



UNIVERSITY OF OREGON

Exposure Control Plan

ENVIRONMENTAL HEALTH & SAFETY

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I. Introduction

The following plan is intended to assist the University of Oregon (UO) in guiding compliance with the Oregon Occupational Safety and Health Administration's Oregon Administrative Rule (OAR) 437 Division 2 Subdivision Z: Toxic and Hazardous Substance: Bloodborne Pathogens, and its amendments. This document will serve as the written Exposure Control Plan for the University of Oregon.

In 1991, the Occupational Safety and Health Administration (OSHA) published the Bloodborne Pathogens Standard (29 CFR Part 1910.1030) in response to rising concern over transmission of HIV to healthcare workers. It covers all employees who could be "reasonably anticipated" to contact blood and OPIM as a result of performing their job duties. The Standard requires:

- annual training
- use of universal precautions
- use of appropriate personal protective equipment
- provision of hepatitis B vaccine at no cost to employee
- development of a facility exposure control plan
- exposure determination

Bloodborne pathogens (BBP) are organisms that are present in the blood and certain other body fluids of infected persons. They are transmitted by blood-to-blood contact, not by casual contact. Examples of bloodborne pathogens are the human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and Hepatitis C virus (HCV). The occupational routes of transmission of bloodborne pathogens are by 1) needlestick or cut from a contaminated sharp object; 2) splash to the eyes, nose, or mouth; and 3) contact with broken skin.

The BBP Standard refers to blood and OPIM. OPIM includes the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any bodily fluid that is visibly contaminated with blood. In this document, the terms "blood" and "OPIM" will be used to include all potentially infectious body fluids.

PLAN REVISIONS: This plan will be reviewed and updated at least annually as well as whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

II. Scope

The following program will apply to any UO employee with possible risk of occupational exposure to bloodborne pathogens as defined below. In addition, the post exposure part of this program will apply to all University employees, students, and volunteers conducting University research who experience an exposure incident as a result of the performance of their duties. This Plan will be provided to departments who have employees identified in the exposure determination. It is available on the UO [EHS website](#); hard copies are provided upon request.



III. Definitions

“Biological waste” means regulated waste.

“Blood” means human blood, blood components, and OPIM.

“Bloodborne pathogens” means pathogenic microorganisms that are present in human blood that can cause disease in humans.

“Engineering controls” means controls (e.g., safer medical devices, such as sharps with engineered sharps injury protections and needleless systems, sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace. Per the OSHA Directive CPL 2-2.69, engineering controls **must be** used to prevent needlestick injuries.

“Exposure incident” means a specific eye, mouth, other mucous membrane or nonintact skin contact with blood or other potentially infectious materials, which results from the performance of one's duties.

“Needleless systems” means a device that does not use needles for (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, or (B) the administration of medication or fluids, or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

“Other Potentially Infectious Materials (OPIM)” means 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. Also included are any unfixed human tissues/organs; 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. Established human cell lines that are characterized to be free of contamination from human hepatitis viruses, human immunodeficiency viruses, and other recognized bloodborne pathogens, are *not* considered to be OPIM and are not covered by the Bloodborne Pathogens Standard, per OSHA letter of interpretation dated June 21, 1994 (See References section in this document).

“PPE” means personal protective equipment.

“Regulated waste” includes human blood or OPIM, or materials contaminated with them.



“**Standard precautions**” define all human body fluids and substances as infectious. These methods incorporate not only the fluids and materials covered by the Bloodborne Pathogens Standard and expands coverage to include **all** body fluids and substances. The UO University Health Center practices Standard Precautions.

"**Universal precautions**" is an approach to infection control in which all human blood and certain human body fluids (see “OPIM”, above) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

IV. Responsibilities

Departments - Departments will be responsible for carrying out the Bloodborne Pathogens Exposure Control Plan in accordance with this written program, including insuring applicable employees receive training initially within ten working days of job assignment and at least annually thereafter, in a language the employee can understand; and for funding program expenses such as immunizations. Departments requiring annual consideration of safer sharps devices are responsible for conducting these assessments and documenting them as required in Section VI.2. Departments will also be responsible for keeping Environmental Health and Safety (EHS) informed of any necessary changes to the ECP.

Employees - Employees will be responsible for complying with procedures established by their supervisors in accordance with this program to minimize the risk of exposure. Employees are responsible for attending annual training in a timely manner and submitting the Hepatitis B form to EHS. Employees are also responsible for informing their supervisors of any exposure incident.

Environmental Health and Safety – EHS (through the Biological Safety Officer) will be responsible for administering and managing the bloodborne pathogens program; preparing, updating, and distributing the Exposure Control Plan; assisting departments in evaluating potential exposures; maintaining employee medical records as per this program; conducting employee training; provision of training in non-English languages as identified by departmental needs; coordinating the disposal of infectious waste materials; and making necessary program revisions.

Supervisor - Supervisors will be responsible for identifying employees with risk of occupational exposure; assuring each employee receives initial and annual training; assuring that employees are aware of and following this written program; and immediately notifying EHS of any occupational exposure incident.

University Health Center - UHC will be responsible for administering Hepatitis B vaccines to employees who are identified in the exposure determination; providing medical evaluations and counseling to applicable employees; providing initial and annual BBP training to its own staff, in coordination with EHS; and performing annual evaluation and consideration of safer sharps technologies. UHC may incorporate additional employee vaccine and titer considerations as per ACIP; these additional measures are outlined and captured in internal UHC documents.



V. Methods of Compliance

All employees are trained to use Universal Precautions, at a minimum. University Health Center staff observe Standard Precautions in lieu of Universal Precautions.

5.1 Universal Precautions

Universal precautions are intended to prevent occupational exposure to human blood. The routes of transmission for occupational exposure are 1) puncture of the skin with a contaminated sharp object, 2) contact with broken skin, and 3) splash to mucous membranes of the eye, nose, or mouth.

Universal precautions include the following practices:

- Wear gloves when hands may come into contact with human blood or OPIM. Replace gloves when they become torn or contaminated.
- To prevent exposure of mucous membranes of the mouth, nose and eyes, wear masks and protective eyewear whenever splashes, spray, or spatter of blood or potentially infectious materials are likely to occur.
- Wear protective suits, gowns or aprons during procedures that are likely to generate splashing of potentially infectious materials.
- Wash hands and other skin surfaces immediately following contact with human blood or other potentially infectious substances, and after gloves are removed.
- Use care when handling needles, scalpels, razors and other sharp objects contaminated with blood or OPIM. Use tongs or forceps if possible.
- Use appropriately labeled and constructed containers for disposal, storage, and transport of any potentially infectious material.
- Employees responsible for first aid should use protective resuscitation masks for mouth-to-mouth resuscitation.
- Health care workers or first aid providers must cover skin lesions and wear gloves when treating patients or when handling health-care equipment.
- Do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in work areas where there is likelihood of occupational exposure. Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, or on countertops where human blood or OPIM are present.

5.2 Engineering Controls

Whenever practical, engineering controls will be used to eliminate or minimize exposure. When employed, engineering controls will be reviewed by supervisors on a periodic basis to ensure their effectiveness. On an annual basis, UHC and any other department that uses sharps in direct patient care will identify, evaluate, and select engineering and work practice controls, including safer medical devices. This evaluation will include input from front-line employees using such devices and will consider all departments. The manager of the department will maintain written documentation of the evaluation process. In the event employee recommended devices are not used, these reasons as well as the employee's reasons for preferring such devices will be documented.



5.3 Work Practices

When engineering controls are not available or feasible, work practice controls will be used.

- Whenever possible, employees will be provided with easily accessible hand washing facilities. When this is not possible, employees will be provided with antiseptic hand cleanser or towelettes for use until a sink running water, soap and disposable towels is accessible.
- Employees will wash their hands immediately or as soon as feasible after removing gloves or other PPE. In the event of contact with blood or OPIM, the eyes, nose and/or mouth will be flushed with water immediately.
- Needles used by UO employees will not be bent, sheared or broken off. If needles must be recapped, it will be done with a one-handed scoop method or using a recapping device.
- All contaminated sharps will be placed in appropriate containers immediately after use. These containers will be puncture resistant, leakproof on the sides and bottoms, and labeled or color coded as per OR-OSHA regulations. Sharps that are reusable shall not be stored in such a manner that employees will be required to reach into the containers. Sharps containers are available from Science Stores or other commercial sources.
- Eating, drinking, smoking, applying cosmetics (including lip balm) or handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. It is recommended that cell phones not be used in these areas.
- Food and drink will not be stored in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.
- Procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Mouth pipetting or suctioning of blood or other potentially infectious material is prohibited.
- Specimens of blood or OPIM will be placed in containers that prevent leakage during collection, handling, processing, storage, transport, or shipping. The following items will have a biohazard tag or be stored in a red bag or container: regulated waste that has not been decontaminated; refrigerators or freezers used to store blood or OPIM; and contaminated equipment or containers used to store, transport, or ship blood or OPIM.
- Departments may choose to substitute red bags or red containers for labels. Transport, shipment or disposal may require additional labeling.
- If the primary container leaks or becomes contaminated, employees will put the container in a secondary container that meets the above criteria. Containers are available for purchase through Science Stores and private commercial sources.
- Equipment that may become contaminated with blood or OPIM will be examined prior to servicing or shipping and decontaminated as necessary. If the equipment cannot be decontaminated, it shall be tagged with biohazard labels. All persons to come into contact with the equipment shall be informed as of the hazard as well as which pieces of equipment are contaminated.



VI. Personal Protective Equipment

Personal protective equipment (PPE) will be used when appropriate to protect employees from potential occupational exposure incidents and will be provided to employees at no cost. Appropriate sizes of PPE will be made available to employees; when necessary, hypoallergenic gloves or similar alternative will be provided. The specific equipment for the situation will be determined by the department in which the potential for occupational exposure occurs, in consultation with the Biosafety Officer. Appropriate PPE may include gowns, lab coats, face shields, masks, eye protection, and mouthpieces or pocket masks. In healthcare settings, additional PPE may include disposable gowns, coveralls, booties, haircover, or apron. At a minimum, gloves will be used whenever there is a reasonable anticipation of hand contact with blood or OPIM. “Appropriate” is defined as capable of preventing blood or other potentially infectious materials from passing through or reaching the employee's skin, mucous membranes, or clothes under normal conditions of use.

When circumstances dictate that PPE cannot be worn, employees will notify their supervisor, who will determine whether changes in work practices, engineering controls, or PPE is required.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in appropriately designated bags or bins, as determined by the work area.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

VII. Decontamination and Disinfection

7.1 General Housekeeping

Departments are responsible to ensure that the work site is maintained in a clean and sanitary condition. Departments will implement an appropriate written schedule for cleaning and method of decontamination best suited for the situation. This will include an explanation of the cleaning and decontamination of equipment that has been in contact with blood or OPIM. Contaminated laundry will be handled as little as possible. By OR-OSHA definition, this does not apply to gym towels and gym shorts under normal conditions. Contaminated laundry will be bagged at the location and identified as a biohazard. If a hazard of soaking through exists, the laundry will be double bagged.



Individual departments will make their own laundry arrangements, which will include documentation that the laundry facility uses Universal Precautions in handling the linen.

7.2 Regulated Waste

Waste generated during the course of work with potentially infectious materials will be disposed of as per Oregon Revised Statute (ORS) Chapter 459.386-459.400, and through an approved hauler to a facility approved by EHS. Other than sharps, materials that meet the definition of these rules will be immediately transferred upon generation into a red biohazard bag. Bags will be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping. All bags will be closed prior to removal from the workspace to prevent spillage or protrusion of contents at any time. If there is a potential for spillage, a secondary container will be provided.

Biohazard sharps will be disposed of in a sharps container that is closable, puncture resistant, leak proof on both sides and bottoms and labeled or color coded as per this plan. During use, the containers will be easily accessible to employees and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers will be maintained in an upright position and routinely replaced to avoid overfill. When sharps containers are moved, they will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents. If leakage is a possibility, a secondary container shall be provided which is closeable, constructed to contain all contents and labeled as per this plan.

Waste material not meeting the ORS definition of regulated waste will be put in either a Ziploc bag or a plastic garbage bag, sealed and disposed of in the normal waste stream.

7.3 Contaminated Laundry

Reusable towels, gowns, and other materials are used in University Health Center patient care and Physical Therapy departments. After use, these materials are considered contaminated regardless of evident presence of blood or OPIM. If linens are saturated with potentially infectious materials, they must be disposed.

Laundry is collected in designated, marked containers throughout the facility. When materials are to be laundered, staff wear gloves, gowns, and eye protection. Laundry is run on a hot water cycle for a minimum of 25 minutes at $\geq 165^{\circ}\text{F}$ using powdered bleach and dried on high heat for at least 60 minutes. Clean linens are transported to a designated "clean linen" cart. Separate containers are used for storing clean, washed materials and soiled materials.

7.4 Other Decontamination Procedures

An appropriate disinfectant must be used for cleaning surfaces and equipment and for spill cleanup. Appropriate disinfectants include freshly diluted 1:10 bleach, EPA-registered tuberculocides, EPA-registered sterilants, and products registered by EPA against HIV/HBV. A list of EPA registered products is provided in the References section of this document.

Generally, decontamination of equipment and the surrounding area will be the responsibility of the department involved in the task. However, in those situations where there is no clear responsibility for the situation, designated employees will clean and decontaminate the area.



VIII. Hepatitis B Vaccine

University departments will make the Hepatitis B vaccine series available at no cost to UO employees who have been identified in this plan as having occupational exposure. The vaccine series will be explained at the employee training session within 10 days of initial assignment of the duties that may result in potential exposure. Departments will coordinate the vaccines through EHS and the University Health Center. In most cases, employees will be offered the vaccines at UHC on a drop-in basis. Alternate arrangements can be made by contacting EHS.

Employees identified in the exposure determination to have occupational risk of exposure to bloodborne pathogens will be asked to sign the University's Hepatitis B Immunization/Declination Form (Appendix 2). This form will document acceptance or declination of the Hepatitis B vaccine and will notify employees that, should they decline the vaccine yet experience continued occupational exposure, they can at any time receive the vaccine series at no cost. If employees who are not identified as having the potential for exposure have an exposure, they will receive the same follow-up treatment as employees who are pre-identified.

IX. Post-Exposure Evaluation and Follow-Up

In the event of an exposure, the affected person(s) should administer first aid (clean the wound with soap and water, flush eyes or other mucous membranes with water for 15 minutes), enlisting assistance with this task if needed. The person should then immediately report for medical evaluation. The UHC is not capable of providing occupational health services; DO NOT report to UHC for evaluation. Rather, proceed to the nearest emergency room.

If transport assistance is needed, please call UOPD at x6-2919 and request MedExpress transport.

Employees will be advised to seek medical consultation within two hours of a significant exposure. A confidential medical evaluation, counseling, and follow-up will be conducted by a physician. The exposed employee will be able to make an informed choice regarding post-exposure immunization.

At the time of the employer's knowledge of the incident, the employee will be given relevant forms to complete. In the event of an occupational exposure incident, the employee's supervisor will fill out a UO Bloodborne Pathogen Post-Exposure Form, a Workplace Injury Report, and a SAIF 801 form. These forms are available in EHS-provided red envelopes or in the online version [here](#). The SAIF 801 and WIR forms must be submitted to Safety & Risk Services within 24 hours of the accident. The first page of the Post-Exposure Form is to be filled out and brought with the employee to the physician. The form instructs physicians that the information on page two must be returned to the employer within 15 days of the evaluation.

In conjunction with the supervisor, EHS will conduct an accident investigation and attempt to identify the source of any potentially infectious materials. If the source individual did not consent to having their blood drawn for testing, the University will document that consent could not legally be obtained.



EHS will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used
- Protective equipment or clothing that was used at the time of the exposure incident
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

If it is determined that revisions need to be made, the Biological Safety Officer will ensure that appropriate changes are made to this ECP.

X. Labeling

The universal biohazard symbol is used to communicate the presence of biological hazard to employees. Warning labels may be red, orange, or orange-red, and shall include the following symbol. Labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM, as defined by OAR 437 Division 2 Subdivision Z: Bloodborne Pathogens. Red bags or red containers may substitute for labels.



XI. Training

Departments within the University will be responsible for assuring that UO employees within their unit who are listed in the Exposure Determination Table receive bloodborne pathogens training. Training is provided by EHS, unless departments have express permission from EHS to conduct internal training and maintain records. Training will be given at no cost to the employee and will be conducted during working hours or the employee will otherwise be compensated for the time in training, as per labor contracts.

Training will be provided to employees within ten working days of the initial assignment to the tasks where occupational exposure may occur and at least annually thereafter. The annual training is to occur prior to the anniversary date of the previous year's training. When modifications of tasks or procedures occur after the training period, the supervisor shall provide or arrange for any additional necessary training. When necessary, the training program and materials will be modified to accommodate the educational level or language of the employee. EHS will arrange for translation and interpretation of annual training and associated materials; individuals and departments must self-identify to EHS.

The training program covers, at a minimum:

- The epidemiology, symptoms, and transmission of bloodborne pathogen diseases
- A copy and explanation of the Standard
- An explanation of our ECP and how to obtain a copy



- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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.

Employees may access Bloodborne Pathogens Training through the MyTrack system at <https://uomytrack.pageuppeople.com/learning/2094>. A Spanish version of this training can be found at <https://uomytrack.pageuppeople.com/learning/2739>.

XII. Recordkeeping

12.1 Medical Records

EHS will maintain records for employees identified in the Exposure Determination Table. Records will include the following:

- Employee name
- Employee UO identification number
- Hepatitis B Immunization/Declination Form with dates of injections if administered by the employer
- Post exposure forms, if employee has had an exposure

Files related to employee exposure will be kept confidential and information in these files will not be disclosed or reported without the employee's written consent except as required by law. These records will be maintained for the duration of employment plus 30 years.

Medical records or laboratory studies obtained for past exposures will be maintained by the practitioner or agency administering the care.

12.2 Sharps Injury Log

A sharps log will be maintained to record the following: type and brand of device involved in a stick, department/work area where incident occurred and explanation of incident. The sharps injury log will reflect incidents dating back five years. UO Environmental Health & Safety manages the sharps injury log.



12.3 Training Records

Documentation of attendance at a training class will include the date of the session, the content, names and job titles of attendees, and the name and credentials of the trainer. Departments will be responsible for maintaining documentation of their employees' training for three years from the date of the training session. EHS will maintain copies of training materials for classes conducted by EHS staff, as well as individuals' completed Hepatitis B Immunization/Declination forms. Individual departments permitted to conduct training internally will provide EHS with copies of training materials and sign-in sheets for all BBP training.

Documentation of training records may be made available to employees or their representatives upon request.

12.4 Evaluation of Safer Sharps Technologies

In compliance with OAR 437-002-1030, University Health Center has established a team to evaluate safer medical devices and establish practices for handling sharps. This group meets at least annually and additionally as needed. Records including meeting minutes and device evaluation forms must be provided to EHS for formal recordkeeping. This documentation is maintained as an unpublished addendum to the Exposure Control Plan and is available upon request.



Appendix 1. Exposure Determination Table

The following University job classifications have been identified as ones in which employees have reasonably anticipated exposure (skin, eye, mouth, other mucous membrane, or parenteral) to bloodborne pathogens. This assessment is made without regard to the use of PPE. The table below outlines applicable employees; the supervisor will determine whether employees in Category 2 may have potential for BBP exposure.

CATEGORY 1	
All UO employees in this category have occupational exposure to bloodborne pathogens	
<ul style="list-style-type: none"> ▪ University Police Officer ▪ Campus Recreation Staff ▪ Childcare Staff ▪ Athletic Trainer ▪ Plumber ▪ Housekeeper ▪ Groundskeeper ▪ Acupuncturist ▪ Massage Technician ▪ Physician ▪ Dentists and dental staff 	<ul style="list-style-type: none"> ▪ Medical Aide; Medical Technologist ▪ Nurse (Practitioner, Registered) ▪ Phlebotomists ▪ UHC Lab technicians ▪ Radiology Technician ▪ UHC non-medical staff (Custodian, Central Service Processing Technician, Facility Manager) ▪ Human Physiology researchers ▪ Emergency Medical Technician ▪ Fire and Life Safety staff ▪ Biological Safety Officer
CATEGORY 2	
Some employees in this category have occupational exposure to bloodborne pathogens	
<i>Common job classifications (with examples):</i>	<i>Tasks/Duties required of Category 2 employees that result in occupational exposure:</i>
Principal Investigators, Laboratory Staff/Students	Research involving HIV, HBV, HCV, human cell cultures*, and/or human blood or OPIM
Service/Maintenance – Custodian, Facility Maintenance, Laborer, Food Service Workers	Accessing or working on equipment in laboratory areas, cleaning spills, routine duties in environments where blood or OPIM may be present
Safety & Risk Services Staff	HAZWOPER-certified personnel responsible for emergency response
Residential Life - University Housing Staff, Resident Advisors	Response to emergencies and cleanup of blood or OPIM
Athletic Department - Student Assistant, Equipment Manager	Laundry uniforms, towels
Skilled Crafts – electrician, carpenter, mechanic, pipefitters, roofers	Routine duties in environments where blood or OPIM may be present
Event Production/arts/theater staff, group trip leaders, UOPD Safe Ride, others required to be CPR & First Aid trained	Response to emergencies, administration of first aid, and cleanup of blood or OPIM.

*Excluding those meeting the criteria described in the 6/21/1994 Letter of Interpretation



Appendix 2. Hepatitis B Immunization/Declination Form

IMPORTANT: If you are a new employee in the BBP Program, this form MUST be completed.

Name: _____ UO ID #: _____

Do you want be immunized for Hepatitis B at this time? (choose one option below)

“No, I don’t want the vaccine or have received it in the past.”

Please sign and date below indicating that you understand the following:

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

Employee Signature

Date

“Yes, I want to receive the vaccine.”

Please provide the requested information below:

Department: _____

PI/Supervisor Name: _____

Index (account code) for Health Center billing: _____(required)

Employee phone number for scheduling appointment: _____



WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). The HBV is one of several types of viruses (infections) that can cause hepatitis. There is a vaccine that will prevent HBV infection.

Hepatitis B virus infection may occur in two phases. The acute phase occurs just after a person becomes infected, and can last from a few weeks to several months. Some people recover after the acute phase, but others remain infected for the rest of their lives. They go into the chronic phase and become "chronic carriers." The virus remains in their liver and blood.

Acute hepatitis B usually begins with symptoms such as loss of appetite, extreme tiredness, nausea, vomiting, and stomach pain. Dark urine and jaundice (yellow eyes and skin) are also common and skin rashes and joint pain can occur. Over half of the people who become infected with HBV never become sick, but some may later have long-term liver disease from their HBV infection.

HBV is passed from one person to another in blood or certain body secretions. In occupational settings, infection can occur through several routes:

- Puncture or cut with contaminated sharp object (needle, broken glass)
- Contact with broken skin (cut, hangnail, dermatitis)
- Contact with mucous membranes of eyes, nose, mouth

Those people infected with HBV who become "chronic carriers" can spread the infection to others throughout their lifetime. They can also develop long-term liver disease such as cirrhosis (which destroys the liver) or liver cancer.

HEPATITIS B VACCINE

Hepatitis B vaccine is given by injection. Three doses, given on three different dates are needed for full protection. Exactly when these three doses are given can vary. Infants can get the vaccine at the same time as other baby shots, or during regular visits for well child care. Your doctor or nurse will tell you when the three shots should be given.

The hepatitis B vaccine can prevent Hepatitis B. Booster doses are not currently recommended.

WHO SHOULD GET HEPATITIS B VACCINE?

Hepatitis B vaccine is recommended for adolescents and adults at high risk of getting HBV infection. In the occupational setting, this includes people who are exposed to blood or blood products in their work (health care workers or emergency care responders, for instance). A list of job classifications in which employees may be exposed to bloodborne pathogens at University of Oregon can be found in UO's Exposure Determination Table within the Exposure Control Plan.

Hepatitis B vaccine is also recommended for people who have been exposed to HBV. This includes people who have never been vaccinated for hepatitis B, and who: (1) have an accident in which blood containing HBV enters their body through the skin or mucous membrane; or, (2) have sexual contact with someone with acute hepatitis B. In some cases, hepatitis B vaccine should be started at the same time as treatment with HBIG.



Appendix 3. References

- EPA registered disinfectants
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
- Federal OSHA Bloodborne Pathogens Standard, 29 CFR Part 1910.1030
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS
- Oregon Occupational Safety and Health Administration's Oregon Administrative Rule (OAR) 437 Division 2 Subdivision Z: Toxic and Hazardous Substance: Bloodborne Pathogens
<https://osha.oregon.gov/OSHARules/div2/div2Z-1030-bloodborne.pdf>
- Oregon Revised Statute (ORS) Chapter 459.386-459.400, Transport of Infectious Waste
<http://www.oregonlaws.org/ors/459.386>
- OSHA Letter of Interpretation, June 21, 1994
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=interpretations&p_id=21519
- OSHA Needlestick Safety and Prevention Act, April 2001
<http://www.osha.gov/SLTC/bloodbornepathogens/index.html>
- UO Environmental Health and Safety webpage
<http://safety.uoregon.edu/>
- Workers Compensation SAIF 801 & Workplace Injury Report forms
<http://safety.uoregon.edu/injury-reporting-and-workers-compensation>