

EXPOSURE CONTROL PLAN

For Oregon and Washington Programs

**Janus Youth Programs, Inc.
707 NE Couch
Portland, Ore 97232**

Revision 4/9/09

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1. OVERVIEW

Janus Youth Programs is committed to providing a safe and healthful work environment for our employees. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

Employees can review this plan at any time during their work shifts. We will provide a copy, free of charge, upon request.

This plan includes:

- Overview
- Identify employees who are at risk for exposure
- Controlling Employee Exposure to Bloodborne pathogens
- Employee Training and Hazardous Communication
- Post Exposure Evaluation and Follow-up
- Recordkeeping

Terms

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

Exposure Incident – means a specific eye, mouth, other mucous membrane, nonintact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of non intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.

Parenteral contact – occurs when mucous membranes or skin is pierced by needlesticks, human bites, cuts or abrasions.

2. IDENTIFY EMPLOYEES WHO ARE AT RISK FOR EXPOSURE

The following are job classifications in our facilities in which ALL employees have occupational exposure to bloodborne pathogens:

JOB TITLE	TASK/PROCEDURES
None	

The following are job classifications in our facilities in which SOME employees have occupational exposure to bloodborne pathogens:

JOB TITLE

TASK/PROCEDURE

<p>Clinical Director, Program Director, Program Supervisors, Case Managers, Social Service Staff</p>	<p>Providing first aid: cleaning/dressing wounds, rendering CPR. Cleaning/Maint.: Clean up blood spills and vomit, touching soiled laundry and menstrual pads, bathroom clean up, touching razor and earrings, cleaning client rooms, disposal of sharps and biowaste. Food Preparation: Knife cuts, paper cuts, hang nails.</p>
<p>All staff providing direct service to youth within a shelter or residential facility (including but not limited to Residential Counselors, Residential Advocates, Youth Care Specialists, Direct Care Staff and Skills Trainers); Street Outreach Workers</p>	<p>Behavioral Interventions: Client/staff contact injury, skin contact with open wound, intentional exposure to OPIM from acting out clients, bites, combative behavior. Recreational Activities: Client/staff injury, skin contact, needles, sewing.</p>

Contact names, responsibilities and phone numbers (see your organizational directory):

Your Program Director - is responsible for implementing the exposure control plan.

Your Program Supervisor - is responsible for making this plan available to employees, providing their initial on-site training and annual updates (tailgates) and supporting their safety committee member in it's application.

Mike Maurer – Safety Director will maintain, review, and update the exposure control plan annually, and whenever necessary to include new or modified tasks and procedures and update this list. He also provides training to supervisors and safety committee members in it's application. Phone 503 542-4616

Linda Murphy – HR-Co Director will be responsible for making sure all medical actions required are performed, and that appropriate employee medical records are maintained. She also provides training for new employees during orientation. Phone 503 542-4610

3. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS (BBP)

We use the following methods to control employee exposure:

A. Infection control or isolation system used:

All employees must use:	Universal Precautions
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Universal precautions is an infection control system that considers the blood and OPIM from all persons as containing a bloodborne disease, whether or not the person has been identified as having a bloodborne disease.

The Program Supervisor is the person to contact if you have questions regarding this system.

B. Safer medical devices and equipment used to minimize occupational exposure

The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.

- **The specific safer medical devices that we use are:**

None

- **The specific equipment to minimize or eliminate exposure that we use are:**

Vinyl gloves or other hypoallergenic glove
CPR mouth respirator, face shield, eye goggles, protective gowns in bio spill kits.
Sharps containers
Biohazard bags and biohazard waste disposal containers.
Spray bottles mixed with 10% bleach solution or HIV certified cleansers.

- **Sharps disposal containers are inspected and maintained or replaced:**

By: Safety Committee member
Every: Month
Or: Whenever necessary to prevent overfilling

- **We identify opportunities to improve controls through:**

Review of incident reports, review of sharps logs, employee feedback and suggestions, safety committee suggestions and review of OR-OSHA and WAC requirements.
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- **We evaluate new products by:**

Suggestion, request and questionnaire.
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- **Both employees and management are involved in this process of improvement by:**

Soliciting feedback during the annual bloodborne pathogen refresher training through an employee questionnaire and through feedback during monthly safety tailgate trainings.

Contact names and phone numbers:

Mike Maurer - Safety Director will make sure that recommendations are effectively implemented. Phone 503 542-4616

C. Personal protective equipment (PPE)

- PPE is provided to our employees at no cost.
- **The types of PPE available to employees are:**

Vinyl gloves or other hypoallergenic gloves
CPR mouth respirator
Eye goggles
Protective gowns
Face shield
Sharps containers
Biohazard bags and biohazard waste disposal containers.
Tongs for picking up sharps or other objects.

- **PPE is located:**

Next to first aid kits and in the medical supply room.
Employees are encouraged to obtain disposable gloves when they first arrive on shift and have them in their pockets so they are readily accessible if the need arises.

- **All employees using PPE must observe the following precautions:**

Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
Wear appropriate gloves when you anticipate contact with blood or OPIM
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.
Replace gloves if torn, punctured, contaminated, or otherwise damaged.
Never wash or decontaminate disposable gloves for reuse. Never re-use disposable (single-use) gloves.
Remove PPE after it becomes contaminated, and before leaving the work area.
Dispose of contaminated PPE in designated biohazard waste box.
Decontaminate utility gloves (multiple-use gloves) for reuse unless ability to function as a barrier is compromised in which case gloves should be disposed of.

- **The procedure for handling used PPE is:**

All used or contaminated equipment and supplies will be disposed in

biohazard waste box or sharps container.
Waste will be disposed by an authorized vendor (Stericycle) either by direct service pick-up or mailed disposal.
Replacement supplies can be acquired through the vendor, Safety Director, safety supply company or pharmacy.

Contact names and phone numbers: Contact Mike Maurer – Safety Director for questions concerning supplies and disposal at 503 542-4616

The Program Supervisor will maintain and provide all the necessary PPE, controls (such as sharps containers), labels, and red bags as required.

The Safety Committee member will make sure that adequate supplies of PPE are available and in the appropriate sizes and types.

D. Work practices used to minimize occupational exposure

- **We use the following work practices to eliminate or minimize employee exposure:**

<u>Use Universal Precautions</u> - a system of infectious disease control which assumes that all body fluids are infected with bloodborne pathogens and that every direct contact with body fluids is infectious. Every employee is required to treat all body fluids as though they are infected with bloodborne pathogens. Universal precautions are intended to minimize exposure of employees to bloodborne pathogens and other infectious diseases through mucous membrane, eye, and non-intact skin exposures.
<u>Use appropriate PPE (personal protective equipment)</u> - such as vinyl gloves, CPR masks, face shields and gowns when exposed to body fluids and other potential infectious material (OPIM).
<u>Hand Washing</u> - Employees will wash hands vigorously for at least 30 seconds and other skin with soap and water immediately or as soon as feasible following contact with blood or other potentially infectious material (OPIM). Hand washing must always occur immediately or as soon as possible after removing gloves or any other personal protective equipment. In the event that hand washing facilities are not immediately available (e.g. field trips, outings), antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be used. Hands and/or skin must be washed with soap and warm running water as soon as feasible.
<u>Disposal of Biohazard Waste</u> - All bandages, gloves, towels, PPE and all contaminated items or materials must be placed in red biohazard bags which are then placed in the biohazard storage box.
<u>De-contamination</u> - After cleaning up the initial materials with paper towel or absorbent material, all exposed surfaces must be cleaned and sanitized. Use 10% bleach solution or certified HIV cleaning product.
<u>Handling and Disposing Contaminated Needs (Sharps)-</u> When handling

sharps, gloves must be worn. Tongs should be used to pick up contaminated sharp objects. Sharps include, but are not limited to, needles, blades, lancets (small surgical instrument), used orthodontia wire, and broken glass. Needles should not be recapped, bent or broken in any manner. Sharps must be placed only in designed and approved biohazard sharps containers that are puncture proof, leak proof, biohazard color coded and labeled with symbol.

- **Changes in work practices are identified through:**

Changes in OR-OSHA or WAC requirements, safety committee recommendation, or consultations.

- **We evaluate new products regularly by involving both workers and management:**

Soliciting feedback during the annual bloodborne pathogen refresher training through an employee questionnaire.

Contact names and phone numbers:

The Safety Director- will make sure that recommendations are effectively implemented. Phone 503 542-4616

4. Housekeeping

General Housekeeping

- Written schedules for cleaning and methods of decontamination:

<u>Kitchen and Dining Areas-</u> All sinks and counter will be sanitized with a 10% bleach solution and allowed to air dry after every meal. Dining room tables will be wiped down with a soap and water cleaning solution after every meal. Kitchen floors will be mopped with a cleaning solution after every meal. Dining room floors will be mopped daily with a cleaning solution. Mop heads will be sanitized and air dried
<u>Bathrooms -</u> All bathroom sinks, floors, tubs and showers will be cleaned on a daily basis. Showers, tubs and toilets will receive extra cleaning weekly.
<u>Living and Bedroom Areas -</u> All floors will be swept, mopped or vacuumed on a daily basis.
<u>Bedding and Towels -</u> All sheets and mattress protectors will be washed on a weekly basis. All towels are single use and washed daily. Blankets washed monthly.
<u>Living Furniture -</u> All furniture will be wiped with a cleaning solution or vacuumed weekly.
<u>Office -</u> Office phone sanitized daily. Furniture and counter wiped weekly.

Clean and decontaminate environmental and working surfaces and all equipment after contact with blood and other potentially infectious materials (OPIM).

Decontaminate work surfaces with an appropriate disinfectant at these times:

After completion of a procedure.
Immediately or as soon as possible when surfaces are clearly contaminated or after any spill of blood or OPIM.
At the end of the work shift if the surface could have become contaminated since the last cleaning.
Remove and replace protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, as soon as possible when they are clearly contaminated or at the end of the shift if they could have become contaminated during the shift.
Inspect and clean all bins daily, pails, cans and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM. Clean and decontaminate these types of receptacles immediately or as soon as possible when they are visibly contaminated.
Use a brush and dustpan, tongs, forceps, or other mechanical means to clean up broken glassware that may be contaminated.

Approved Disinfectant solutions:

- **Use an appropriate disinfectant that is effective against tuberculosis, HBV and HIV such as:**

Diluted bleach solution (1:10 or 1:100). Use the 1:10 bleach solution for spills and the 1:100 bleach solution for routine cleaning.
You can make your own bleach solution. Using household bleach (5.25% sodium hypochlorite) follow these directions. For a 1:100 solution add 2 teaspoons (10ml) to a container, then add water to make the quart (946ml). For a 1:10 solution, add 1/3 cup (79ml) and 1 tablespoon (15ml) in a container, then add water to make the quart (946ml). Mix and use immediately, any remaining contents must be disposed after clean up. A new batch of solution is made each time of use. (The shelf life of a bleach solution is several hours, after which its effectiveness is significantly reduced)
Use EPA registered – tuberculocidal, sterilants or products registered against HIV/HBV. These lists are available at http://www.epa.gov/oppad001/chemregindex.htm

- **Regulated waste is placed in containers which:**

Contain all contents.
Do not leak.
Are appropriately labeled or color coded
Are closed prior to removal to prevent contact spilling or protruding during handling.

- **Contaminated sharps are discarded immediately or as soon as possible in containers that are:**

Closable.
Puncture resistant.
Leak proof on sides and bottoms.

Labeled or color coded appropriately.

- **Sharps disposal containers are available at:**

In the medical storage closet or near first aid supplies.
Replacements are also available from the Safety Director, disposal vendor, safety supply company or pharmacy.

- **The procedure for handling sharps disposal containers is:**

Wear vinyl gloves.
Use tongs, brush and dust pan or other mechanical means to pick up sharps or broken glass.
Needles should not be recapped, bent or broken in any manner.
Do not reach into container to retrieve sharps.
Contaminated sharps should be disposed of immediately or as soon as possible.
Needles are not forced into containers. Containers are not overfilled. Container replaced frequently.
Containers are sealed and capped prior to removal. Containers are kept from client access.
For disposal pick ups, contact your disposal vendor if applicable, return mail to Stericycle if applicable, or contact the Safety Director.

- **The procedure for handling other regulated waste is:**

Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.
Broken glassware that may be contaminated is picked up using mechanical means, such as brush and dustpan.
Other regulated waste includes such items as personal protective equipment (e.g. gloves, masks, gowns) and all other contaminated items except sharps and laundry being disposed. Materials contaminated with body fluids or OPIM must be discarded in containers identified with biohazard label. Biohazard materials may not be placed in regular trash and must be disposed of in accordance with applicable federal, state and local regulations.

Contact names and phone numbers:

Your supervisor will provide sharps and other containers as required.

4. Laundry

- **We launder the following contaminated articles:**

Client personal clothing items. Towels, blanket and sheets

- **Laundering is done as follows:**

Contaminated laundry/clothing must be handled as little as possible with a minimum of agitation.
Gloves must be worn when handling or sorting all laundry/clothing.
Contaminated laundry/clothes must be placed in leak proof red bio bags or plastic bags or containers identified with biohazard label.

Remove soiled laundry from plastic bag using utility gloves and gown to cover clothing.
Wash separately from other items. Laundry should not be washed in food preparation areas.
Pre-soak in cold water in washing machine, to remove blood stain or gross amounts of other body fluids.
If article is machine washable and dryable: 1. Wash with laundry soap in hottest water possible (160 degrees is recommended, but if lower temperature is used, bleach in a second rinse or ironing the article would be an alternative). 2. Rinse in hot water to remove all soap and remaining soil. 3. If 160° water temperature was not used, a second rinse with bleach and water (1 cup bleach to a full washer load of <u>cold</u> water). 4. Dry on the hottest setting possible (160° recommended, but most dryers heat only to 135° to 155°). Hanging article to dry in direct sunlight is an alternative to drying at 160°. Followed by ironing of the garment is recommended. 5. Iron the garment if optimum temperature or alternatives were not used.
Dry cleaning is also a safe option. Rinse area of spill as well as possible and send the article to the dry cleaners in an appropriately labeled container.
For items requiring hand washing, allow to dry in direct sunlight and, if possible, iron the item.
Clothing or bedding that has been soiled with body fluid should not be washed in a food preparation area (e.g., kitchen of residence where washer and dryer is in the kitchen).
Any contaminated laundry shipped off site for cleaning will be placed in red bio-bags or containers marked with the biohazard label.

- **Wear the following PPE when handling and/or sorting contaminated laundry:**

Wear vinyl gloves.
Wear apron or gown to protect clothing.

- **The schedule for laundry:**

Laundry is performed daily.

Contact names and phone numbers:

Your supervisor will make sure laundry is done as required.

4. Using Labels

- **Labeling is done as follows:**

Equipment or items to be labeled	Label type
Blood soaked, bandages or other potential infectious materials.	Red bio-bags with a biohazard label.
Contaminated laundry.	Red bio-bags with biohazard label.
Sharps containers.	Red with biohazard label.
Biohazard containment box.	Cardboard box with biohazard label containing a red plastic liner.

Contact names and phone numbers:

Your supervisor will maintain and provide labels and red bags as required.

4. Hepatitis B Vaccination

- The hepatitis B vaccination series is available:

Janus Youth Programs, Inc., shall make available to employees at risk of occupational exposure to bloodborne pathogens the Hepatitis B vaccine and vaccination series and post-exposure follow-up to employees who have had an exposure incident.

Janus Youth Programs, Inc., shall ensure that all medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series and post-exposure follow-up, including prophylaxis are:

- a) Made available at no cost to the employee;
- b) Made available to the employee at a reasonable time and place;
- c) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- e) Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Janus Youth Programs contracts with Cascade Occupational Medicine Physicians (Legacy System), Adventist Health, and Kaiser Permanente Occupational Health to provide immunization services for Hepatitis B. An employee who wishes to go elsewhere may do so at their own expense unless pre-approved by the Human Resources Department or Executive Director.

All employees at risk of occupational exposure to Hepatitis B shall be offered the Hepatitis B vaccine after receiving the required training on bloodborne pathogens and within 10 working days of initial assignment 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.

The Hepatitis B vaccination is given in the arm in a series of three injections. To ensure immunity, it is important for individuals to receive all three injections. A blood test will be available to employees having completed the vaccination series to verify that protective antibodies against Hepatitis B virus have been formed by the body. If post-vaccination testing indicates immunity has not been achieved following the series of three vaccinations, revaccination will be offered.

If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standards decides to accept the vaccination, the vaccination shall

then be made available. If the employee has previously received the complete Hepatitis B vaccination series or antibody testing has been done and reveals that the employee is immune, this information needs to be submitted to the Human Resources Director's office.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

- Vaccination is encouraged unless:

We have documentation that the employee has previously received the series.
Antibody testing reveals that the employee is immune.
Medical evaluation shows that vaccination is contraindicated.

- Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost as long as they are still employed by Janus Youth Programs.

Contact names and phone numbers:

The Human Resource Department will make sure vaccinations are available and encourage as required.

4. EMPLOYEE TRAINING AND HAZARD COMMUNICATION

All employees who have occupational exposure to bloodborne pathogens receive training conducted by:

Human Resources Department – “New Employee Orientation 1”
Safety Director – “New Employee Orientation 2”
Supervisor – “30-Day Safety Orientation”
Safety Committee - Annual Refresher – “Bloodborne Pathogens”
Safety Director – “New Supervisor and Safety Committee Member Training”

Training will be provided before initial assignment to task where occupational exposure may take place, annually, and when changes in task or procedures take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Copy and explanation of Occupational Exposure to Bloodborne Pathogens.
- Explanation of our exposure control plan and how to obtain a copy
- This must also be done at the annual refresher training.
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.

- What constitutes an exposure incident.
- The use and limitations of controls, work practices, and PPE.
- The basis for PPE selection and an explanation of:
 1. Types
 2. Uses
 3. Location
 4. Handling
 5. Removal
 6. Decontamination
 7. Disposal
- Information on the hepatitis B vaccine, including:
 1. Effectiveness
 2. Safety
 3. Method of administration
 4. Benefits of being vaccinated
 5. Offered free of charge
- Actions to take and persons to contact in an emergency involving blood or OPIM
- Procedures to follow if an exposure incident occurs, including:
 1. How to report the incident
 2. Medical follow-up available.
- Employee's evaluation and follow-up after an exposure incident
- Signs, labels, and color coding used
- Interactive questions and answers with the trainer.

Training materials are located in the “Janus Youth Programs Safety Training Manual”, available at each facility.

Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years in the following locations.

- Orientation 1 – Human Resources Department
- Orientation 2 – Human Resources Department
- Bloodborne Pathogens Annual – Human Resource Department, copy kept on-site and entered into the DSI database system.
- 30-Day Safety Orientation – Records kept on-site and entered into the DSI database system.
- New Supervisor and Safety Committee Member Training – Records kept by Director of Safety and entered into the DSI database system.

The training record should include the following information about training sessions:

1. Date
2. Contents or a summary
3. Names and qualifications of trainers
4. Names and job titles of all attendees.

Training records are provided to employees or their authorized representatives within 15 working days of a request. Requests for training records should be addressed to the Human Resources Department.

5. REPORTING AN EXPOSURE INCIDENT

Reporting an Exposure Incident:

Perform first aid - Clean the wound, flush eyes, or other mucous membranes exposed.
Report exposure incident immediately to supervisor – notify your supervisor for assistance.
Report exposure incident immediately to Human Resources Department – for advice, procedure and forms.
Seek medical attention – See your medical provider. Employees should not delay seeking medical attention because they were unable to reach their supervisor or the human resources department for reporting purposes. Reporting to the supervisor and the human resources department can occur after seeking medical attention if to report would delay treatment.
Document the Exposure Incident by completing the following forms: Complete the appropriate forms – “Bloodborne Pathogen Exposure Employee History” and Worker Compensation form.

Terms

Exposure Incident – means a specific eye, mouth, other mucous membrane, non intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee’s duties. Examples of non intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.
Parenteral contact – occurs when mucous membranes or skin is pierced by needle sticks, human bites, cuts or abrasions.

6. POST EXPOSURE EVALUATION AND FOLLOW-UP

A. Do the following after initial first-aid is given:

- Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:

All exposure incidents shall be reported, investigated, and documented.

After an exposure incident, established Janus Youth Programs' procedures and protocols shall be followed. Specific reporting forms are to be used and distributed as indicated. Samples of this material are to be appended to this plan.

As soon as possible, exposure incidents must be reported, investigated, and documented. The report shall include:

1. Name, date, location and nature of incident.
 - a. Route of the exposure.

- b. Severity of exposure.
2. Circumstances under which the incident took place.
3. Identification and documentation of the source individual, unless it can be established that the identification is infeasible or prohibited by state or local law.
4. First aid or action taken at the time of the incident.
5. Blood test results on the source if consent can be obtained, and as soon after the incident as possible. If source blood testing is done, results are to be documented, and made available to the exposed employee.
6. Advice and options given the exposed employee:
 - a. Consultation with a physician.
 - b. Employee blood testing for HIV/HBV and HCV. In this case, the blood sample is to be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
7. Action taken to help prevent future similar exposures.

All employees who incur an exposure incident will be offered a confidential, post-exposure evaluation and follow-up. Post exposure follow-up will be performed by the physician or medical facility of the employee's choice at no cost to the employee.

All programs and departments will be provided with the appropriate forms necessary for reporting exposure incidents. Such forms shall also be available through the Safety Manager and Human Resource Department. Explanation of the procedures and protocols shall accompany the forms. This material shall be appended to this exposure control plan.

B. Information provided the healthcare professional:

The Human Resources Director shall ensure that the employee's healthcare professional is provided with the following:

1. A copy of the regulations will be provided the healthcare professional.
2. A copy of the incident report documenting routes of exposure and circumstances under which exposure occurred.
3. A description of the employee's duties as they relate to the exposure incident.

4. Results of the source blood test if available.
5. All medical records relevant to the appropriate treatment of the employee including immunization records.

C. Healthcare professional's written opinion

The Human Resources Director shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation unless the healthcare professional has provided the report directly to the employee.

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

1. A statement that the employee has been informed of the results of the evaluation; and
2. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings and diagnoses shall remain confidential and shall not be included in the written report.

D. Administration of post-exposure evaluation and follow-up

Employees are provided immediate medical evaluation and follow-up services through the provider of their choice.

Contact names and phone numbers:

Employees should contact the Human Resources Department (503-542-4610 or 503-542-4609) to assure proper notification of a work-related injury is reported.

E. Review the circumstances of an exposure incident as follows:

- **The circumstances of any exposure incidents will be reviewed to determine:**

Controls in use at the time.

Work Practices that were followed.
Description of the device used (including type and brand).
Protective equipment or clothing in use at the time.
Location of the incident.
Procedure being performed when the incident occurred.
Employee's training.

Contact names and phone numbers:

The Safety Committee is responsible for reviewing exposure incidents.

7. RECORDKEEPING

A. *Medical records*

- Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens.

Janus Youth Programs, Inc., is responsible for maintaining medical records as indicated below. These records will be kept in the Human Resources Department in a manner that protects the confidentiality rights of the employee.

Records related to the Hepatitis B immunizations, post blood testing and booster inoculations shall be kept by the medical facility providing the service.

Medical records shall be maintained in accordance with the Standards, shall be considered confidential, and will be maintained for the duration of employment plus 30 years. The records shall include:

1. Name, social security number, position(s) occupied of the employees.
2. A copy of the employees' HBV vaccination status, including dates of vaccination, if know.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

CONFIDENTIALITY: The employee's medical records are a) kept confidential; and b) are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

The Human Resource Department responsible for maintaining medical records. These confidential records are kept by the medical facility providing the service for at least 30 years beyond the length of employment.

Contact names and phone numbers:

The Human Resource Department will make sure appropriate employee health records are maintained as required.

B. Sharps injury log

- In addition to Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:

Date of injury.
Type and brand of the device involved.
Where the incident occurred.
How the incident occurred.

- This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

Contact names and phone numbers:

The Human Resources Department will maintain the Sharps Injury Log and report any injuries as required.

Appendage A – Forms and Flow charts

JANUS YOUTH PROGRAMS
707 NE COUCH
PORTLAND, OREGON 97232
503 233-6090

Source Individuals History and Consent

I hereby authorize an exchange of information to occur between the physicians listed below and the exposed individual in accordance with Oregon and/or Washington statute/rules. The employee's physician will discuss results/recommendations with the exposed employee. I am aware that I, or my child has been identified as a source individual where an employee may have been exposed to blood or other potential infectious body fluids.

1. Exposed Employee's Medical Practitioner

Name: _____ Phone: _____

Address: _____

2. Source Individual's Medical Practitioner

Name: _____ Phone: _____

Address: _____

I am aware of the risks to the exposed employee, and I have agreed to blood testing to be performed for Hepatitis B, Hepatitis C and HIV. Specifically, the tests will include Hepatitis B antigen and antibody testing and HIV antibody testing. I have been informed that Janus Youth Programs, Inc., will bear the cost of this test upon receipt of my physician's statement.

Name: _____ Date: _____

Other Names used: _____ Facility: _____

Signature Parent/Guardian: _____ Date: _____

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Bloodborne Pathogen Exposure Employee History

Dr. _____: This employee has reported an occupational exposure incident to blood or OPIM. This exposure is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material.

Part A – EMPLOYEE DATA

Name: _____ SS# _____

Address: _____

Job Classification: _____ Work Site: _____

Supervisor's name: _____ Date referred for eval. _____

Description of Duties: _____

History of Exposure Incident: Date: _____ Time: _____

Description of exposure (includes route(s) and circumstances(s): _____

Part B – EMPLOYEE CONSENT

I hereby authorize an exchange of information to occur between Janus Youth Programs Human Resource Department and my personal healthcare provider as named below.

Physician Name: _____ Phone: _____

Address: _____

I authorize a release and exchange of information pertaining to my occupational exposure incident to blood or OPIM. Specifically, information related to whether Hepatitis B vaccine is indicated and if vaccine was received should be released to:

Human Resources Co-Director: Name: Linda Murphy Phone: 503 542-4610

Agency: Janus Youth Programs, Inc. - 707 NE Couch - Portland Oregon 97232

Employee Signature: _____ Date: _____

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Unanticipated/Accidental Body Fluid Exposure Log

Facility Name: _____ Supervisor: _____

Address: _____

Name of exposed (employee): _____

Source individual (if known): _____

Reported by: _____ Title: _____

Date: _____ Time: _____

Description of exposure (include route and circumstances) _____

Was consultation with health care provider sought? Yes _____ NO _____

If so, name of person: _____ Title: _____

Recommendation by above person: _____

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Hepatitis B Vaccination Refusal

Name: _____

SS#: _____

Program: _____

Worksite: _____

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 opportunity to be vaccinated with hepatitis B vaccine, at no cost to myself. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious illness. If in the future I continue to have occupational exposure to blood or potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Date

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Bloodborne Pathogens Training Session

Date: _____

Employee name: _____

Program: _____ Worksite: _____

I have received training in Bloodborne Pathogens and have received the forms and information necessary to obtain the Hepatitis B Vaccines. I understand the vaccines are available through Cascade Occupational Medicine Physicians (Legacy System), Adventist Health, and Kaiser Permanente Occupational Health. An employee who wishes to go elsewhere may do so at their own expense unless pre-approved by the Human Resources Department or Executive Director.

I understand that Janus Youth Programs will provide the Hepatitis B vaccine series to me at no cost to myself as long as I am employed by Janus Youth Programs, in a position where I can reasonably be expected to come into contact with blood or other potentially infectious materials. I understand that if I leave my employment with Janus Youth Programs the vaccine will no longer be provided by the organization.

Vaccines and blood draws are available through Cascade Occupational Medicine Physicians (Legacy System) and through Adventist Health. Employees working in Washington may also use Kaiser Permanente's Occupational Health Clinic (Cascade Park Medical Office or Vancouver Medical Office). Please obtain the complete list of locations and phone numbers from Human Resources.

Employee Signature

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Annual Bloodborne Pathogens Training - Attendance Roster

Worksite: _____ Date: _____
Presenter: _____ Job Title: _____

Directions: 1-Complete and return to HR. 2- Keep a copy on-site. 3-Enter into database.

Contents of training:

- Video presentation on bloodborne pathogens by healthcare professional.
- Review of tasks and activities that could involve exposure to blood and OPIM.
- Information on types, uses and location of personal protective equipment including gloves, sharps container, masks, clean up procedures and disposal.
- Definition of an exposure incident and how to report it and medical evaluation available.
- Location of accessible copies of the Exposure Control Plan.
- Information on hepatitis B vaccine. Available at no cost and benefits.
- Review of methods to prevent or reduce exposure. Universal Precautions, work practices and personal protective equipment.
- Review of hazard signs and color-coding of bloodborne waste materials.

NAME -Signature	NAME - Print	JOB TITLE

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Bloodborne Pathogens Quality Improvement Process Annual Questionnaire

Date: _____

Employee name: _____ Title: _____

Program: _____

Directions: Rules require an improvement process to the organization's bloodborne pathogens program. Once a year during the "Annual Bloodborne Pathogens Update" training this questionnaire is issued to employees and management for feedback. This information is reviewed by Program management, Human Resources and the Safety Director.

- **The organization identifies opportunities to improve controls through:**

The review of incident reports, review of sharps logs, employee feedback and suggestions, safety committee suggestions and review of requirements.
--

Recommendations and Feedback:

- **The organization evaluates new products regularly by:**

Suggestion, request and questionnaire.
--

Recommendations and Feedback:

- **Other suggestions to improve the bloodborne pathogens program.**

Recommendations and Feedback:

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Sharps Injury Log

Facility: _____

Year: _____

Directions: The Bloodborne Pathogen rule requires maintaining a Sharps Injury Log to record all contaminated sharps injuries in the facility. The purpose of the log is to help evaluate and identify problem devices or procedures that require attention. The log is maintained by the Human Resources Department and reviewed by the Safety Committee Annually.

The Sharps Injury Log needs to do all of the following:

- Maintains sharps injuries separately from other injuries and illness kept on the Injury and Illness Log.
- Include ALL Sharps injuries that occur during a calendar year.
- Be retained for 5 years beyond the completion of that Calendar year.
- Preserve the confidentiality of affected employees.

Date:	Case #	Type of Device	Device Brand	Work Area Where Injury Occurred	Brief description of how the incident occurred.

Post-Exposure Evaluation and Follow-up Flow Chart

