

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-B-01.2

SUBJECT: EXPOSURE CONTROL PLAN

POLICY: Blood and other infectious materials are a potential threat to the health of employees who are exposed to these materials. An exposure control plan incorporates a combination of engineering and work practice controls, personal protective equipment, staff education, medical surveillance, hepatitis B vaccination, signs and labels, to keep staff abreast of technological developments which will eliminate or minimize the risk of employee exposure to bloodborne pathogens.

REFERENCE: OAR 437, Division 2, Subdivision Z Toxic and Hazardous Substance, 1910.1030, "Bloodborne Pathogens."
OAR 437-002-1035
OAR 166-300-0010 through 166-300-0045
DOC Policy 20.6.7 "Bloodborne Pathogens"
29 CFR 1904
29 CFR 1910.1020

PROCEDURE:

- A. This exposure control plan does not replace but is meant to augment the DOC Policy 20.6.7 "Bloodborne Pathogens" to address specific issues of the Health Services Section.
- B. The Health Services Section will maintain a "Bloodborne Pathogen Safety Committee." Voting membership will be comprised of one health services (either medical or dental) non-managerial representative from each DOC facility. Representatives from Medical Stores, Training and Development, Risk Management, Counseling and Treatment Services, and Health Service Managers, will be considered non-voting members of the committee. A quorum shall consist of a minimum of four (4) voting members.
- C. The Health Services Medical Director and Department Safety/Risk Manager will consult on an as needed basis on issues of exposure control.
- D. The Health Services Medical Director with assistance from the Health Services Bloodborne Pathogen Safety Committee will review and if needed revise the Health Services Exposure Control Plan at least annually. Revisions will reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and documented consideration of appropriate commercially available and effective safety engineered medical devices designed to eliminate or minimize occupations exposure.

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- E. The Bloodborne Pathogen Safety Committee will solicit input from employees responsible for direct patient care who have the potential of exposure to a bloodborne pathogen. Input will be utilized to assist in the identification, evaluation, and selection of effective engineering and work practice controls to eliminate or minimize employee exposure to bloodborne pathogens.
 - 1. Engineering controls are those mechanical devices such as sharp disposal containers, sharps with engineered sharps injury protections, which isolate or remove the bloodborne pathogens hazards from the workplace.
 - 2. Work practice controls reduce the likelihood of exposure by altering the manner in which a task is performed.
- F. Training on the Health Services Section's Exposure Control Plan will occur upon initial employment and at least annually thereafter. The training program will contain, at a minimum, the components that are listed in the DOC Policy 20.6.7, Bloodborne Pathogens. The Health Services Training Specialist will maintain records for completion of bloodborne pathogen exposure prevention training.
- G. Prior to changes in work practice and engineering controls being implemented by DOC for use, they will first be presented to the Bloodborne Pathogen Safety Committee. The Bloodborne Pathogen Safety Committee will make comparisons to existing practices and products, review to assure that patient and/or employee safety is not jeopardized or medically compromised, and that the practice or product will make an exposure incident less likely to occur.
- H. Upon recommendation by the Bloodborne Pathogen Safety Committee, work practice and engineering controls will be forwarded to end-users for an evaluation period. As a component of the evaluation period, end-users will receive training in the use of the proposed work practice or engineering control product, and for engineering products will be asked to complete an engineering control evaluation form. Completed evaluation forms are to be returned to the designated person at each institution and forwarded to the Bloodborne Pathogen Safety Committee prior to announced meetings. The Bloodborne Pathogen Safety Committee will complete a review of the evaluations provided by the end-users and issue a recommendation.
- I. New work practice and engineering controls will not be implemented for routine use until the evaluation process has been completed and the Bloodborne Pathogen Safety Committee issues recommendations.
- J. Recommendations formulated by the Bloodborne Pathogen Safety Committee requiring new engineering controls will be forwarded to Medical Stores for implementation.
- K. Should Health Services Administration choose not to purchase and provide an engineering control device that has end-user support and Bloodborne Pathogen Safety Committee support, written justification for not doing so must be provided by Health Services Administration. Should Health Services purchase engineering control devices without an evaluation process or consent of end-

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- users and Bloodborne Pathogen Safety Committee, written justification for doing so must be provided by Health Services Administration. Any such justifications will be maintained as a component of the documentation maintained by the Bloodborne Pathogen Safety Committee.
- L. Minutes of the Bloodborne Pathogen Safety Committee will be maintained for all meetings and activities. Minutes will include documentation of efforts to solicit input from end-users as well as all documentation received in the evaluation period processes. Minutes of the meetings will be posted for review by all Health Service Staff on the network, universal drive on doc global, Health Services file, Bloodborne Pathogens folder.
- M. Should a Health Services staff member sustain a possible on the job exposure to a bloodborne pathogen, they will be advised to seek medical attention per DOC Policy 20.6.7. A copy of the Department of Corrections Policy 20.6.7 will be available upon request.
- N. A Sharps Injury Log will be maintained at each functional unit to record all percutaneous injuries from contaminated sharps. A department-wide sharps injury log will be maintained electronically on the network, universal drive on DOC global, Health Services file, Bloodborne Pathogens folder. The sharps injury logs shall serve as a tool for identifying high-risk areas and evaluating devices. At a minimum, the sharps injury logs shall contain information that will:
1. Identify the type and brand of device involved in the incident.
 2. Identify the location or work area where the exposure incident occurred.
 3. Describe how the incident occurred.
 4. Not identify the employee involved in the incident. Employee confidentiality shall be maintained at all times.
- O. The Health Services Manager at the institution where the sharps injury occurred will ensure that each sharps injury is investigated and action(s) taken to prevent reoccurrences.
- P. The sharps injury log will be maintained for five (5) years as required by OAR 437-002-1035. Hazard Exposure Records will be retained 30 years after employee separation. All other Records will be retained as per Oregon Administrative Rules, Secretary of State Archives Division.
- Q. As a standing agenda item, the Bloodborne Pathogen Safety Committee will review the Sharps Injury Logs for all functional units and the circumstances of all exposure incidents to determine:
1. What engineering controls were in use at the time of the exposure incident including a description of the device involved;
 2. If work practices were being followed including use of personal protective equipment;

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3. Location of the incident;
 4. Procedure being performed when the incident occurred;
 5. What safety and exposure training the employee has attended;
 6. During the review, the employee's name shall remain confidential and will not appear on any documents.
- R. Review of the Sharps Injury Logs will be utilized in assisting the Bloodborne Pathogens Safety Committee in determining improvements to work practice and engineering controls. Information from the review will also be shared with Health Service Managers and managers may be asked to respond to the Bloodborne Pathogens Safety Committee through the Chairperson regarding implementation of improvements to decrease the incidence of sharps injuries.
- S. Medical records for bloodborne pathogen exposure incidents that result in conversion to positive status are maintained by the ODOC personnel records department in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." No staff medical records shall be maintained in any other DOC location.
- T. Each DOC location will maintain the required information on all bloodborne pathogen exposure incidents to assure that OSHA's Record-keeping Requirements (29 CFR 1904) are met.
- U. The "Bloodborne Pathogen Safety Committee" will operate as directed by the by-laws attached to this policy and procedure.

Effective Date: _____

Revision date: February 2007

Supersedes P&P dated: December 2006

**Attachment 1
P&P P-B-01.2**

Institution	Where Are Scrubs Located for Health Services Staff Use?	How Are The Scrubs Accessed?	Facility's Plan for Laundering Staff Contaminated Clothing
CCCF	In the medium medication room	Access is provided through use of the clinic or infirmary key sets	Soiled clothing is bagged and laundered on site
CRCI	In the Med/Storage Room	All medical staff has a key to open the med/storage room door.	Laundering is done at the institution and returned to the employee. Clothing does not leave premises.
EOCI	In locked instrument cupboard in Rm. SD333.They are listed on count sheet. A sign-out sheet will be in the cupboard to fill out when scrubs are taken.	All nurses key rings have the key to the instrument cupboard (A63)	Employee clothing will be laundered by EOCI's laundry.
MCCF	In the locked closet in the exam room.	The main nurse's key ring has the appropriate key to gain access to the scrubs.	Clothing can be laundered in the institution laundry room. Showers are available in the old OCE farm office.
OSCI	In the Dental sterilization room.	The medium set nursing keys gain staff access to the scrubs.	Showers are available to staff in the multipurpose gym staff locker room.
OSP	In the Dental autoclave room.	All medical staff has a key to open the dental autoclave room door.	Scrubs are laundered by OSP laundry.
PRCF	In Medication Room #528 in lower left cupboard in Health Services.	Access to scrubs is through medical personnel only.	Orderly is called to take contaminated clothing to Unit 3 for laundering.
SCI	In the bottom drawer of the med cart.	The main nurse's key ring has the key to obtain access to the scrubs.	Clothing can be laundered in the physical plant. Showers are available in the physical plant office.

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SCCI	In the closet 191B on the top shelf	Come to the clinic area, open closet door 191B and remove scrubs from shelf	Contaminated clothing will be placed in water-soluble laundry bags and taken to the laundry facility located on the north side of the control building.
SFFC	Scrubs are stored in a drawer/cupboard in the clinic.	Medical staff have access to the specified area.	Laundering will be done by the institution.
SRCI	Scrubs are stored in the Medication Room.	All medical staff have access to the Medication Room.	Contaminated clothing will be laundered at the institution.
TRCI	In the Administration Building.	Access is obtained by calling the OIC.	Staff will bag their soiled clothing, put it in a yellow bag and then tag it with their name and Health Services. It will then be taken down to be laundered and returned the next day.
WCCF	In the Clinic storage room.	All medical staff has access to the storage room.	Contaminated clothing will be laundered at the institution.

12/7/06

Bloodborne Pathogen Safety Committee By-Laws

MISSION STATEMENT:

The Health Services Section will maintain a "Bloodborne Pathogen Safety Committee". The committee will be composed of non-managerial, end-user medical, dental, and CTS direct patient care staff and health service management representation. Other individuals such as the Health Services Training and Development Specialist, a representative from Medical Stores, and Risk Management will be invited to participate as members of the committee. (Policy and Procedure #P-B-01.2)

GOALS OF THE COMMITTEE:

- The BPSC members shall review the Health Services Exposure Control Plan annually and forward recommended revisions to the Health Services Medical Director for review. Revisions will reflect changes in technology that eliminate or reduce exposure to Bloodborne pathogens and occupational sharps injuries.
- The BPSC members will solicit input from employees who are responsible for direct patient care in order to identify, evaluate, and select effective engineering and work practice controls to eliminate or minimize employee exposure to Bloodborne pathogens and occupational sharps injuries.
- The BPSC members will review and select new safety products for trial in the institutions, provide training for the selected trial products at the institutional level, encourage the use of evaluation forms by the users, collect completed evaluation forms and return them to the BPSC. The BPSC will complete a review of the evaluations provided and issue a recommendation.
- The BPSC will review the Sharps Injury Log for all institutions in order to determine improvements needed for work practice and engineering controls. The Sharps Injury Log will be reviewed at each meeting and will be considered a standing agenda item.

MEMBERSHIP:

Voting membership will be comprised of one health services (either medical or dental) non-managerial representative from each DOC facility and one CTS representative. Representatives from Medical Stores, Training and Development, Risk Management, and Health Services managers will be considered non-voting members of the committee. A quorum shall consist of a minimum of four (4) voting members.

REPORTABILITY

This committee will report to the Health Services Consistency/Continuity and Infection Control committees to assure appropriate dissemination of information.

FREQUENCY OF MEETINGS:

The committee shall meet three times annually. The dates of the future meeting will be determined by the consensus of members at the prior meeting. The dates of the future meeting will be forwarded to all Health Services Managers and Nurse Managers by the BPSC Chairperson as soon as possible in order to arrange schedules to facilitate the attendance of BPSC members at the scheduled meetings.

ELECTION AND DUTIES OF OFFICERS:

There shall be a Chairperson, Vice-Chairperson, and Recording Secretary elected by the voting members every two years at the first meeting of the year. Nominations shall be accepted from the floor by any committee member and the officers shall be elected by a simple majority of voting members on a secret ballot, which shall be counted by two (2) non-voting committee members. The term of service for the officers is two years.

- The duties of the Chairperson shall consist of chairing the committee meetings, determining the agenda items and publishing them prior to the meetings, liaising as needed with Health Services Administration, and providing leadership for the committee.
- The duties of the Vice-Chairperson shall, in the absence of the Chairperson, consist of chairing the committee meetings, determining the agenda items and publishing them prior to the meetings, liaising as needed with Health Services Administration, and providing leadership for the committee. Other duties may be delegated to the Vice-Chairperson by the Chairperson as needed.
- The duties of the Recording Secretary shall consist of recording the minutes of the committee meetings, distributing minutes to all members (both voting and non-voting), and posting minutes in the BPSC folder on the U drive. This is to be done in a timely manner so that information is available to all interested parties as soon as possible.