




OREGON DEPARTMENT OF FISH AND WILDLIFE POLICY

Human Resources Division

Title:	Bloodborne Pathogen Exposure Control	HR_480_08
Supersedes:	HR_480_08, dated September 1, 2004	
Applicability:	All employees	
Reference:	OAR 437-2/Z-1910.1030	
Effective Date:	November 1, 2011	Approved: 

I. PURPOSE

To minimize or eliminate exposure to bloodborne pathogens in the workplace by incorporating an exposure control plan, a department vaccination program, post exposure evaluation, a training program, engineering and work practice controls.

II. DEFINITIONS

- A. **Blood:** Human or animal blood and their blood components.
- B. **Exposed Employee:** An employee who comes into contact with the blood or other potentially infectious material, or suffers a needlestick from a source individual or animal.
- C. **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- D. **HBV:** Hepatitis B Virus.
- E. **HCV:** Hepatitis C Virus.
- F. **HIV:** Human Immunodeficiency Virus.
- G. **Other Potentially Infectious Materials:** The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, mother's milk, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Animal blood and body fluids of non-human animals may contain zoonotic organisms that can infect humans.
- H. **Parenteral:** Piercing mucous membranes or the skin through such events as needlesticks, bites, cuts, and abrasions.
- I. **Source Individual or Animal:** The individual or animal whose blood or other potentially infectious materials may have been a source of exposure to the exposed employee.

- J. **Zoonosis:** Is any infectious disease that can be transmitted from non-human animals to humans.

III. POLICY

The Department of Fish and Wildlife (ODFW) is committed to providing a safe workplace for all employees. To this end, the department has adopted procedures to minimize or eliminate exposure to bloodborne pathogens and needlesticks in the workplace.

Failure of employees to comply with the provisions of the Bloodborne Pathogen Exposure Control Policy may result in disciplinary action.

A. Scope

1. Employees who are first aid/CPR trained through a department-provided course and who may be exposed to human bloodborne pathogens during the course of providing first aid or CPR shall be covered by the Bloodborne Pathogen Exposure Control Policy.
2. Employees who clean up areas where an incident involving human or animal blood or other potentially infectious materials has occurred shall be covered by the Bloodborne Pathogen Exposure Control Policy
3. Employees who handle needles including syringes, IVs, scalpels, and other sharp medical instruments in the course of their duties are covered by the Bloodborne Pathogen Exposure Control Policy.
4. Employees who have not been first aid/CPR trained through a department-sponsored course and who may have been exposed to human bloodborne pathogens while providing first aid or CPR of their own volition (Good Samaritans), shall not be covered by this policy. In addition, employees who do not handle sharp medical instruments in the course of their duties shall not be covered by this policy. However, managers and supervisors shall assist such employees by providing information on bloodborne pathogen exposure follow-up if a blood-borne incident occurs.

B. Methods of Compliance

1. **Universal Precautions:** All human and animal (land-based mammals) blood and body fluids shall be treated as if known to be infectious for HIV, HBV, HCV, zoonotic infectious agents or other bloodborne pathogens.
2. **Work Practice Controls**
 - a. Employees who are in need of first aid and are capable of self-administering first aid are encouraged to do so. This will prevent unnecessary exposure of blood or body fluids to other employees who might otherwise feel compelled to administer first aid to the injured person.
 - b. At fixed locations, hand washing facilities with running water and soap shall be available.

- c. Where running water is not available, antiseptic hand cleanser with clean towels, or antiseptic towelettes will be used for initial cleaning. Exposed skin then will be washed with soap and running water as soon as feasible.
 - d. Hands will be washed immediately after removing gloves, even though blood or body fluids may not have soaked through.
 - e. Hands will be washed with soap and water.
 - f. Mucous membranes will be flushed with water after contact with blood or other potentially infectious materials.
 - g. All sharps used on animals whether in the office, lab or out in the field will be disposed of ONLY in sharps containers. These containers will be available at field operations, as well as fixed sites where sharps are being used. Placing used sharps in cardboard or non-puncture proof containers is specifically prohibited by this policy.
 - h. Smoking, eating, drinking, or applying cosmetics is not allowed after providing first aid, or after handling potentially infectious material, until the employee has washed his/her hands and other exposed skin surfaces.
3. Gloves
- a. Persons performing first aid, medical procedures on animals or cleaning up blood or other potentially infectious materials shall wear appropriate disposable gloves. These are single-use gloves and must be latex-free.
 - b. The gloves shall be kept with first aid supplies for first aid purposes and will be readily available on sites, labs, and work areas where work with animals is done.
 - c. Disposable single-use gloves shall be replaced as soon as practical when contaminated or immediately when torn or damaged.
 - d. Single-use, disposable gloves shall not be washed or decontaminated for reuse.
4. Disposable gowns shall be worn if the first aid provider/animal biologist expects there may be risk of significant bleeding or blood splatter. Protective masks and eye protection consisting of goggles or glasses with side shields shall be used if splashes with blood or other body fluids are anticipated. In addition, disposable facemasks shall be used if splashes are anticipated
5. Pocket masks with one-way valves shall be used when providing mouth-to-mouth resuscitation and CPR. These pocket masks shall be kept with first aid equipment. When possible, methods of CPR that do not utilize mouth-to-mouth techniques should be taught.
6. All personal protective equipment shall be removed before leaving the area of contamination.

7. Immediately after removing protective equipment (e.g., gloves), the person performing the tasks shall wash with soap and water.
8. The disposable personal protective equipment shall be placed in red plastic bags marked "BIOHAZARD" which are kept with first aid equipment.

C. Sharps Handling

1. Do not recap needles unless absolutely necessary. If recapping is necessary, use a one-hand scoop method, hold the cap with a mechanical device such as forceps or use a needle recapping device.
2. Ensure convenient access to sharps containers in all areas where needles might be used.
3. Promptly dispose of needles into approved sharps containers.
4. Never use temporary or unapproved containers for sharps.
5. Never try to remove anything from a sharps container.
6. Do not fill sharps containers beyond the designated fill limit.
7. Consider the use of protective devices such as retractable needles or hinged syringe caps.
8. Do not walk around with an uncapped needle.
9. Ensure all personnel report all needle stick injuries and record information regarding the circumstances

D. Housekeeping

1. Contaminated work surfaces shall be wiped with disinfecting solution and paper or cloth towels immediately when the surface is contaminated.
2. The towel that was used with the cleaning solution to wipe the work surfaces may be placed in any waste container provided that the towel is not soaked with blood or other body fluids.
3. If the towel is soaked with blood or other body fluid, it shall be disposed of as a regulated waste as described in this policy.
4. A detailed disinfecting and decontamination procedure is given in the Bloodborne Pathogen Exposure Control packet.

E. Regulated Waste Disposal

Blood and body fluid-soaked materials (either dripping or releasing fluid upon squeezing) shall be disposed of as a regulated medical waste. In addition, materials that have dry, caked-on blood that can flake off during handling also shall be considered regulated medical waste.

1. Disposal containers for blood or other body fluid soaked materials shall be closable, constructed to contain all contents and prevent leakage, and colored red and labeled "BIOHAZARD."
2. Plastic bags shall be located with first aid supplies.
3. Contaminated protective equipment/clothing that is to be disposed of shall also be placed in these waste containers.
4. All contaminated sharp objects whether contaminated with human or animal blood/fluids shall be placed in a closable, leak-proof, and puncture resistant container. This container shall have the "BIOHAZARD" label affixed to it.

F. Hepatitis B Virus Vaccination

1. Employees who are covered by this program are not offered the HBV vaccine until they are involved in an exposure incident (see Definitions). Should such a situation occur, employees shall be offered the HBV vaccine within 24 hours. An employee who declines the vaccination is required to sign a "Hepatitis B Vaccination Declination" statement. A copy of this statement is provided in the Bloodborne Pathogen Exposure Control packet. In the case of a zoonotic exposure, an evaluation by a physician may be warranted to determine if any action needs to be taken.
2. Post-exposure HBV vaccination can be as effective as pre-vaccination, but it must be offered within 24 hours to provide its full effectiveness. Site supervisors shall identify medical providers or facilities to be used for post-exposure follow-up before an exposure incident occurs to be sure the provider or facility can make the HBV vaccine available within 24 hours of exposure. The county health department where the ODFW site is located can be contacted to determine where the HBV vaccination series can be obtained on short notice. In addition, the local or county fire department can be contacted as a resource since these departments also are likely to have implemented bloodborne pathogen protection programs.
3. The physician administering the HBV vaccine shall be provided a copy of the OR-OSHA Bloodborne Pathogen standard upon request. The physician shall be expected to provide written information that each employee is undergoing vaccination, has completed the vaccination protocol, does not need vaccination, is not undergoing vaccination for medical reasons, or refuses vaccination.

G. Post-Exposure Evaluation and Follow-Up

1. Each site shall determine which medical facility or provider employees will go to should they be involved in an exposure incident before an exposure incident occurs. It is important that the facility/provider be familiar with the requirements of the OR-OSHA bloodborne pathogens regulation so that they handle an exposure incident appropriately.
2. The local or county fire department is potentially a useful source of information for locating a good facility or provider in a given area. Often these departments have implemented bloodborne pathogen protection programs themselves, and they may

be able to provide ODFW site managers with information and resources for implementing the ODFW program.

3. A checklist for post-exposure evaluation and follow-up procedures is provided in the Bloodborne Pathogen Exposure Control packet.
4. All first aid incidents involving the presence of blood or other body fluids shall be reported to the employee's immediate supervisor before the end of the shift in which the incident occurred. The ODFW Safety and Health Manager shall be notified of a potential exposure. The Body Fluid Exposure Report, which documents the details of the incident, shall be completed, in addition to the ODFW Preliminary Incident and Near-miss Analysis Form (see HR Policy HR_480_05, Incident Analysis and Reporting).
5. Employees involved in an exposure incident during the course of their work shall be counseled and offered post-exposure evaluation and follow-up. An "Exposed Employee Medical Follow-Up" letter for the exposed employee to take to the doctor is provided in the Bloodborne Pathogen Exposure Control packet. Advice on the appropriate course of action will be sought from the physician. This may include, if the exposed employee consents, collecting a blood sample from the exposed employee and testing it for HIV, HBV, and HCV status, and administering the HBV vaccine. If the exposed employee consents to the blood collection, but not testing for HIV status, the sample shall be preserved for 90 days. The exposed employee may elect within 90 days to have the sample tested for HIV status. In the case of zoonotic exposures, blood may be drawn to develop baselines for later comparison.
6. The source individual (human) for the blood or body fluid exposure, if known, shall be asked to have testing performed at agency expense to determine HIV, HBV, and HCV status. Consent to test shall be obtained before testing may proceed. A consent-to-test form, along with a letter of introduction to the healthcare provider, is provided in the Bloodborne Pathogen Exposure Control packet (Attachment A).
7. The healthcare provider shall provide the source individual with all information necessary to make an informed consent with respect to blood testing and the disclosure of the test results.
8. The source individual, once provided with the information and having had all the individual's questions answered, shall sign the consent-to-test form. The source individual shall be given a copy of the form, and a copy shall be retained in the employee's confidential medical file in the Records Unit of the Human Resources Division for at least seven (7) years.
9. The results of any tests performed on the source individual's blood shall be made available to the exposed employee. The exposed employee shall not disclose the identity of the source individual, nor the source individual's infectious status to anyone, even if the status is negative. However, as directed in the consent-to-test form, the exposed employee may indicate the test results to the employee's treating physician, so long as he/she does not disclose the identity of the source individual.
10. In the case of potential exposure to zoonotic diseases, a blood sample from the animal will be obtained or tissue from the animal may be examined as appropriate by an animal pathology lab.

11. Information that must be provided by ODFW to the physician, and information provided by the physician to ODFW is given in the Bloodborne Pathogen Exposure Control packet.
12. For convenience, all necessary forms are available in the Bloodborne Pathogen Exposure Control packet. Each site shall keep packets available on location by photocopying the attachments to this policy as necessary.

H. Information and Training

Employees covered by this policy will receive training on bloodborne pathogen exposure protection. The training will include the following:

1. Overview of the regulation;
2. Epidemiology and symptoms of bloodborne disease;
3. Zoonotic diseases most likely to come into contact with (as needed)
4. Modes of HBV and HIV transmission;
5. The exposure control plan including hazardous tasks;
6. Use of personal protective equipment;
7. Information on HBV vaccination;
8. Procedures and person to contact in case of exposure incident; and
9. Post-exposure evaluation.

I. Recordkeeping

1. All medical records shall be kept on employees with occupational exposure to blood or other body fluids. The records shall be maintained in the employee's confidential medical file and shall include:
 - a. Name;
 - b. Social Security Number;
 - c. HBV vaccination status;
 - d. Copy of treating physicians opinion;
 - e. Consent-to-test forms; and
 - f. Any additional notes.

2. Records of all employees who have received the HBV vaccination, and those who were offered the HBV vaccine but refused, also shall be maintained in the Human Resources Division.
3. Training records will be maintained at the region/division offices for a minimum of three years and will include the following:
 - a. Employee name, Social Security Number and Employee Identification Number, and date of training; and
 - b. Name of trainer.

J. Responsibilities:

1. Employees shall:

- a. Utilize appropriate procedures and equipment when dealing with injuries or sampling from wildlife involving blood or other body fluids; and
- b. Report incidents of blood or body fluid exposure before the end of the shift.
- c. Report any needle sticks immediately.
- d. Dispose of all sharps in designated receptacles made for the purpose.

2. Supervisors shall:

- a. Implement the ODFW Bloodborne Pathogen Program at their facility;
- b. Provide the necessary personal protective equipment and other safety equipment; and
- c. Train personnel on the elements of the ODFW Bloodborne Pathogen Exposure Control Procedure.

3. Safety and Health Manager shall:

- a. Assist sites in implementing the ODFW Bloodborne Pathogen Program;
- b. Assist sites in bloodborne pathogen training; and
- c. Assist sites in obtaining adequate medical services for Hepatitis B vaccinations and post-exposure follow-up.

Attachment A Bloodborne Pathogen Exposure Control Packet