
Blood Borne Pathogens and Communicable Diseases Reporting, Prevention, and Exposure Control Plan

University of Portland

5000 N Willamette Blvd
Portland, OR
97203-5798

Version 3.4.1

September 2016

Prepared by:

Environmental Health and Safety



Table of Contents

Table of Contents	1
Review and Approval	3
1 Introduction	4
Section Two	5
2 Exposure Determination:	5
Section Three	6
3 Definitions	6
Section Four	8
4 Program Responsibilities	8
Section Five	9
5 Methods of Compliance	9
Section Six	11
6 Personal Protective Equipment (PPE)	11
Section Seven	13
7 Housekeeping	13
8 Regulated Waste	14
Section Nine	16
9 Laundry Procedures	16
Section Ten	17
10 Bloodborne Illnesses	17
Section Eleven	21
11 Training Requirements	21
Section Twelve	22
12 Employee Exposure, Post-Exposure Evaluation, and Follow-up	22
Section Thirteen	25
13 Record Keeping Requirements	25
14 Labeling and Marking System	26
15 Cleanup Responsibilities	27
Section Sixteen	28
16 Methicillin-resistant staphylococcus aureus (MRSA) Reporting and Prevention	28
APPENDIX I	33
Hepatitis B Vaccine Declination	33
University of Portland Employee	34
Hepatitis B Vaccine Declination	34
APPENDIX II	35
Exposure Report Form	35
APPENDIX III	38
Bloodborne Pathogens – Exposure Incident Report (School of Nursing)	38

APPENDIX IV	40
Bloodborne Pathogen Exposure Control Plan Employee Training From	40
OSHA's Bloodborne Pathogen Standard:	41
APPENDIX VI	44
UP Skin Infection Control Data Collection Survey	44
SKIN INFECTION CONTROL DATA	45
APPENDIX VII	46
University of Portland Sharps Injury Log	46

Review and Approval

This University of Portland Blood Borne Pathogen and Communicable Disease Reporting, Prevention and Exposure Plan is hereby approved and effective as of this date.

University Officer
Signature

Printed Name

Title

Date

The following individuals have reviewed this document in draft form and their comments and concerns have been taken into account when developing the University of Portland's Bloodborne Pathogen Exposure Control Plan.

Director of Physical Plant
Director of Public Safety
Director of Residence Life
Director of Health and Counseling Center
Athletic Department Head Trainer
Director of Intramurals / Recreational Services
Director of University Events
University of Portland – Dean of School of Nursing
Vice President of Student Affairs

Section One

1 Introduction

1.1 Purpose

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM's) as defined in section 3 – Definitions.

1.2 Scope

The scope of the procedures and requirements in the exposure control plan apply to employees who have occupational exposures because they perform tasks where they may have reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM's. This is in accordance with OSHA standards and 29 CFR 1910.1030.

Section Two

2 Exposure Determination:

The University has made the following exposure determinations without regard to the use of personal protective equipment.

2.1 High Probability

The University has determined that all employees in the following job classifications have anticipated occupational exposures:

- Public Safety Officers
- Physical Plant Housekeeping and Events Staff
- Environmental Health and Safety Officer, Chemical Hygiene Officer
- Health and Counseling Center Services Staff
- Athletics Department Athletic Trainers, Athletic Training Room Assistants, Equipment Laundry Manager
- Athletics Intramurals, Recreation and Life Guards – Howard Hall Staff
- Physical Plant Mechanics
- Academic Research faculty directly involved with potentially infectious material

2.2 Low Probability

The University has determined that some employees in the following job classifications perform tasks and procedures with anticipated occupational exposures:

- Residence Hall staff
- Athletics Department Coaches and Assistant Coaches
- Nursing Faculty

2.3 Minimal if Any Probability: Awareness Training

- Teaching Assistants [i.e. Nursing, Biology, Physiology, Anatomy] Student Employees.
- Swindells Hall Science Staff and Faculty

Section Three

3 Definitions

Blood means human blood, human blood components, and products made from human blood.

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry, which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the blood borne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, and other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Hand washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person who's legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM) means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work-clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

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

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Section Four

4 Program Responsibilities

4.1 Supervisors

Department supervisors shall be responsible for ensuring that their employees comply with the control plan requirements and procedures.

4.2 Equipment

Each department supervisor is responsible for providing all necessary supplies such as personal protective equipment, decontamination supplies, sharps containers, waste disposal bags etc. Most of these supplies are available in certain areas. If supplies are missing and immediately required, contact the Public Safety Department.

4.3 Role of the Environmental Health and Safety Officer

4.3.1 Training

The Environmental Health and Safety Officer is responsible for providing the required employee training. The EH&S Officer is required by OSHA regulations 29 CFR 1910.1030 to ensure all staff with occupational exposures are trained annually and updates on any new regulations concerning blood borne pathogen training and cleanup. A log of employees who have completed training will be kept by the EH&S Officer and copies given to all supervisors and/ or department heads.

4.3.2 Training HBV Declination Form

The Environmental Health and Safety Officer is responsible for ensuring that all employees who complete training and have anticipated occupational exposures are offered the Hepatitis B vaccine series, at no cost to the employee. The Environmental Health and Safety Officer and/or the supervisor and /or department head will retain a copy of they HBV certificate of completion of vaccination or employee waiver of HBV vaccine for duration of the persons employment.

4.3.3 Training Records

The Environmental Health and Safety Officer will maintain records of all exposure reports and a copy will be kept in the personnel file of the exposed person for 40 years for the purpose of documenting workplace exposures to biohazardous substances. This report is to be made available upon request to the exposed person by the supervisor, department head or the EH&S Officer.

4.4 Disposal

The Public Safety Department is responsible for arranging contracts for the disposal of bio hazardous wastes and that full and complete cleanup has occurred, however not responsible for the direct cleanup. See **Section 15** for cleaning specifics.

Section Five

5 Methods of Compliance

5.1 Universal Precautions

Universal precautions will be observed by all employees in order to reduce the risk of exposure to blood or OPIM's. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

5.2 Engineering and Work Practice Controls

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees working at the University of Portland.

5.2.1 Hygiene

Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).

5.2.2 Hand Washing

Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.

5.2.3 Hand Washing Facilities

Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work. Because most buildings are public access, they will have available hand washing facilities in public restrooms and custodial / janitorial closets. (If hand-washing facilities are not available, the responsible department (one associated with the individual employee) 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 water as soon as feasible.)

5.3 Sharps Disposal

Employees who encounter improperly disposed needles shall immediately notify Public Safety or the EH&S of the location of the needle(s). Needles shall be disposed in labeled sharps containers. If sharps containers are not available, Public Safety or the EH&S Officer will pick up and dispose of needles in appropriate, labeled sharps container.

5.3.1 Disposal Procedure

Improperly disposed needles or other sharps will not be bent, recapped, or moved except as noted below:

- Needles may be recapped only by using a mechanical device
- Needles may be moved only by using a mechanical device or tool (forceps, pliers, broom and dust pan)

- Breaking or shearing of needles is prohibited.

5.4 General Hygiene Rules

No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.

No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Section Six

6 Personal Protective Equipment (PPE)

6.1 PPE

Where occupational exposure remains after institution of engineering and work practice controls, appropriate personal protective equipment shall also be utilized.

6.2 PPE Responsibility

Departments will provide, at no cost to employees, appropriate personal protective equipment such as but not limited to, gloves, eye protection, face shields, masks, mouthpieces, lab coats, gowns and aprons.

6.3 Choice

All personal protective equipment will be selected based on the employee's anticipated exposure to blood or other potentially infectious materials during the course of the employee's assigned responsibilities.

6.4 Requirements

The personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

6.5 Availability

The department must ensure that appropriate personal protective equipment, in appropriate sizes, is available within the building and accessible to affected employees. Hypoallergenic or non-latex gloves or similar alternatives shall be readily accessible to those employees who are allergic to gloves normally provided.

6.6 Employee Responsibility

Employees must:

- Utilize personal protective equipment in occupational exposure situations.
- Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to blood borne pathogens.
- Remove all personal protective equipment before leaving the work area.
- Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

6.7 Employer Responsibility

The University must:

- Clean, launder or dispose of contaminated personal protective equipment at no cost to the employee.
- Repair or replace all personal protective equipment to ensure its effectiveness at no cost to the employee.

Section Seven

7 Housekeeping

7.1 General Requirements

The University shall ensure that the employee's workplace is maintained in a clean and sanitary condition and shall implement an appropriate written schedule for cleaning and decontamination based on the types of surfaces to be cleaned and the tasks or procedures performed in the area. Scheduled cleaning requirements shall be maintained by the Physical Plant Housekeeping foreman, Athletic Training Room Lead Trainer, Intermural Recreation Services Director, and Health and Counseling Center Staff for their respective areas.

7.2 Decontamination

Decontamination will be accomplished by utilizing one of the following types of materials:

- .5% (minimum) solution of chlorine bleach (10 to 1 dilution of household bleach)
- "Pine Q" Disinfectant /Cleaner
- Lysol or other EPA-registered disinfectants

7.3 Decontamination and Sterilization

All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.

Equipment, contaminated with blood or other potentially infectious materials, will be examined and decontaminated before servicing or use.

Broken glassware will not be picked up directly with the hands. For safe disposal sweep or brush broken glassware items into a dustpan. Only handle or pick up broken glassware using tongs or forceps.

For Exact responsibilities with regards to biohazard cleanup, see **SECTION 15**.

Section Eight

8 Regulated Waste

8.1 Sharps Disposal Containers

Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available through the Public Safety Department.

Sharps containers shall be easily accessible to applicable employees, maintained upright and replaced when necessary when they are 2/3 filled and shall not be allowed to overfill.

Any employee or student at the University of Portland requiring a sharps container for safe means of disposal shall contact the Public Safety office to request a sharps container at no cost to them selves. Additionally, there is no cost for disposal of sharps containers through the Public Safety office.

8.2 Transportation

When moving sharps containers from the area of use, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

8.3 Secondary Containers

Secondary containers, that are closable, constructed to prevent leakage and appropriately labeled, shall be used if leakage is possible from the primary container.

8.3.1 Reusable Containers

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of injury.

8.4 Other Regulated Wastes

8.4.1 Approved Bins

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

8.4.2 Labeling

Containers of regulated waste must be labeled with the appropriate identification and hazard warnings before they are to be used.

8.4.3 Bio Hazard Bags

If a department or person requires a biohazard bag, labels and sharps containers, they are available from the Public Safety Department or by calling 503-943-7161.

8.4.4 Proper Disposal

Proper disposal of biohazardous waste shall be coordinated by the Environmental Health and Safety Officer and with Public Safety Department through an outside vendor.

8.5 Weight Restrictions

Weight of bio hazardous material shall not exceed 49lbs. in any single transport container.

Section Nine

9 Laundry Procedures

9.1 Contaminated Laundry

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Universal precautions should be taken when handling any contaminated clothing.

9.2 Athletics Laundry

Laundry generated by Athletics or Student Recreation facilities will be handled by the designated Equipment / Laundry Manager.

All contaminated athletic equipment or uniforms shall be completely laundered and decontaminated before being placed back into service.

Segregated laundry hampers may be made available to reduce the spread of contaminated laundry.

9.3 Disposal

Fully saturated or contaminated laundry with blood will be placed in biohazard bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

9.4 Personal Washing

Employees are not to take contaminated clothing home for personal washing.

Section Ten

10 Epidemiology of Bloodborne Illnesses

10.1 Hepatitis B Virus

Hepatitis is an inflammation of the liver that can lead to liver damage and/or death. The CDC estimates 800 healthcare workers became infected with HBV in 1995. This figure represents a 95% decline in new infections from the 1983 figures. The decline is largely due to the immunization of workers with the Hepatitis B vaccine, and compliance with other provisions of OSHA's Bloodborne Pathogens Standard.

10.1.1 Potential Hazard

Exposure to potentially fatal bloodborne illnesses such as Hepatitis B Virus (HBV)

- Hepatitis is much more transmissible than HIV.
- Risk of infection from a single needlestick is 6%-30% (CDC, 1997).
- 50% of the people with HBV infection are unaware that they have the virus.
- The CDC states that HBV can survive for at least one week in dried blood on environmental surfaces or contaminated needles and instruments.

10.1.2 Possible Solutions

Employers must offer to all employees who have occupational exposure to blood or OPIM, under the supervision of a licensed physician the Hepatitis B vaccination [29 CFR 1910.1030(f)(2)]:

Healthcare workers who have ongoing contact with patients or blood and are at ongoing risk for injuries with sharp instruments or needlesticks must be offered testing for antibody to hepatitis B surface antigen one to two months after the completion of the three-dose vaccination series.

Employees who do not respond to the primary vaccination series must be offered a second three-dose vaccine series and retesting. Non-responders must be offered medical evaluation [29 CFR 1910.1030(f)(1)(ii)(D)].

Following a report of an exposure incident the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up [29 CFR 1910.1030(f)(3)].

If a worker is exposed to HBV, timely post-exposure follow-up with Hepatitis B immune globulin and initiation of Hepatitis B vaccine which must be offered [29 CFR 1910.1030(f)(1)(ii)(D)], are more than 90% effective in preventing HBV infection.

- A healthcare professional's written opinion is required after an exposure incident [29 CFR 1910.1030(f)(5)].
- The updated standard also requires employers to maintain a log of injuries from contaminated sharps [29 CFR 1910.1030(h)].

10.2 Hepatitis B Vaccination

10.2.1 Hepatitis B Vaccine Availability:

The Hepatitis B vaccination shall be made available at no cost to the employee after the employee has received the required training and within 10 working days of initial assignment.

10.2.2 Vaccine Declination

The Hepatitis B vaccination shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Employees that receive the Hepatitis B vaccination are required to sign a declaration statement notifying the employer they have received the vaccine (See Appendix I – bottom section for Declaration Form).

10.2.3 Initial Decline

If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available at no cost.

10.2.4 Waiver

All employees who decline the Hepatitis B vaccination shall sign the required waiver indicating their initial refusal. (See Appendix I for Declination Form) (See Appendix IV for HBV vaccination tracking form)

10.2.5 Booster Shot

If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

10.3 Human Immunodeficiency Virus (HIV)

HIV infection has been reported following occupational exposures to HIV-infected blood through needle sticks or cuts; splashes in the eyes, nose, or mouth; and skin contact. Most often, however, infection occurs from needle stick injury or cuts.

10.3.1 Potential Hazard Exposure to the potentially fatal bloodborne HIV.

- Risk of HIV infection after needle stick is 1 in 3000 or 0.3%.
- The CDC documented 55 cases and 136 possible cases of occupational HIV transmission to US healthcare workers between 1985 and 1999.

10.3.2 Possible Solutions

Under certain circumstances post-exposure prophylaxis for HIV must be provided to healthcare workers who have an exposure incident, as defined in 29 CFR 1910.1030(b).

- Limited data suggests that such prophylaxis may considerably reduce the chance of becoming infected with HIV. However, the drugs used for prophylaxis have many adverse side effects.
- No vaccine currently exists to prevent HIV infection, and no treatment exists to cure it.

- Employees who have an incident must be offered a confidential medical evaluation and follow-up [29 CFR 1910.1030(f)(3)].
- A healthcare professional's written opinion is required after an exposure incident [29 CFR 1910.1030(f)(5)(ii)].
- The following non-mandatory sample form is available: Written Opinion for Post-Exposure Evaluation.
- The updated standard also requires employers to maintain a log of injuries from contaminated sharps [29 CFR 1910.1030(h)(5)].

10.3.3 Additional Information:

- Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis. Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR) 50(RR11); 1-42, (2001, June 29). Provides the latest CDC recommendations.
- Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard. OSHA Directive CPL 02-02-069 [CPL 2-2.69], (2001, November 27).

10.4 Hepatitis C Virus (HCV)

HCV infection is the most common chronic bloodborne infection in the United States, affecting approximately 4 million people. Hepatitis C infection is caused most commonly by needle stick injuries. HCV infection often occurs with no symptoms, but chronic infection develops in 75% to 85% of patients, with 70% developing active liver disease (CDC 1998).

10.4.1 Potential Hazard to Hepatitis C Virus (HCV), which is:

- A major cause of chronic liver disease.
- The leading reason for liver transplants in the United States in 1997 (CDC).

10.4.2 Possible Solutions

- Employees who have an exposure incident shall be offered a confidential medical evaluation and follow-up [29 CFR 1910.1030(f)(3)].
- A healthcare professional's written opinion is required after an exposure incident [29 CFR 1910.1030(f)(5)].
- No vaccine is available for hepatitis C. Immunoglobulin or antiviral therapy is not recommended and no effective post-exposure prophylaxis is known at this time (CDC 1998).

10.4.3 Additional Information:

- Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease. Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR) 47(RR19);1-39, (1998, October 16).
- Hepatitis C: What Clinicians and other Health Professionals Need to Know. Centers for Disease Control and Prevention (CDC), (2001).
- Viral Hepatitis C. Centers for Disease Control and Prevention (CDC) site for Hepatitis C.
- Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis.

Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR) 50(RR11);1-42, (2001, June 29). Provides the latest CDC recommendations.

- Issues in Healthcare Settings: Bloodborne Pathogens. Centers for Disease Control and Prevention (CDC), Division of Healthcare Quality Promotion, (2001).
- Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard. OSHA Directive CPL 02-02-069 [CPL 2-2.69], (2001, November 27).

Section Eleven

11 Training Requirements

11.1 Annual Training of Employees

All employees with occupational exposure (see classifications listed in the exposure determination section of this plan 2.1 and 2.2) shall participate in the University of Portland's annual Blood borne Pathogens Training program. Training will be conducted by the EHS Officer or another qualified person.

11.2 Cost of Training

The training shall be provided at no cost to the employees and during working hours.

11.3 Before Assignment

Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter.

11.4 Additional Training

Additional training will be provided when changes such as modification of tasks or procedures may affect the employee's occupational exposure. The additional training will address the changes to the employee's job tasks and the new exposures created.

11.5 Employee Participation

Any employee who is exposed to infectious materials shall participate in the training program, even if the employee received the HBV vaccine after exposure.

11.6 Training Program Elements

The training program will include at least the following elements:

- An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of blood borne diseases.
- An explanation of the modes of transmission of blood borne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.

Section Twelve

12 Employee Exposure, Post-Exposure Evaluation, and Follow-up

12.1 Exposure Reporting

All exposure incidents (as defined in Definition - Section 3 of this plan), shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor. An online form for reporting injuries is available on the University of Portland's Human Resources webpage: www.up.edu/hr under Forms tab, listed as "Report of Injury Form."

Employees will also be required to complete an 801Form, available through Human Resources, and complete a incident investigation regarding the exposure.

The affected employee must contact the Health and Counseling Center or Department of Public Safety to obtain an exposure report form (See Appendix II Exposure Report Form).

12.2 Blood Testing Requests and Process

12.2.1 For Health and Counseling Center Employees:

Following an incident involving a needle stick any employee may request a blood draw from the Health and Counseling Center. If the source of the needle stick is known, they may be requested to have a blood draw from the Health and Counseling Center to rule out potential infection. As this is considered a work place injury, employees shall contact their Supervisor and notify Human Resources (HR) via the online reporting form for injuries.

12.2.2 Non-Health Center Employees:

All University Employees shall request a blood draw from their preferred medical provider. If the source is known, shall be requested to have a blood draw. As this is considered a work place injury, employees shall contact their Supervisor and notify HR via the online reporting form for injuries.

12.3 Evaluation

Following a report of an exposure incident, the exposed employee shall go to their personal physician for a confidential medical evaluation and follow-up, including at least the following elements, of which shall be listed as a "Work Place Injury":

- Documentation of the route(s) of exposure.
- A description of the circumstances under which the exposure occurred.
- The identification and documentation of the source individual. (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
- The collection and testing of the source individual's blood for HBV and HIV serological status.
- Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.

- Counseling is offered to the affected employee(s).
- Evaluation of any reported illness.

Employees shall incur no out of pocket expenses for work place injuries.

12.4 Healthcare Profession Requirements

The Healthcare professional evaluating an employee will be provided with the following information:

- A copy of this plan.
- A copy of the OSHA Blood borne Pathogen regulations (29 CFR 1910.1030) (See **Appendix IV**)
- Documentation of the route(s) of exposure.
- A description of the circumstances under which the exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records applicable to treatment of the employee, including vaccination status.

12.5 Written Opinion

The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

12.6 Opinion Requirements

The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following:

- whether the employee needs Hepatitis B vaccination
- whether the employee has received such a vaccination.

12.7 Opinion Limitations

The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

- That the employee was informed of the results of the evaluation.
- That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

12.8 Confidentiality

All other findings or diagnoses will remain confidential and will not be in a written report.

12.9 Licensed Physician

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.

12.10 Lab Testing

All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with current policy and guidelines.

12.11 Additional Information:

- Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis. Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR) 50(RR11);1-42, (2001, June 29). Provides the latest CDC recommendations.
- Issues in Healthcare Settings: Bloodborne Pathogens. Centers for Disease Control and Prevention (CDC), Division of Healthcare Quality Promotion, (2001).
- Viral Hepatitis. Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, & TB Prevention .
- Immunization of Health Care workers. Centers for Disease Control and Prevention (CDC), Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), (1997, December 26), 46(RR-18);1-42.
- Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard. OSHA Directive CPL 02-02-069 [CPL 2-2.69], (2001, November 27).
- Bloodborne Pathogens and Acute Care Facilities. OSHA Document 3128, (1992).

12.12 Sharps Injury Log

All incidents involving needle sticks will be recorded into the Sharps Injury Log and kept with Human Resources. An example of the Sharps Injury Log are located in Appendix

Section Thirteen

13 Record Keeping Requirements

13.1 Medical Records

Recordkeeping issues with regards to persons that are exposed will be entered as 'Privacy Cases' rather than the employee's name, and a list shall be kept separate with the case number and corresponding names.

13.1.1 Maintaining Records

The University shall maintain medical records for each employee with occupational exposure for 40 years. This record shall include the following:

The name and social security number of the employee

- A copy of the employee's Hepatitis B vaccination status including the dates of vaccinations.
- A copy of all results of examinations, medical testing, and follow-up procedures, copies of information provided to the healthcare professional and the employer's copy of the healthcare professional's written opinion.

13.1.2 Confidentiality

The University shall ensure that these records are kept confidential and not disclosed or reported to any person within or outside the workplace, except as required by law, without the written consent of the employee.

13.1.2.1 Email notification or telephone dissemination of a communicable disease shall not disclose the name of a patient and make all attempts to protect the identity of the individual(s) involved.

13.2 Training Records

13.2.1 Records Requirement

Training records shall include the following:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

13.2.2 Maintaining Records

Training records shall be maintained for 3 years from the date on which the training occurred. (See Appendix II)

Section Fourteen

14 Labeling and Marking System

14.1 Proper Labeling

Warning labels need to be affixed 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.



14.2 Labels and Bags

These labels are fluorescent orange, red, or orange-red, and they are available from EHS. Bags used to dispose of regulated waste must be red or orange red, and they, too, must have the biohazard symbol readily visible upon them. Regulated waste should be double-bagged to guard against the possibility of leakage if the first bag is punctured.

14.3 Proper Disposal

All regulated waste must be disposed in properly labeled containers or red biohazard bags. These must be disposed at an approved facility. Most departments or facilities that generate regulated waste will have some sort of contract with an outside disposal company that will pick up their waste and take it to an approved incineration/disposal facility.

14.4 Non-regulated Waste Disposal

Non-regulated waste (i.e. does not fit the definition of regulated waste provided above) that is not generated by a medical facility such as the Health and Counseling Center, or human health-related research laboratory may be disposed in regular plastic trash bags if it has been decontaminated or autoclaved prior to disposal.

14.5 Handling Waste

No employee will remove bags containing any form of blood (human or animal), vials containing blood, bloody towels, rags, biohazardous waste, etc. from laboratories unless the bag has one of these labels on it. Employees are to be given very strict instructions not to handle any non-regulated waste unless it has been properly marked and labeled (including signature) or in a designated biohazard bag, labeled sharps container, or other such labeled container.

Section Fifteen

15 Cleanup Responsibilities

15.1 Academic Buildings

For all University of Portland Academic and Administrative Buildings, biohazard cleanup responsibilities are that of the Physical Plant Housekeeping Staff. However, if an emergency is in progress, defer to Public Safety Officers.

15.2 Public Safety Officers

Public Safety Officers are responsible for responding to medical emergency calls and will then handle the cleanup and disposal of biohazard waste, unless time or manpower restrictions do not allow for such cleanup, then defer to Physical Plant Housekeeping.

15.3 Residence Life Staff

For incidents involving biohazard spills in residence halls, Hall Staff will normally contain and cleanup small-scale biohazard waste incidents. Collected biohazard waste is to be disposed of through Public Safety. In situations where a biohazard requires further cleanup, or is outside of the scope or ability of the Hall Staff, Residence Life shall then notify Physical Plant for additional assistance. For incidents that occur after hours, Residence Life will contact Public Safety to contact the Physical Plant On-Call Housekeeper.

15.4 Responsible Party

Where in such cases Residence Life finds the offender of the biohazard spill, the offender is responsible for the cleanup of such biohazard. All appropriate means will be taken to cleanup any such waste. Where the amount and/ or location of a biohazardous waste requires more thorough cleaning, Physical Plant housekeeping will be responsible (see Residence Life Handbook and Manual for further information).

15.5 Athletics Facilities – Athletic Trainers

During events with athletes in any sports complex or practice area where student athletes are involved, it is the responsibility of athletic trainers and or coaching staff to ensure any biohazard waste is cleaned up accordingly. A disposal receptacle is located in the training room of the Chiles Center.

15.6 Athletics Facilities Cleanup

Biohazard waste in athletic stadiums and facilities is the responsibility of Athletics / Events Housekeeping staff for cleanup.

15.7 Needle and Waste Disposal

If needles or other sharp implements are found, contact the Public Safety Department. If sharps containers are not available at the site location, Public Safety will supply them. In all cases where biohazardous material is present, proper disposal is required. All departments are required to contact Public Safety for biohazard disposal.

Section Sixteen

16 Methicillin-resistant staphylococcus aureus (MRSA) Reporting and Prevention

16.1 What is MRSA?

Staphylococcus aureus, often referred to as “**staph**”, is a common type of bacteria that can live harmlessly on the skin or in the nose of 25 to 35 percent of healthy people (this is often referred to as being “colonized” with the germ). Occasionally, staph can cause an infection. Staph bacteria are one of the most common causes of skin infection in the United States, but most of these infections are minor, such as pimples or boils. Most of these infections can be treated without antibiotics, however, some staph infections can cause serious infections, such pneumonia, bloodstream, bone, and joint infections, and surgical wound infections. In the past, most serious staph bacterial infections were treated with a certain type of antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics. These resistant bacteria are called **methicillin-resistant staphylococcus aureus (MRSA)**. According to the Centers for Disease Control (CDC) 1% of the population is colonized with MRSA. MRSA is one type of skin infection among several that are of concern in competitive sports.

16.1.1 MRSA infections

In the community, most MRSA infections are skin infections that may appear as pimples or boils, which often are red, swollen, painful, or have pus or other drainage. These skin infections commonly occur at sites of visible skin trauma, such as cuts and abrasions, and areas of the body covered by hair (e.g., back of neck, groin, buttock, armpit, beard area of men). Almost all MRSA skin infections can be effectively treated by drainage of pus with or without antibiotics. Serious infections, such as pneumonia, bloodstream infections, or bone infections, are very rare in healthy people who get MRSA skin infections.

16.1.2 How is MRSA spread?

MRSA is usually transmitted by direct skin-to-skin contact or contact with shared items or surfaces that have come into contact with someone else's infection (e.g., towels, used bandages). Some settings have factors that make it easier for MRSA to be transmitted. These factors, referred to as the 5 C's, are as follows:

- Crowding, frequent skin-to-skin
- Contact,
- Compromised skin (i.e., cuts or abrasions),
- Contaminated items and surfaces,
- Cleanliness (lack of).

16.1.3 Prevention

Prevention of infection:

- Practicing good hygiene (e.g., keeping your hands clean by washing with soap and water or using an alcohol-based hand sanitizer and showering immediately after participating in exercise);

- Taking a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap) following all activities (e.g. strength & conditioning sessions, practices, and competitions).
- Covering skin trauma such as abrasions or cuts with a clean dry bandage until healed;
- Avoiding sharing personal items (e.g., towels, razors) that come into contact with your bare skin;
- Using a barrier (e.g., clothing or a towel) between your skin and shared equipment such as weight-training benches;
- Maintaining a clean environment by establishing cleaning procedures for frequently touched surfaces and surfaces that come into direct contact with people's skin.
- Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs or saunas if you have an open wound;
- Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to an Athletic Training staff member, Team Physician, or Health and Counseling Center staff.

16.2 Reporting and Action Protocols

16.2.1 Triggers for Reporting Suspected or confirmed case of a MRSA skin infection

Students are encouraged to notify the University Health and Counseling Center or Athletic Trainer as soon as possible if they suspect to have a skin infection or abscess. Even if the student has been treated elsewhere, they are asked to report it.

Health and Counseling Center and Athletic Training staff will assess the wound and review infection control strategies. If the abscess skin infection is of concern, the Health Center or Athletic Trainer will initiate the reporting procedure and will address protective measures for the student, their roommates, teammates, residence and campus community.

The reporting entity will do an initial investigation by having the student complete an informational questionnaire designed to identify potential areas of campus that may have contact with the student's infected area and could pose a hazard to the broader campus community (Appendix VI). The initial reporting entity will notify the Environmental Health and Safety Officer of available lab testing and questionnaire results. EH&S will assess questionnaire report and identify strategies for coordinating cleaning operations within campus buildings with appropriate departments. EH&S will contact the Physical Plant Director and Assistant Director to develop a cleaning strategy for the location(s) noted by the student.

To protect privacy of the student(s), only cleaning locations will be discussed with the Physical Plant.

EH&S will maintain questionnaire reports of all incidents for a minimum of 7 years.

16.2.2 Cleaning Actions

- Cleaning will start at the time of the culturing of the abscess, due to the potential 48-72 hour turnaround time on cultured results.
- Physical Plant will conduct additional cleaning of the targeted public areas prior to receiving notification of cultured results, and again within 48-72 hours of the initial cleaning.
- Notification to Recreation Services or Athletics will only occur if their services or areas are affected.

- Cleaning of the student residence is the shared responsibility in which the University provides oversight and direction. The University shall supply the necessary cleaning supplies, directions, and under special circumstances, assistance in cleaning student rooms.
 - Necessary cleaning supplies may be available in each residence hall for student usage, including directions for cleaning, and Material Safety Data Sheets for all cleaning chemicals.
 - Cleaning Kits shall be supplied and stocked by Physical Plant and distributed to Residence Life.
 - Residence Life staff have the responsibility to request additional cleaning supplies.
- Student confidentiality shall be adhered to at all times. Students with an infection are encouraged to communicate the necessary cleaning regiment to roommate(s) to prevent the spread of the communicable disease.

16.2.3 Athletic Facilities Cleaning Responsibility:

In order to maintain proper sanitary conditions within the University of Portland athletic facilities and to prevent the outbreak of Methicillin-resistant Staphylococcus aureus (MRSA) and other harmful infections, the following procedures will be in place. ***The individual(s) responsible for cleaning and disinfecting the area will adhere to Universal Precautions at all times***

Treatment / Taping Tables, Weight Room / Rehabilitation Equipment, Countertops, Stools, etc.

- Treatment tables, taping tables, weight room / rehabilitation equipment, countertops, stools, etc. must be cleaned everyday and/or following a possible contamination using Mueller Whizzer Cleaner Disinfectant Deodorizer Virucide, Fungicide, Mildestat Deorderizer, ***or other appropriate cleaner. (1:10 diluted bleach solution can be used to clean hard surfaces only)***
- Clean / Disinfect tables, equipment, countertops, stools, etc. in the following manner:
- Spray the Mueller Whizzer cleaner on the surface to be cleaned;
- Wipe down the surface with a towel

Towels

- Cloth towels should only be used on a single patient and should be laundered following every use.
- Disposable towels should be used whenever feasible on the field/court and should be disposed of after a single use.

Hydrocollator Packs / Covers

- Clothing or a cloth or disposable towel should be placed between the patient and the hydrocollator pack/cover if an open wound exists
- Hydrocollator covers should be laundered every week and/or following a possible contamination.

Soft Goods

- Soft goods (*e.g. neoprene braces / sleeves, knee / elbow / forearm / shin pads, splints, lace-up ankle braces, shoulder harnesses, walking boot liners, cast shoes, back braces, etc.*) should be laundered upon return to the athletic training facility BEFORE being returned to inventory and/or administered to another student-athlete.

Whirlpools

- Whirlpools shall be cleaned on a regular, or as needed following every possible contamination;

- Whirlpools are not to be used by student-athletes with open or draining wounds
- Student-Athletes must shower before entering whirlpools

16.2.4 Athletic Department Notification Responsibilities:

- Refer all suspected Staph/MRSA infections to the UP Health and Counseling Center for evaluation and culture. If the Health and Counseling Center is unavailable, Team Physician, Urgent Care Centers, and Local Hospitals can be utilized. The UP Health and Counseling Center needs to be notified regardless if they were involved in the diagnosis or not.
- The following individuals or departments need to be notified when a suspected Staph infection has occurred: Athletic Director, Head Athletic Trainer, Public Safety, Health and Counseling Center, Laundry/equipment manager, Sport Administrator, Individual team Sport Coach, Strength and Conditioning Staff, and .
- Anti-biotic of physician's choice will be prescribed until the results of the culture are known. Once the results of the culture are returned, the appropriate anti-biotic will be prescribed.

16.3 Treatment and Monitoring

16.3.1 Treatment

- Cover the wound. Keep wounds that are draining or have pus covered with clean, dry bandages until healed. Follow recommended healthcare provider's instructions on proper care of the wound. Fluid from infected wounds can contain staph, including MRSA. Keeping the infection covered will help prevent the spread to others.
- The Health and Counseling Center can provide necessary Skin Infection Control Kits, including cleansers, dressing materials, etc. to the student with self-care and infection-control instructions.
- Disposal of bandages and tape can be discarded with the regular trash if they are first double-bagged in plastic.
- Clean hands frequently. You, your roommates, teammates, and others in close contact should wash their hands frequently with soap and water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
- Do not share personal items. Avoid sharing personal items, such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Use a dryer to dry clothes completely.
- Daily showers with Hibiclens can reduce the chance of transmission to others.
- Clean all potentially contaminated surfaces with an approved cleanser. Surfaces can include shower stalls, toilet seats, and counter tops.

16.3.2 MRSA Infection-Control Kits

The University Health Center has MRSA Infection-Control Kits available. Kits contain:

- Hibiclens, to use as a shower soap when a potential MRSA wound could be draining any discharge. Hibiclens should be used from the neck down, unless instructed otherwise.

- SaniZide surface cleanser to clean potentially contaminated surfaces. You may need to first wipe down or dry surfaces, either with disposable towels or wipes, spray, then wipe clean again. Potentially contaminated surfaces may include shower stalls and toilet seats, depending on the location of the infection.
- P.A.W.S. hand wipes, to use when facilities for hand-washing are not immediately available.
- Dressing supplies including gloves.

16.4 Education

16.4.1 Signage and educational awareness

Signage shall be placed in conspicuous locations in bathrooms and washrooms, and available from the Health and Counseling Center to educate campus constituents to the dangers of MRSA and means of prevention.

16.4.1.a

Athletics Trainers shall educate all student athletes on the importance of reporting and the process to which they shall report any suspect abscess.

16.4.1.b

Recreational Services shall ensure signage is in place and disinfectant spray is available to all visitors to their facilities and events. Recreational Services staff shall routinely clean equipment and require participants to clean equipment before and after use.

16.4.1.c

Residence Life staff will direct students with any concerns about an abscess or skin infection to the University Health and Counseling Center. Signage shall be placed in bathrooms of all residence halls noting basic hygiene safety and reporting functions.

16.4.1.d

Health and Counseling Center shall educate Peer Health Educators in the residence halls and assist in educational awareness of proper hygiene and arising medical concerns.

16.4.1.e

The University may conduct public health alerts in the event there is a communicable disease outbreak.

APPENDIX I

Hepatitis B Vaccine Declination (Next Page)



University of Portland Employee
Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(print name): _____

(employee's signature): _____

(employee's job classification): _____

(date): _____

Developed in accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030

APPENDIX II

Exposure Report Form (sample) Next Page

Release of Information for Employee Sustaining A Blood or Body Fluid Exposure

I, _____ am referred for evaluation and treatment of an occupational exposure to blood or body fluids of a patient. I realize that the cost of my evaluation and treatment for this incident will be borne by the University of Portland or agencies employed by them. I further allowed that the following information to be shared by my health-care provider to the University of Portland and appropriate infection control personnel:

- Whether HBV vaccination is indicated or been provided.
- A statement that, when appropriate, the risks and benefits of HIV prophylactic therapy were discussed with me, whether that therapy was offered, and whether I chose to use that therapy.
- A statement that I have been informed of the results of the health-care evaluation and of the medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

Signature _____ Date _____

Witness _____ Date _____

Pertinent Employee Health Information

Hepatitis B Vaccination Series: _____

Hepatitis B Titers: _____

Last Tetanus Vaccination: _____

Other Pertinent Medical Information: _____

Last Updated: _____

Signature _____ UP ID# _____ Date _____

Description of Exposure Incident

Route and time of Exposure: _____

Source Individual (if appropriate):

Source Individual Pending Tests: _____

Description of Incident:

Signature

Date

APPENDIX III

Bloodborne Pathogens – Exposure Incident Report (School of Nursing) Next Page

SCHOOL OF NURSING

APPENDIX G: BLOODBORNE PATHOGENS - EXPOSURE INCIDENT REPORT

Instructions: This form shall be completed by the clinical faculty member and student and signed by both parties on the day of the incident. The student must have an immediate medical evaluation and follow-up or initial the waiver section. If you are in the first or second trimester of pregnancy, the Oregon state law allows you to require mandatory testing of the source. The lead instructor must be notified immediately by the clinical faculty.

Name _____	I.D. No. _____
------------	----------------

I. Date of Occupational Exposure Incident: ____/____/____

II. Incident: _____

III. Action:

- Referred to University Health and Counseling Center
- Received follow-up per Clinical Agency protocol
- Referred to own health care provider
- Student declines follow-up _____ (Student initials here for decline)
- Lead Faculty notified (date and time) _____

Signed by:

Clinical Faculty Signature Date

Student Signature Date

Copies to be distributed to Lead Faculty, Student, Dean’s office, and Public Safety (Environmental Health and Safety).

APPENDIX IV



Bloodborne Pathogen Exposure Control Plan Employee Training From

Name	Job Title/ Department	Received the Declination Form

Department: _____ Trainer _____
Supervisor: _____
Date: _____

APPENDIX V

OSHA's Bloodborne Pathogen Standard: Training Requirements 29 CFR 1910.1030

Taken directly from the OSHA web page 29 CFR **1910.1030(g)(2)**, July 14, 2004:

1910.1030 – Blood borne Pathogens
Standard Number: 1910.1030
Standard Title: Blood borne Pathogens
Subpart Number: Z
Subpart Title: Toxic and Hazardous Substances

Information and Training.

1910.1030(g)(2)(i)

Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

1910.1030(g)(2)(ii)

Training shall be provided as follows:

1910.1030(g)(2)(ii)(A)

At the time of initial assignment to tasks where occupational exposure may take place;

1910.1030(g)(2)(ii)(B)

Within 90 days after the effective date of the standard; and

1910.1030(g)(2)(ii)(C)

At least annually thereafter.

1910.1030(g)(2)(iii)

For employees who have received training on blood borne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

1910.1030(g)(2)(iv)

Annual training for all employees shall be provided within one year of their previous training.

..1910.1030(g)(2)(v)

1910.1030(g)(2)(v)

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

1910.1030(g)(2)(vi)

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

1910.1030(g)(2)(vii)

The training program shall contain at a minimum the following elements:

1910.1030(g)(2)(vii)(A)

An accessible copy of the regulatory text of this standard and an explanation of its contents;

1910.1030(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of blood borne diseases;

1910.1030(g)(2)(vii)(C)

An explanation of the modes of transmission of blood borne pathogens;

1910.1030(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

1910.1030(g)(2)(vii)(E)

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

..1910.1030(g)(2)(vii)(F)

1910.1030(g)(2)(vii)(F)

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

1910.1030(g)(2)(vii)(G)

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

1910.1030(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;

1910.1030(g)(2)(vii)(I)

Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

1910.1030(g)(2)(vii)(J)

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

1910.1030(g)(2)(vii)(K)

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

1910.1030(g)(2)(vii)(L)

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

..1910.1030(g)(2)(vii)(M)

1910.1030(g)(2)(vii)(M)

An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

1910.1030(g)(2)(vii)(N)

An opportunity for interactive questions and answers with the person conducting the training session.

1910.1030(g)(2)(viii)

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

1910.1030(g)(2)(ix)

Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

1910.1030(g)(2)(ix)(A)

The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

1910.1030(g)(2)(ix)(B)

The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

..1910.1030(g)(2)(ix)(C)

1910.1030(g)(2)(ix)(C)

The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

NOTE! This information was taken directly from the **OSHA** website. The date the information was taken is listed at the top. This page may not reflect updates or corrections published at a later date or printed in the Federal Register.

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

APPENDIX VI

UP Skin Infection Control Data Collection Survey (next page)

SKIN INFECTION CONTROL DATA

Date: _____ Reporting Department: (Health and Counseling Center / Training Room)

Please note: the following info will be shared with the UP Campus environmental safety officer. Student names will not be shared.

1. Location(s) on body of infection site(s): _____
2. Has there been drainage from the infection site? _____
3. Has the infection site been kept covered with a dressing? _____
4. Do you live on campus? If so, which dorm? _____
5. What on-campus bathroom and shower facilities do you use? _____
6. Are you a student athlete? If so, which team? _____
7. If an athlete, are the Athletic Training staff aware of the situation? (Yes / No)
8. Since this episode began, have you used Howard Hall/ Chiles Weight Room? (Yes / No)
9. Since this episode began, which campus dining halls have you used? (Check all that apply)
10. (Bauccio Commons, Pilot House, Cove, Anchor, Franz Hall Coffee Cart, Other: _____)
11. Are there other areas on campus that you have visited since this episode began?

12. _____

Are you taking all proper precautions to minimize the possibility of spread of infection, including:

- Obtaining an infection control kit from Health and Counseling Center or Athletics. (Yes / No)
- Keeping all wounds covered with a dry bandage or dressing at all times. (Yes / No)
- Washing hands frequently. (Yes / No)
- Disposing of all soiled dressings etc. properly with double bagging. (Yes / No)
- Not sharing personal items: (i.e. as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Washing sheets, towels, and clothes that become soiled with water and laundry detergent. Using a dryer to dry clothes completely).

- Cleaning all potentially contaminated surfaces with an approved cleanser. Surfaces can include shower stalls, toilet seats, and counter tops. (Yes / No)
- Taking daily showers with Hibiclens to reduce the chance of transmission to others. (Yes / No)

Have you discussed this situation with roommates/ teammates and other close contacts? (Yes / No)

Roommates and other contacts may contact the UP Health and Counseling Center or UP Public Safety Environmental Safety Officer if they have any questions about how to minimize chances of infection spread.

Do you have any questions about skin infections? _____

-----Official University of Portland Business-----

- Received by Environmental Health and Safety
- Requests for cleaning submitted to Physical Plant
- Follow-up from EH&S to initial reporting entity (Health and Counseling Center/ Training Room)
- Additional Actions Needed:

APPENDIX VII

University of Portland Sharps Injury Log

Year 2_____

Date	Case Report No.	Type of Device	Brand Name of Device	Work Area where injury Occurred	Brief Description of the incident

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 health care and other facilities and to identify devices or procedures requiring attention or review. This log and the injury-and-illness log required by 29 CFR 1904 must be retained by the employer. 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 affected employees