Ave. to Glisan St.
- At the roundabout, turn right onto Glisan St. and continue east to 47<sup>th</sup> avenue.
- Turn left at this light. The emergency room is on the right.

All post-exposure evaluations include at least the following elements:

- Documentation of exposure route, and circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless it is established that identification is unfeasible or prohibited by state or local law. Interpretation of state and/or local law is available from agencies such as the Board of Medical Examiners and the Bureau of Labor and Industries, Civil Rights Division.

Testing of the source individual's blood will occur as soon as feasible after written consent is obtained in order to determine HBV, HCV, and HIV infectivity. If necessary, Reed College will document that legally required consent was not obtained.

When the source individual is a known carrier of HBV, HCV, or HIV, repeat testing is unnecessary.

The source individual's test results must be available to the exposed employee. Reed College must provide information regarding applicable laws and regulations to the employee concerning disclosure of the identity and infectious status of the source individual. Interpretation is available through the Board of Medical Examiners and the Bureau of Labor and Industries, Civil Rights Division, concerning disclosure of the identity and infectious status of the source individual.

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

- Collection of the exposed employee's blood will occur as soon as feasible and it will be tested after consent is obtained.
- If the employee consents to baseline blood collection but does not give consent for HIV serologic testing, preservation of the blood sample will continue for up to 90 days. If within 90 days of the exposure incident, the employee elects to have the base line sample tested, such testing shall take place as soon as feasible.

## 5.4 Information Provided to the Healthcare Professional

After exposure, the Human Resources Office will provide to the healthcare professional responsible for the employee's hepatitis B vaccination with the following:

- A copy of OAR 437, Division 2, Subdivision Z (or 29 CFR 1910.1030).
- A written description of the exposed employee's duties as they relate to the exposure incident.



- A written document explaining the route of exposure and the circumstances under which exposure occurred.
- The results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including employee's vaccination status.

## 5.5 Healthcare Professional's Written Opinion

The Human Resources Office will 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.

The healthcare professional's written opinion for HBV vaccination will be limited to whether HBV vaccination is recommended for the employee and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up will be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation.
- 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 of treatment.

NOTE: All other findings or diagnosis must remain confidential between the employee and the physician. They will not be included in the written report.

## 6.0 Labeling, Training, and Record Keeping

### 6.1 Labels and Signs

Supervisors in each of the work areas identified in this plan ([Section 2](#)) will affix warning labels to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

Labels required by this section shall include the following biohazard symbol:



These labels shall be fluorescent orange or orange-red, and predominantly so, with lettering and symbols in a contrasting color. Labels should be readable from a distance of at least five feet. Red bags or containers are a suitable substitute for labels.

Personnel must handle all regulated wastes in accordance with federal, state, and local laws.

## 6.2 Information and Training

Supervisors in each of the listed work areas in this plan will take reasonable measures to ensure that their employees with occupational exposure hazards receive training. The training will be provided at no cost to the employee and during working hours. Training will take place during initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Employees will receive additional training when modifications or additions to tasks and procedures affect their occupational exposure. The additional training may be limited to addressing the new exposures created.

The content and vocabulary of training materials must match each employee's level of education, literacy, and language.

Reed College will provide training to employees by an infectious disease control professional or other available pre-approved program.

## 6.3 Record Keeping

**Medical Records:** The Human Resources Office will maintain medical records for any employee with occupational exposure. These records will be kept confidential and maintained for at least the duration of employment plus 30 years. The records will include the following:

- The name and social security number of the employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures as required by Section VII of this plan.
- 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 and circumstances of the exposure.

**Training Records:** The Human Resources department will maintain training records for three years from the training date and will include the following information:

- The dates of the training sessions.
- An outline of the material presented.
- The names and qualifications of the persons conducting the training.
- A list of names and job titles of all persons attending the training sessions.

Personal training records are available to the employee upon request. These records are also 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.

**Transfer of Records:** If, for any reason, this institution is closed and there is no successor employer to receive and retain the records for the prescribed period, contact the Director of the NIOSH for final disposition.

**Sharps Injury Log:** This will maintain records on percutaneous injuries from contaminated sharps. The information will be collected in a manner that protects the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

- The type and brand of device involved in the incident.
- The department or work area where the incident occurred.
- An explanation of how the incident occurred.

## 7.0 Exposure Response Procedure

### 7.1 Initiating Action

An exposure incident is defined as a specific eye, mouth, or other mucus membrane, non-intact skin (e.g. paper cuts; hangnails; dry, cracked skin; dermatitis; etc.) or parenteral (piercing the skin or mucus membranes) contact with blood, bloody fluids, vaginal or seminal fluid, or bites that results from the performance of an employee's duties.

If an employee is exposed, the exposure must be immediately reported to the Human Resources office (503-517-7700) and an Accident/Incident Report must be completed.

#### **Affected Employees**

- Full-time faculty or staff
- Part-time faculty or staff
- Student Worker
- College Work Study (CWS)

#### **Potentially Infected Substance**

- Blood
- Bloody vomit (visibly red/pink)
- Bloody urine (visibly red/pink)
- Bloody feces (visibly red/pink)
- Bloody saliva (visibly red/pink)
- Semen
- Vaginal fluids (bloody and non-bloody)
- Saliva from bite which breaks the employee's skin
- Other





**Enters Employee Through**

- Non-intact skin (cuts, paper cuts, abrasions, dermatitis, dry/cracked skin, hangnails)
- Eye
- Mouth
- Nose
- Genital mucous membranes
- Needle stick
- Sharp, piercing object
- Bite which breaks the skin
- Other

## 7.2 Steps to Take Following an Exposure

Following the completion of the Accident/Incident Form for the exposure incident, the supervisor or employee will call Human Resources (503-517-7700) to report the incident. The following steps will be taken once an exposure incident has been reported:

**Where To Go:**

Kaiser Permanente – no appointment necessary  
503/652-2880  
10180 SE Sunnyside Rd  
Clackamas

**Directions:**

1. Head east on SE Woodstock Blvd to I-205 S
2. Merge onto I-205 S towards Oregon City/Salem
3. Take Exit 14, Sunnyside Rd ramp toward Clackamas Promenade/Boring
4. Turn left onto SE Sunnyside Rd
5. Turn right onto SE 97<sup>th</sup> Ave & continue to your destination - Kaiser Permanente Sunnyside Medical Center

**Employee Information:**

1. The exposed employee will be directed by their supervisor to immediately call Human Resources, (503-517-7700), to complete an OSHA 801, "State of Oregon Worker's and Employer's Report of Occupational Injury or Disease form." (This can be done over the phone with follow-up signature when the employee visits Human Resources.)
2. The employee will visit Human Resources or their designee to complete: [Exposure Form #1 "Blood or Other Body Fluid Post-Exposure Report"](#) and [Form #2 "Bloodborne Pathogen Exposure Employee History and Physicians Follow-up Form"](#). Information will be kept confidential and maintained in the employee's medical file for 30 years past the employee's departure from Reed employment.



3. The exposed employee will be referred to his/her/their medical provider or a facility that the college has selected for the proper medical treatment and consultations. A copy of the following forms must be sent with the employee to the health care provider:
  - a. [Form #2 "Bloodborne Pathogen Exposure Employee History and Physician's Follow-up Form"](#)
  - b. Employee's Hepatitis B Vaccination Record
  - c. [Form #3 "Source Individual Consent for Information Exchange"](#) (send as soon as available)
  - d. A copy of the OR-OSHA bloodborne Pathogen Rules
4. The Human Resources/designee will provide the exposed employee with a copy of their evaluating healthcare professional's written opinion within 15 days of the completion of the medical evaluation.

**Source Information:**

1. The Source individual needs to be identified and documented on [Exposure Form #1 "Blood or Other Body Fluid Post-Exposure Report"](#). Human Resources or their designee will document this information with interview assistance from the exposed employee and information contained on the Accident/Injury Report Form.
2. Human Resources or their designee will contact the source individual or parent/guardian of a minor by phone. Human Resources/designee will explain the circumstances of the incident and ask if the source/parent/guardian is willing to have their blood tested for Hepatitis B, Hepatitis C and HIV.
3. In the event that the source individual or parent/guardian of a minor declines testing after telephone contact, Human Resources/designee will send [Exposure Form #5 "Source Individual Refusal For Blood Testing"](#) with a return envelope to the source or their parent/guardian. This will document that the source individual or parent/guardian has been notified of the exposure and risk to the employee.
4. If the source individual refuses to be tested, file Exposure Form #5 in the employee's post-exposure file.
5. If consent is obtained to test the source individual's blood for Hepatitis B, Hepatitis C and HIV, send [Form #4 "Source Individual Consent for Testing"](#) and [Form #3 "Source Individual Consent for Exchange of Information"](#) with a return envelope to the source individual or their parent/guardian. The source individual will be referred to their medical practitioner or to a facility that the college has selected for testing procedures. If the source individual is already known to be infected with Hepatitis B, Hepatitis C or HIV, testing of the blood does not need to be repeated for that particular virus.
6. If the source individual or parent/guardian has consented and returned Forms #4 and #5, make copies for the employee's post-exposure file and send the originals along with [Form #6, "Source Physician's Report"](#), to the source's physician or designated medical provider. The Source physician will sign and return Form #6. Send a copy to the employee and file the original in the employee's post-exposure file.



7. If the incident occurred off-site and the facility requested source consent, the Human Resources/designee will document the effort using the Source Verification Letter. The employee health nurse for the facility is the usual contact person.

### 7.3 Records to Keep in Confidential Employee Medical File

Reed College shall ensure that these records are kept confidential and are not disclosed or reported without the employee's written consent to any person within/outside the workplace:

- Copy of the Accident/Injury Report Form
- Copy of the OSHA 801 Form
- [Form #1](#) "Blood or Body Fluid Exposure Report" (3 pages)
- Copy of [Form #2](#) "Bloodborne Pathogen Exposure Employee History and Physicians' Follow-up Form" (1 page)
- [Form #2a](#) "Physicians Statement and Written Opinion" (2 pages)
- [Copy of Form #3](#) "Source Individual Consent for Information Exchange."
- [Copy of Form #4](#) "Source Individual Consent for Blood Testing" (1 page) or [Form #5](#) "Source Individual Refusal of Blood Testing." (1 page)
- [Form #6](#) "Source Physician's Report" (1 page)
- Employee Record of HBV vaccinations

The findings or diagnoses of the Employee's Physician shall remain confidential and not included in the Post Exposure Investigation.

## 8.0 References

- Oregon Occupational Safety and Health Administration (OR-OSHA). Oregon Administrative Rule (OAR) 437 Division 2 Subdivision Z: Toxic and Hazardous Substance: bloodborne Pathogens. 29 CFR 1910.1030. 2011.
- Centers for Disease Control. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis. MMWR / 54(RR09); 1-17. September 30, 2005.
- Centers for Disease Control. Post-exposure Prophylaxis to Prevent Hepatitis B Virus Infection MMWR / 55(RR16); 30-31. December 8, 2006.
- Oregon Occupational Safety and Health Administration (OR-OSHA). bloodborne Pathogens Program Directive A-154. 2013.



## Reed College Hepatitis B Virus Vaccination Form

Please return this form to Human Resources in Eliot 305.

**Please sign ONE of the following statements:**

### **Employee Statement Declining the HBV Vaccination**

I understand that due to my risk of 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Employee Statement of Receipt of HBV Vaccinations**

I have received hepatitis B vaccinations. I received a total of \_\_\_\_\_ vaccinations.

Date of my initial vaccination was \_\_\_\_\_.

Date of my final vaccination was \_\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Employee Request for Vaccine**

I would like to receive the hepatitis B vaccine series. Please send me information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Form #1 Blood or Other Body Fluid Exposure Report

Policy Statement: An exposure incident (a specific mouth, eye, or other mucous membrane, non-intact, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties) shall be reported immediately to the Human Resources Office (503) 517-7700.

Employee's Name: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Reported By: \_\_\_\_\_ Reporting Date/Time: \_\_\_\_\_

Description of Incident (Includes route(s) and circumstances of exposure):

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Recommendations to Prevent Reoccurrence \_\_\_\_\_

Exposure Investigator \_\_\_\_\_

Date \_\_\_\_\_



Form #1 Exposed Employee

Name \_\_\_\_\_ Job \_\_\_\_\_

Title \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ Health Record # \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Incident Location \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

MD Name \_\_\_\_\_ Phone \_\_\_\_\_

MD Address \_\_\_\_\_

Date referred to MD \_\_\_\_\_

**Documents sent to MD:**

#2 BBP Exp. Employee History \_\_\_\_\_

#3 Source Exchange (copy) \_\_\_\_\_

#4 or #5 Source Blood Test

(copy) \_\_\_\_\_

HBV Vaccination Record \_\_\_\_\_

OR-OSHA regulation \_\_\_\_\_

**Follow-up Physician's Statement**

Date returned and filed \_\_\_\_\_

Employee notified \_\_\_\_\_

If Employee Refuses Medical Follow-up Attention, sign and date below:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



Form #1 Source Individual

Name \_\_\_\_\_ Job \_\_\_\_\_

Title \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ Health Record # \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

MD Name \_\_\_\_\_ Phone \_\_\_\_\_

MD Address \_\_\_\_\_

Source/Parent Notified(date/time) \_\_\_\_\_ Verbal consent given (y or n) \_\_\_\_\_

Hep B status, if known \_\_\_\_\_

Information Exchange Form Sent to source \_\_\_\_\_ Returned \_\_\_\_\_

Consent Form Sent to source \_\_\_\_\_ Returned \_\_\_\_\_

or

Consent Refusal Form sent to source \_\_\_\_\_ Returned \_\_\_\_\_

Employee notified of refusal \_\_\_\_\_

Forms to Source's Physician: #3 Source Exchange and Consent Forms \_\_\_\_\_

#4 Source Consent for Blood Testing \_\_\_\_\_

Follow-up Physician's Statement: Date returned and filed \_\_\_\_\_

Employee notified \_\_\_\_\_







# Form #2 Bloodborne Pathogen Exposure Employee History and Consent Forms

Dr. \_\_\_\_\_:

This employee has reported an occupational exposure incident to blood or other potentially infectious materials as defined by OR-OSHA Admin. Rules (1910.1030). This exposure is defined as a specific eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material. Please review this employee information, assess the employee and complete and return Part B - Physicians Statement and Written Opinion, in the return envelope.

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### Part A - EMPLOYEE DATA

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_

DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Job Classification \_\_\_\_\_

School/Site \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Description of Duties \_\_\_\_\_

**History of Exposure Incident** Date \_\_\_\_\_ Time \_\_\_\_\_

Description of exposure [includes route(s) and circumstances]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Form #2a Physician's Statement and Written Opinion

Please complete the following information and return to the Exposure Investigator.

OR-OSHA requires that the employer shall obtain and provide the employee with a copy of this written opinion within 15 days of the completion of this medical evaluation.

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_ Health Record # \_\_\_\_\_

Please note that the following records are accompanied with this form to assist in your medical evaluation:

\_\_\_\_\_ OR-OSHA Regulation Regarding Post-Exposure Protocol

\_\_\_\_\_ Hepatitis B Vaccination History

\_\_\_\_\_ Source Individual Consent, if available

### Hepatitis B Prophylaxis/Vaccine

1. Was Hepatitis B vaccination indicated? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, date received: \_\_\_\_\_
2. Are further doses recommended? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, projected date for next dose: \_\_\_\_\_
3. Was HBIG given? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, date received: \_\_\_\_\_

### Post-Exposure Counseling and Follow-up

I certify that the employee has been informed of the results of this medical evaluation, has been advised about any medical conditions resulting from exposure to blood or other potentially infectious materials, and has been advised about any further evaluation or treatment.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Return Form #2a to:  
 Reed College  
 3203 SE Woodstock Blvd.  
 Portland, OR 97202  
 Attention: Human Resources



### Form #2a Healthcare Provider Statement

To: \_\_\_\_\_ Date: \_\_\_\_\_

This employee has reported an occupational exposure incident to blood or other potentially infectious materials as defined by OR-OSHA Admin. Rules (1910.1030). This exposure is defined as a specific eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material. Please review this employee information, assess the employee and complete and return this Healthcare Provider Statement in the return envelope.

Thank you,

Exposure Investigator, Human Resources / Environmental Health and Safety

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Please complete the following information and return to the Exposure Investigator. OR-OSHA requires that the employer shall obtain and provide the employee with a copy of this written opinion within 15 days of the completion of this medical evaluation.

Employee's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please note that the following records are accompanied with this form to assist in your medical evaluation:

\_\_\_\_\_ Form #1 Blood or Other Body Fluid Post Exposure Report

\_\_\_\_\_ Hepatitis B Vaccination History

\_\_\_\_\_ Source Individual Consent, if available

#### Hepatitis B Prophylaxis/Vaccine

- 4. Was Hepatitis B vaccination indicated? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, date received: \_\_\_\_\_
- 5. Are further doses recommended? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, projected date for next dose: \_\_\_\_\_
- 6. Was HBIG given? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, date received: \_\_\_\_\_

#### Post-Exposure Counseling and Follow-up

I certify that the employee has been informed of the results of this medical evaluation, has been advised about any medical conditions resulting from exposure to blood or other potentially infectious materials, and has been advised about any further evaluation or treatment.

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



## Form #3 Source Individual Consent for Information Exchange

I \_\_\_\_\_(name) hereby authorize an exchange of information to occur between the agencies / persons listed below and the exposed individual in accordance with Oregon statutes / rules. The employee's physician will discuss results / recommendations with the exposed employee. I am aware that my child or I have been identified as a source individual where an employee may have been exposed to blood or other potentially infectious body fluids.

Exposed Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Exposed Employee's Medical Practitioner: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Employer's Workers' Compensation Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Source's Individual's Medical Practitioner: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Source Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Source/Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete form and return to:

Reed College  
3203 SE Woodstock Blvd.  
Portland, OR 97202  
Attention: Human Resources



## Form #4 Source Individual Consent for Blood Testing

Source Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employee exposed: \_\_\_\_\_ Date Source/Parent notified: \_\_\_\_\_

Signature Exposure Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Please read, sign below and return to Human Resources in the enclosed self-addressed envelope.

I have been informed by \_\_\_\_\_, Exposure Investigator, that I/my child have/has been identified as being a source individual in an employee exposure incident to blood or other potentially infectious body fluids.

I am aware of the risks to the employee, and I have consented to blood testing to be performed for Hepatitis B, Hepatitis C and HIV. I have been informed that in consenting to this testing, only the test results will be released to the exposed employee, the employee's medical provider and the employer's Worker's Compensation carrier.

Source name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature Source/Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## Form #5 Source Individual Refusal of Blood Testing

Source Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employee exposed: \_\_\_\_\_ Date Source/Parent notified: \_\_\_\_\_

Signature Exposure Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Please read, sign below and return to Human Resources in the enclosed self-addressed envelope.

I have been informed by \_\_\_\_\_, Exposure Investigator, that I/my child have/has been identified as a source individual in an employee exposure incident to blood or other potentially infectious body fluids.

I am aware of the risks to the employee, and I have declined blood testing to be performed for Hepatitis B, Hepatitis C and HIV. I have been informed that if I had consented to this testing, this information would be released to the exposed employee, the employee's medical provider and the employer's Workers Compensation carrier.

Source name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature Source/Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## Form #6 Source Healthcare Provider's Report

Dear \_\_\_\_\_,

\_\_\_\_\_ was identified as a source individual in an occupational exposure incident to blood or potentially infectious materials as defined under OR-OSHA administrative rules 1910.1030. MHCC is requesting that you evaluate his/her health status and complete the information below. The source/parent/guardian has been notified of the exposure incident and has signed the enclosed "CONSENT" and "INFORMATION EXCHANGE forms (#4 and #5).

Signature Exposure Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THE FOLLOWING INFORMATION TO:**

Reed College  
3203 SE Woodstock Blvd.  
Portland, OR 97202  
Attention: Human Resources

Was the exposed employee's medical provider advised on the HIV, HBV Hepatitis C tests or the HBV vaccination status?

\_\_\_\_\_ Yes \_\_\_\_\_ No      If so, dated advised: \_\_\_\_\_

Exposed Employee's Medical Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

Exposed Employee: \_\_\_\_\_

Health Record #: \_\_\_\_\_

Signature Physician: \_\_\_\_\_ Date: \_\_\_\_\_

