



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

The information contained in this packet is provided to expedite the delivery of medical care of an employee who may have been exposed to the blood or other potentially infectious body fluids of another individual or infected animal.

This folder contains all attachments from the ODFW Personnel Policy and Procedure HR 460_07 "Bloodborne Pathogens Exposure Control" as well as a copy of the current OR-OSHA bloodborne pathogen regulation (div2z-§1910.1030). This program should be reviewed for further information on bloodborne pathogen protection.

Should an exposure incident occur (either blood contact or needlestick) the employees involved should each be given this packet. For the person exposed, this folder contains a letter of introduction to the health care provider, "Exposed Employee Medical Follow-Up", (Attachment G) explaining that the person was exposed to blood or other potentially infectious body fluids, and requests that they provide the medically necessary evaluation for the exposed person. For the source individual (i.e. the person or animal whose blood created the exposure), this folder contains a letter of introduction to the health care provider, "Source Individual Testing" (Attachment E part 1) explaining that the person was the source individual and has initially agreed to blood testing for HIV, HBV and HCV. The "Source Individual Consent to Test" form (Attachment E part 2) for informed consent to test the source individual is also included. The treating physician will provide any additional documents needed.

Please keep at least two copies of this packet available for use. Hopefully, you will never need to use these documents. However, should an exposure incident ever occur, having all the necessary information in one place will make post-exposure management easier.

Additional information about HIV, HBV and HCV can be obtained from the Centers for Disease Control (CDC) online at <http://www.cdc.gov> or by calling 1-800-311-3435. The ODFW Safety & Manager can be contacted at 503 947-6062 or 503 390-3350

Sincerely,

Jerry Cotter
Safety and Health Manager

ATTACHMENT A-1

Disinfecting and Decontamination Procedures for Contaminated Surfaces

The following procedure will be used to decontaminate and disinfect work surfaces and/or equipment contaminated by blood and/or other body fluids:

1. While wearing gloves, clean up all visible blood and body fluids using paper or cloth towels. Gowns, aprons, and protective eyewear should be worn if significant splashing is anticipated.
2. Dispose of contaminated materials in red plastic "BIOHAZARD" bags.
3. Disinfect the contaminated area with a disinfecting solution. The disinfecting solution may be 1 part bleach to 10 parts water solution, or a commercial disinfectant. Check the label of the commercial disinfectant to see that it is EPA registered for effectiveness against tuberculosis bacteria (i.e. tuberculocidal). Follow the directions on the label and allow the solution to remain on the contaminated area for the minimum contact time.
4. Clean up the disinfecting solution and any remaining blood or other body fluids and dispose of in the red plastic "BIOHAZARD" bags.
5. Remove any personal protective equipment and place these in the red plastic "BIOHAZARD" bags. Gloves should be removed last. Wash hands and any exposed skin after removing personal protective equipment.

Hand tools, scissors, knives, etc. should be decontaminated and disinfected in the same manner as work surfaces. Care must be taken to prevent against cuts and puncture wounds when cleaning sharp objects.

ATTACHMENT A-2

Hepatitis B Vaccination Declination

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

Employee Signature

Employee Name (Please print)

Date

**ODFW Body Fluid/Blood Exposure Report
(CONFIDENTIAL)**

Employee Identification:

Last Name:	First Name:	MI:	ID Number: OR	
Location:	Phone No:	Sex:	Birth date:	Job Title:

Were There Any Other Exposed Individuals?

What was the Date/Time/Location of Exposure?

Month/Day/Year	Time:	Location:
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What Body Fluids were Involved (Check all that apply)?

Blood	Urine	Feces	Vomitus	Saliva	Tissue	Cell fluids	
Other: (explain)							
Did Body Fluid:	Touch unprotected skin?	Soak thru protective clothing?	Soak through regular clothing?	Splash into eyes?	Splash into mouth?	Splash onto skin with open wounds?	Needle Stick?

**What Personal Protective Equipment Were You Wearing During The Exposure Incident?
(Check all that apply)**

Gloves: Type?	Eye Protection: Type?	Face Protection? Type?	Gown: Type?	Respirator: Type?
Other PPE:				

What was the Type of Exposure? (Check all that Apply)

Contact with non-intact skin	Intact Skin	Needle stick or puncture	Human Bite	Animal Bite
Known infected wildlife body fluid or tissue	Body fluid to the eyes/mouth/nose	Contaminated food	Other	

What was the Degree of Exposure?

Massive? (blood covering areas greater than the size of a dollar bill)	Puncture? (injected)	Moderate? (Blood covering an area the size of a dollar bill)	Ingested? (by mouth)	Small? (a few drops)	Absorbed? (splash on mucus membrane or through non-intact skin)
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Is the Source Animal or Individual Identified?

Is the Source Animal or Individual Known?	Yes No	Is the Human Source Individual... HIV+ HBV+ HCV+ Other: _____	Is the Animal Infected or Sick?
			Identified Disease: _____ _____ _____

Did an Instrument Cause the Exposure? (Check All That Apply)

Hand Tool (Specify)	Needles	Syringe	Scalpel	Knife	Scissors
Other: _____					

If the Exposure was Caused by a Needle Stick, Please Supply the Following Information.

Not Applicable To This Exposure	NA
What type of needle were you using at the time of the stick?	Syringe IV Suturing Other:
What was the brand name of the needle?	
What were you doing just before the stick?	
What was on the needle just before the stick?	
Was there proper disposal on site?	

Were Sharps Containers Available for the Disposal of Sharps? (needles, darts, scalpels, etc.)

At the time of exposure: Were there proper sharps containers available for disposal? Yes No	If Yes – Answer Below	If No – Answer Below
	Were the sharps containers assessable? Yes No	If no, why were there no disposal containers at the worksite? _____ _____
	Were the sharps containers overly full? Yes No	Do you believe the lack of proper disposals for sharps contributed to this exposure event? _____ _____

Information Provided to the Physician and the Content of the Physician's Written Opinion

For Hepatitis B vaccination, the physician will be provided a copy of the OR-OSHA Bloodborne Pathogen standard (OAR 437-2/Z-1910.1030), if they indicate that they do not already have one.

The physician's written opinion to the employer for HBV vaccination will be limited to whether the HBV vaccination is indicated for the employee, and if the employee has received the vaccination.

For employee evaluation after an exposure incident, the physician will be provided the following:

1. A copy of the OR-OSHA standard, if they do not already have one.
2. A description of the exposed employee's duties related to the incident.
3. A copy of the Body Fluid Exposure Report (Attachment C).
4. If available, results of the source individuals blood testing.
5. All medical records relevant to appropriate treatment of the employee which are the employer's responsibility to keep.

The physician's written opinion to the employer for post-exposure evaluation and follow-up will be limited to the following information:

1. The employee has been informed of the results of the evaluation.
2. The employee has been told of any medical conditions resulting from exposure to blood or other potentially infectious materials that might require further treatment or evaluation.



**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PROGRAM
SOURCE INDIVIDUAL TESTING
(ATTACHMENT A-5 part 1)**

Date _____

Dear Health Care Provider:

The Oregon Department of Fish and Wildlife (ODFW) has a bloodborne pathogens (BBP) exposure control program in place to protect our workforce against occupational exposure to blood and other potentially infectious materials.

The person presenting this letter to you, Mr./Ms. _____, has been identified as the source individual for blood and/or body fluid exposure to another of our employees. Mr./Ms. _____ has initially expressed their willingness to have a blood sample collected and tested for their HIV, Hepatitis B virus, and Hepatitis C virus infectivity status. They have also agreed to allow the test results to be released to the exposed employee, Mr./Ms. _____, or to the exposed employee's designated health care provider.

At this time ODFW is requesting that you provide all information necessary to the source individual so that they can make an informed consent to having the blood test performed and the results released to the designated people. Please include the information on HIV testing from the Oregon Department of Human Services Administrative Rule: 412-01-315. A blood sample may not be drawn or tested until the source individual has received the information necessary for an informed consent, and they have had all their questions answered to their satisfaction.

Upon receiving consent to test from the source individual, please have them sign the consent-to-test form. A copy of this form must be given to the source individual, with a copy also sent to ODFW. **DO NOT REPORT THE RESULTS OF THE BLOOD TESTS TO THE OREGON DEPARTMENT OF FISH AND WILDLIFE.**

Upon written request from the exposed employee,

Mr./Ms. _____, the test results may be released to that employee or their designated health care provider.

Please feel free to contact me if you have any concerns or questions. I thank you for your time and cooperation.

Sincerely,



**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PROGRAM
SOURCE INDIVIDUAL CONSENT TO TEST
(ATTACHMENT A-5 part 2)**

I have been given information by Mr./Ms./Dr. _____
on blood testing to determine my infectivity status with respect to HIV, Hepatitis B virus
(HBV) and Hepatitis C virus (HCV). My signature indicates that:

- I understand the information about HIV, HBV, and HCV, and the tests that may be used in order to determine my infectivity status;
- I have been given full opportunity to ask questions to obtain further information;
- All of my questions have been answered to my satisfaction;
- I understand that the test results will be kept confidential and released only as described below:

By initialing the following statements, I agree to:

_____ HIV testing and releasing the results to _____
and his/her healthcare provider.

_____ Hepatitis B testing and releasing the results to _____
and his/her healthcare provider.

_____ Hepatitis C testing and releasing the results to _____
and his/her healthcare provider.

Source Individual

Date

Source Individual Signature

Witness

Date

Witness Signature

Post-Exposure Follow-up and Evaluation Checklist

Utilize this checklist in order to document the handling of an occupational exposure incident.

- Incident reported to supervisor prior to end of shift
- ODFW Incident and Near Miss Analysis and 801 Forms completed
- Body Fluid Exposure Report Completed
- Source Individual identified (Indicate on body fluid exposure report if source individual is unknown)
- Source individual sent to physician, along with consent to test information, for blood testing
- Source individual has blood sample drawn and tested
- Exposed employee sent to physician with copy of body fluid exposure report
- Exposed employee given post-exposure follow-up, including offering HBV vaccination, and counseling
- Written-opinion received by ODFW from physician



**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PROGRAM
EXPOSED EMPLOYEE MEDICAL FOLLOW-UP
ATTACHMENT A-7**

Date _____

Dear Health Care Provider:

The Oregon Department of Fish and Wildlife (ODFW) has a bloodborne pathogens (BBP) exposure control program in place to protect our workforce against occupational exposure to blood and other potentially infectious materials.

The person presenting this letter to you, Mr./Ms. _____, has had an exposure incident to blood and/or body fluid of another person. At this time the source individual to whose blood and/or body fluid this employee was exposed **is / is not (circle one)** known. If and when the infectivity status for HIV, HBV, and HCV of the source individual becomes known, that information will be provided to you.

At this time ODFW is requesting that you provide post-exposure counseling and follow-up, per OAR 437-2/Z-1910.1030(f)(3), to this exposed employee. Note that ODFW has NOT offered the HBV vaccine to this employee because first aid is not their primary job duty. The circumstances surrounding the exposure incident are included in the body fluid exposure report that this employee is presenting to you. The employee can provide you with additional details. Per Oregon OSHA regulations please include in your post-exposure evaluation treatments and counseling that you feel are medically appropriate per the latest CDC Public Health Service guidelines. For your convenience, the National Clinicians' Post-Exposure Prophylaxis Hotline (PEP-Line) is given here: **(888) 448-4911**.

As part of the counseling, please inform the exposed employee of the applicable laws and regulations concerning disclosure should they be informed of the source individual's blood test results.

Upon completion of your examination, please provide to ODFW within 15 days the following information: that the exposed employee has been informed of the results of your evaluation; and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. **DO NOT REPORT THE RESULTS OF ANY OTHER FINDINGS OR DIAGNOSES TO THE OREGON DEPARTMENT OF FISH AND WILDLIFE.**

Please feel free to contact me if you have any concerns or questions. I thank you for your time and cooperation.

Sincerely,

**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PROGRAM
EXPOSED EMPLOYEE MEDICAL FOLLOW-UP**

Zoonotic Disease Exposure
ATTACHMENT A-8

Date _____

Dear Health Care Provider:

The Oregon Department of Fish and Wildlife (ODFW) has a bloodborne pathogens (BBP) exposure control program in place to protect our workforce against occupational exposure to blood and other potentially infectious materials.

The person presenting this letter to you, Mr./Ms. _____, has had an exposure incident to blood and/or body fluid of a land dwelling mammal. At this time the source animal to whose blood and/or body fluid this employee was exposed **is / is not** (circle one) known. If and when the infectivity status for zoonotic disease of the source animal becomes known, that information will be provided to you.

At this time ODFW is requesting that you provide post-exposure counseling and follow-up, per OAR 437-2/Z-1910.1030(f)(3), to this exposed employee. The circumstances surrounding the exposure incident are included in the body fluid exposure report that this employee is presenting to you. The employee can provide you with additional details. Per Oregon OSHA regulations please include in your post-exposure evaluation treatments and counseling that you feel are medically appropriate per the latest CDC Public Health Service guidelines. For your convenience, the National Clinicians' Post-Exposure Prophylaxis Hotline (PEP-Line) is given here: **(888) 448-4911**.

As part of the counseling, please inform the exposed employee of the applicable laws and regulations concerning disclosure should they be informed of the source animals' blood or tissue test results.

ODFW Employees may be exposed to a variety of infectious entities. These include, but are not limited to Lyme disease, Hantavirus, Plague, Contagious ecthyma, Leptospirosis, West Nile Virus, Tularemia, Rabies, Salmonella, and Toxoplasmosis. Common parasites ODFW employees are exposed to include Raccoon roundworm; Echinococcus ssp. a tapeworm; Sarcoptic, Mange, Trichinellosis, Pathogens can be passed through wild animal bites. These include 30 aerobic pathogenic bacteria, 10+ anaerobic bacteria, viruses, etc.

Upon completion of your examination, please provide to ODFW within 15 days the following information: that the exposed employee has been informed of the results of your evaluation; and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. **DO NOT REPORT THE RESULTS OF ANY OTHER FINDINGS OR DIAGNOSES TO THE OREGON DEPARTMENT OF FISH AND WILDLIFE.**

Please feel free to contact me if you have any concerns or questions. I thank you for your time and cooperation.

Sincerely,