

City of Portland **Exposure Control Plan**

I. Policy

The City of Portland is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 C.F.R. 1910.1030, "Occupational Exposure to Bloodborne Pathogens." A copy of that standard is attached as ADDENDUM A.

It is also provided to eliminate or minimize occupational exposure to airborne pathogens, including tuberculosis and meningitis.

II. Program Administration

This program applies in all work areas of the City and applies to any employee who is determined to have potential occupational exposure to blood, other potentially infectious materials (OPIM), and/or airborne pathogens. Copies of this ECP are available on the City's website, in hard copy in each relevant City department, and will be made available upon request.

The Director of Occupational Health and Safety is the program coordinator (the Program Coordinator), with overall responsibility for the ECP, including ensuring training, implementation, and record keeping. The Program Coordinator will review this ECP at least on an annual basis and update it as required. The Program Coordinator shall also work with the Public Health Division, supervisors, and directors to evaluate existing and new technologies and best practices, including by reviewing publications involving best practices and technology.

The Program Coordinator shall also solicit feedback regularly from both front-line workers and management to improve procedures and controls, including requests for feedback through email, the employee newsletter, and management requests.

The Human Resources Safety & Training Officer acts as the alternate Coordinator in the absence of the Coordinator.

III. Training

The Program Coordinator shall be responsible for implementing a training program for all employees covered by this ECP. Covered employees shall receive training upon hire and shall receive refresher training annually by a person qualified to provide that training. The Training Requirements and Sign-off form, attached as ADDENDUM B, shall be used to document all trainings, and employees shall sign indicating that they have received the required training.

IV. Employee Exposure Determination

A list of job classifications in the City, broken down by City Department, in which some or all employees have occupational exposure is attached as ADDENDUM C.

V. Methods of Implementation and Control

The City employs the following types of controls. Employees must follow all controls and requirements.

1. Standard Precautions. All employees will utilize standard precautions and will be trained on the precautions specific to their job functions.
2. Engineering Controls. Supervisors, in conjunction with the Program Coordinator and the Training and Safety Officers, shall be responsible for identifying and implementing engineering controls to reduce or eliminate potential exposures in their areas of responsibility. Engineering controls will be examined at least annually and will be maintained or replaced as necessary to ensure their effectiveness.
3. Work Practice Controls. In addition to the standard precautions and engineering controls, employees are required to use safe work practice controls. Supervisors, in conjunction with the Program Coordinator and the Training and Safety Officers, shall be responsible for identifying and implementing work practice controls to reduce or eliminate potential exposures in their areas of responsibility. Additional work practice controls are outlined in ADDENDUM D.
4. Personal Protective Equipment (PPE). PPE required pursuant to this ECP shall be provided to employees free of charge and must be used by employees where required. Identification of necessary PPE for a particular position, the provision and maintenance of PPE, and training in the use of the appropriate PPE for specific tasks or procedures is provided for in the City's Personal Protection Policy.

PPE required under this ECP shall follow the additional standards set forth in ADDENDUM E.

5. Housekeeping. Worksites must be kept in clean and sanitary condition. Supervisors, working with the Program Coordinator and Safety and Training Officer, are responsible for developing a schedule and method of cleaning and decontamination for their areas of responsibility. Additional housekeeping requirements are outlined in ADDENDUM F.

VI. Labels and Color-Coding

The City will use warning labels and color-coding to identify items with the risk of blood or OPIM contamination. This includes containers of regulated waste, refrigerators and freezers containing

blood or OPIM, and other containers. Labels shall be fluorescent orange or orange-red and contain the Biohazard symbol, and labels shall be affixed to prevent their loss. Red bags or containers may be substituted for labels.

VII. Vaccinations

The Hepatitis B vaccination series is available at no cost to employees with risk of infection, as identified pursuant to this ECP. Vaccinations shall be made available after employees have completed their initial training, and within 10 days of initial assignment. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

If an employee declines the vaccination, the employee must sign the declination form attached as ADDENDUM G. However, employees who decline may request and obtain the vaccination at a later date at no cost.

VIII. Post-Exposure Evaluation and Follow-Up

When an exposure to blood or OPIM occurs, following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following steps must be taken:

1. Notify your supervisor who will contact the Program Coordinator. Contact the Program Coordinator immediately at 207-874-8622 or 207-317-1645. Or the alternate Coordinator at 207-653-2261, 207-756-8262, or 207-321-1079.
2. Document Exposure. Complete a First Report of Injury and the Documentation of Exposure form, attached as ADDENDUM H.
3. Obtain Exposure Source Consent. Attempt to obtain consent from the individual who is the source of the exposure to test that person for to determine the presence of HIV, HCV, HBV, meningitis or tuberculosis infectivity.
 - If the source individual does not consent to testing, contact Corporation Counsel's Office immediately. Document that consent was not given.
 - Once tested, transmit the results of the source individual's testing to the healthcare professional responsible for the exposed employee's care.
 - Transmit the results of the source individual's testing to the employee, with information about the employee's obligation to protect the identity and infectious status of the source individual pursuant to state and federal law.

- Note that these procedures may vary for Barron Center incidents, where the specific exposure plan at that facility will take precedence and should be adhered to.
4. Obtain Employee Consent. Obtain consent from the exposed employee to be tested. The employee should complete the consent form attached as ADDENDUM I.
 - If the employee consents to physician recommended testing, send the exposed employee to have the relevant testing.
 - If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
 5. Employee Medical Evaluation. Send the employee to a City of Portland approved occupational medical provider for a confidential medical evaluation and follow-up care, including any post-exposure prophylaxis when medically indicated, and the evaluation of any reported illnesses. If the injury is after business hours, the employee should be sent to Maine Medical Center.

In addition to the results of the exposure source's tests, the medical provider shall be given the following information:

- The completed Documentation of Exposure form (ADDENDUM H);
 - A copy of the OSHA standard, "Occupational Exposure to Bloodborne Pathogens" (ADDENDUM A), if the exposure was to blood or OPIM;
 - Any medical records that the City has relating to the employee's exposure, including relevant vaccination records; and
 - Healthcare Professional's Written Opinion for Post Exposure Evaluation and Follow-Up form, which is attached as ADDENDUM J. The exposed employee must be provided with the completed Written Opinion within 15 days after completion of the evaluation.
6. EAP Counseling. Refer employee to EAP for follow-up counseling. Counseling is voluntary but encouraged.

All precautions will be taken to ensure the confidentiality of both the source individual and employee, providing for adherence to all HIPAA requirements.

Following an exposure, the Program Coordinator will work with the impacted Department to evaluate the controls, work practices, devices, PPE, training, and other factors in place at the time, and consider whether modifications to this ECP, or Department practice are warranted.

IX. Records

The Program Coordinator shall be responsible for recordkeeping under this ECP.

- I. Training Records. Training records shall be kept for at least three years from the date of training and shall be made available upon request of an employee, employee's representative, or to any governing governmental agency. These shall be maintained by the HR Safety and Training Officer.
- II. Occupational Exposure Records. Records of an occupational exposure must be retained for the duration of the exposed employee's employment, plus 30 years. Occupational exposure records must be kept confidential and may only be released with the employee's written consent, or as required by law. The following records must be maintained:
 - The exposed employee's hepatitis B vaccination status;
 - Any medical records relating to the employee's ability to receive vaccination;
 - The employee's signed declination of the hepatitis B vaccination, if any;
 - All examination, medical testing, and follow-up procedures results;
 - The completed Healthcare Professional's Written Opinion for Post Exposure Evaluation and Follow-Up form (ADDENDUM J); and
 - A copy of all information provided to the healthcare professional, as required in Section VII above.
- III. Sharps Injury Log. The Program Coordinator shall create and maintain a sharps injury log, in the form attached as ADDENDUM K. The log shall not identify the injured employees. The log must be maintained for five years and made available upon request.

X. Related Documents

Departmental and position related procedures, including for PPE, relevant standard precautions, engineering controls, work practice controls, housekeeping, handling of dead animal carcasses, and other specific procedures

POLICY VIOLATIONS

Any employee who violates this policy may be subject to discipline under the City's AR-25 Disciplinary Procedures Policy, up to and including termination of employment. The prohibitions in this policy are intended to complement any conduct or performance restrictions provided in additional City and departmental policies and procedures.

Disciplinary action will be applied if any employee violates these procedures, regardless of whether or not physical harm or equipment damage results.

Jon P. Jennings
City Manager

Date

Origination Date: 9/17/93
Revision Dates: 07/12/04, 3/30/20

ADDENDUM A
OSHA Standard 29 C.F.R. 1910.1030
Occupational Exposure to Bloodborne Pathogens.

A copy of this standard is available as a separate document.

**ADDENDUM B
TRAINING REQUIREMENTS AND SIGNOFF**

Training: Exposure Control

Trainer Name:

Trainer Qualifications:

Date:

Training on this date included the following components:

- Employees were given copies of the City’s Exposure Control Plan, a copy of the OSHA bloodborne pathogen standard, and provided an explanation of both.
- An explanation of the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.
- 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 methods to prevent or reduce exposure;
- An explanation of the basis for PPE selection, and the types, uses, location, removal, handling, decontamination, and disposal of PPE
- 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 provided free of charge by the City.
- 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.
- Information on the post-exposure evaluation and follow-up that the City will provide for the employee following an exposure incident.
- An explanation of the labels and/or color coding used in the workplace.
- Employees were provided an opportunity for interactive questions and answers with the trainer.

Employee Name

Employee Position

Employee Signature

Employee Name	Employee Position	Employee Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDENDUM C.1 FIRE DEPARTMENT

The following potential exposures apply to all Fire Department employees, except for those performing administrative functions:

- Handling or collection of culture materials/swabs/media contaminated or possibly contaminated with blood or other potentially infectious materials.
- Handling (including labeling) of laboratory (body fluid or tissue) specimens containing blood or other potentially infectious materials.
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious materials. (Patient placement, assistance, transport, general patient care, etc.)
- Exams with non-intact skin or mucous membrane contact.
- Handling or cleaning of contaminated instruments (blunt or sharp).
- Handling of contaminated waste.
- Dressing wounds.
- Cleaning areas after procedures, exams, or patient contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Handling contaminated reusable instruments or linens.
- Controlling hemorrhage and burn care.
- Participating in resuscitation activities.
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or uncooperative individuals).
- Vascular access procedures (starting intravenous lines).
- Phlebotomy.
- Finger sticks.
- Handling or collection of culture materials/swabs/media contaminated or possibly contaminated with blood or other potentially infectious materials.

ADDENDUM C.2 EXPOSURE DETERMINATION HEALTH AND HUMAN SERVICES DEPARTMENT

A. BARRON CENTER

RN, LPN

- Administration of intramuscular, subcutaneous, intradermal and intravenous medications
- Administration of rectal or vaginal medications
- Administration of fluids or medications through a gastrostomy tube.
- Insertion, flushing, care and withdrawal of urinary catheters
- Administration of enemas
- Handling and care for urostomies, nephrostomies, and colostomies
- Handling and care of wound vacs
- Finger sticks

- Handling or collection of culture materials/swabs/media contaminated or possibly contaminated with blood or OPIMs
- Handling (including labeling) of laboratory (body fluids or tissue) specimens containing blood or OPIMs
- Potential contact with non-intact skin or skin contaminated with blood or OPIMs (patient placement, assistance, transport, general patient care, etc.)
- Exams with non-intact skin or mucous membrane contact
- Handling or cleaning of contaminated instruments
- Handling contaminated waste
- Handling contaminated reusable instrument or linens
- Exposure to patients with infectious diseases/conditions
- Dressing changes
- Activities involving bathing, dressing, grooming, toileting and transferring
- Interventions in emergency situations such as falls, lacerations, bruises and skin tears.
- Suctioning of the nose and mouth
- Examination of the internal aspects of the ear
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or un-cooperative individuals)

CNA

- Bathing, dressing, grooming, toileting and transferring residents.
- Assistance provided during emergency situations such as falls, lacerations, skin tears, abrasions, vomiting
- Administration of enemas
- Transferring and assistance during ADL's
- Handling and caring for catheters, urostomies, nephrostomies, and colostomies.
- Handling contaminated linen
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or un-cooperative individuals)
- Exposure to patients with infectious diseases/conditions

Therapy Department

- Potential contact with mucous membrane or non-intact skin contaminated with blood or OPIM during treatment
- Dressing changes
- Transferring and assistance during ADL's
- Activities involving bathing, dressing, grooming, toileting and transferring
- Intervention in emergency situations such as falls, lacerations, bruises and skin tears
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or un-cooperative individuals)
- Exposure to patients with infectious diseases/conditions

Housekeeper

- Cleaning areas/surfaces that may be contaminated with blood or OPIM
- Cleaning of equipment used in direct patient care that may be contaminated with potentially infectious material.
- Handling and managing the disposal of sharps/sharps containers
- Handling the disposal of biowaste
- Exposure to patients with infectious diseases/conditions

Laundry Worker

- Handling potentially contaminated linen during pick-up, transport or processing
- Exposure to patients with infectious diseases/conditions

Dietary Staff

- Handling potentially contaminated materials during pick-up, transport or processing of dietary material.
- Potential contact with contaminated material during pick-up, transport and disposal of dietary trays.
- Exposure to patients with infectious diseases/conditions

Maintenance

- Maintenance/repairs on equipment/fixtures contaminated with blood or OPIM
- Handling and managing the disposal of sharps/sharps containers
- Maintenance/cleaning of surfaces contaminated with blood or OPIM
- Exposure to patients with infectious diseases/conditions

B. PUBLIC HEALTH**Community Health Promotion Specialist**

- Phlebotomy
- Handling and/or collection of culture material/swabs and media possibly contaminated with blood or other potentially infectious materials.
- Handling and/or labeling laboratory specimens containing blood or other potentially infectious materials.
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious materials. (Client placement, assistance, transport, general client care, etc.)
- Handling of contaminated waste.
- Participating in resuscitation activities.
- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

Laboratory Director/Technician

- Phlebotomy
- Finger sticks

- Handling and/or collection of culture material/swabs and media possibly contaminated with blood or other potentially infectious materials.
- Handling and/or labeling laboratory specimens containing blood or other potentially infectious materials.
- Handling or cleaning of contaminated instruments or linens. Handling of contaminated waste.
- Cleaning areas after procedures, exams, or client contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

Nurse Practitioner/Public Health Nurse

- Phlebotomy
- Finger sticks
- Handling and/or collecting culture material/swabs media possibly contaminated with blood or other potentially infectious materials. Handling and/or labeling laboratory specimens containing blood or other potentially infectious materials.
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious materials. (Client placement, assistance, transport, general client care, etc.)
- Exams with non-intact skin or mucous membrane contact. Handling or cleaning of contaminated instruments or linens. Handling of contaminated waste.
- Dressing wounds.
- Cleaning areas after procedures, exams, or client contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Controlling hemorrhage and burn care.
- Participating in resuscitation activities.
- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

Public Health Aide

- Finger sticks.
- Handling and/or collection of culture material/swabs and media possibly contaminated with blood or other potentially infectious materials.
- Handling and/or labeling laboratory specimens containing blood or other potentially infectious materials.
- Handling or cleaning of contaminated instruments or linens. Handling of contaminated waste.
- Cleaning areas after procedures, exams, or client contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

Substance Use Prevention Coordinator

- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

C. SOCIAL SERVICES

Shelter Manager, Shelter Attendant, Custodial & Maintenance Workers, Security Guard

- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious material (client assistance, transport, general client care etc.)
- Handling of contaminated waste.
- Dressing wounds.
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or uncooperative individuals).
- Handling or cleaning of contaminated instruments or linens. Cleaning client areas where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Activities involving bathing, dressing, and transferring. Intervention in emergency situations such as falls, bruises, lacerations and skin tears.

ADDENDUM C.3 EXPOSURE DETERMINATION JETPORT

The following potential exposures apply to Jetport Maintenance and Facilities Employees and Operations Supervisors:

- Cleaning up spills on the tarmac involving the lavatory truck/cart (Maintenance employees only)
- Accidental contact with used needles left in or around the Jetport
- Blood exposure – assistance with the public, patrons and coworkers dealing with a medical emergency

ADDENDUM C.4 EXPOSURE DETERMINATION PARKING DIVISION

Positions:

- Garage Cashier
- Customer Service Rep
- Parking Control Officer
- Garage Shift Leader

- Parking Office Assistant
- Senior PCO
- Maintenance Worker III
- Parking Meter Technician
- Parking Meter Supervisor
- Parking Division Supervisor
- Parking Division Director

The following potential exposures apply:

- Accidental contact with used needles left in garages or on streets and sidewalks
- Blood exposure – assistance with the public, patrons and coworkers dealing with a medical emergency
- Cleaning vomit and fecal matter in and in the vicinity of the parking garages (Maintenance Workers only)

**ADDENDUM C.5
EXPOSURE DETERMINATION
PARKS, RECREATION, AND FACILITIES DEPARTMENT**

Positions:

- Aquatic Supervisor
- Ice Arena Facilities Coordinator
- Ice Arena Manager
- Ice Arena Skate Guard
- Ice Skating Instructor
- Lead Event Coordinator
- Recreation Division Leader
- Recreation Programmer I
- Recreation Programmer II
- Recreation Programmers (on-call and seasonal)
- Recreation Supervisor
- Therapeutic Recreation Manager

Potential Exposures:

- Blood exposure – assistance with injuries in water and land-based recreation programs and events such as falls, lacerations, skin tears, abrasions, vomiting;
- Contact with saliva with the possibility of blood present;
- Exposure to blood-borne pathogens through biting when skin is broken;
- Cleaning blood spills;
- Contact with fecal matter.

Positions:

- Building Maintenance / Custodial Workers

- Custodial Worker
- Director of Operations
- Event Staff (on-call and permanent)
- Master Plumber
- Operations Staff / Custodial Workers
- PAF Operations Foreman / Custodial
- PAF Operations Supervisor / Custodial
- Sr. Leads Events Coordinator

Potential Exposures:

- Blood exposure – assistance with patrons dealing with a medical emergency;
- Contact with saliva with the possibility of blood present;
- Cleaning blood spills;
- Contact with fecal matter.

Positions:

- Arborist I
- Arborist II
- Arborist III
- Cemeteries Coordinator
- Cemeteries Foreman
- Cemeteries Supervisor
- City Arborist
- Forestry Supervisor
- Golf Course Supervisor
- Golf Rangers
- Horticulture Maintenance Worker
- Maintenance Worker I
- Maintenance Worker II
- Maintenance Worker III
- Parks Maintenance Foreman
- Parks Ranger (seasonal and permanent)
- Parks Supervisor
- Playground Technician
- Recreation Facilities Technician
- Seasonal Maintenance Worker

Potential Exposures:

- Accidental contact with used needles left in public parks, open spaces, trails, outdoor recreation facilities; playgrounds;
- Blood exposure – assistance with patrons and coworkers dealing with a medical emergency;
- Rabies exposure through bites of wild and domestic animals;

ADDENDUM C.6
EXPOSURE DETERMINATION
POLICE DEPARTMENT

The following potential exposures apply to all Police Department sworn officers, Community Policing Coordinators and Substance Use Liaisons:

- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious material (patient placement, assistance, transport, general patient care, etc.)
- Handling of contaminated waste.
- Dressing wounds.
- Cleaning areas after procedures, exams, or physical contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Controlling hemorrhage and burn care.
- Participating in resuscitation activities.
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or uncooperative individuals).
- Potential exposure to sharps or blood or other potentially infectious materials during searches.
- Potential exposure to the rabies virus when disposing of dead animal carcasses (designated and trained individuals only).

ADDENDUM C.7
EXPOSURE DETERMINATION
PUBLIC WORKS DEPARTMENT

The following potential exposures apply to all Public Works employees except for those performing strictly administration functions:

- Handling of materials/substances contaminated or possibly contaminated with blood or other potentially infectious materials
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious substances
- Handling or cleaning of contaminated tools
- Handling of contaminated waste products
- Cleaning areas after possible contamination
- Participating in resuscitation activities and/or the control of a hemorrhaging or burned employee
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma
- Potential exposure to sharps contaminated with blood or other potentially infectious materials while removing sharps from public locations
- Working in and around sewers, pump stations, storm drains and manholes where possibly contaminated water or sewage exists
- Picking up, throwing and disposing of trash and recycling where unknown contamination can exist inside trash bags and recycling totes

- The cleaning and/or repair of any fleet vehicle that is used to pick up, remove, store or transport of possibly contaminated materials/substances
- Potential exposure to the rabies virus when disposing of dead animal carcasses (designated and trained individuals only).

**ADDENDUM C.8
EXPOSURE DETERMINATION
ASSESSORS, PERMITTING AND INSPECTIONS, PLANNING**

The following potential exposures may apply to all employees in these departments:

- Accidental contact with used needles left on streets and sidewalks, in commercial or private citizen properties
- Blood exposure – assistance with the public, customers and coworkers dealing with a medical emergency

**ADDENDUM C.8
EXPOSURE DETERMINATION
OTHER CITY HALL**

The following potential exposures may apply to all other employees working in City Hall:

- Accidental contact with used needles left in City Hall or on nearby streets and sidewalks
- Blood exposure – assistance with the public, customers and coworkers dealing with a medical emergency

ADDENDUM D WORK PRACTICE CONTROLS

In addition to specific environmental controls adopted by Departments, as appropriate, the following environmental controls shall be followed:

- Hand-washing – employees will be provided with ready access to handwashing facilities or will be provided with appropriate antiseptic hand cleanser or towelettes. Employees must wash their hands immediately, or as soon as feasible, before wearing and after removing gloves or other personal protective equipment (PPE).
- Washing other skin or mucous membranes – where skin other than hands, or mucous membranes come in contact with blood or OPIM, employees must wash any exposed skin with soap and water or flush mucous membranes with water immediately, or as soon as feasible. If blood or OPIM comes into contact with non-intact skin, take appropriate post-exposure steps.
- Washing eyes - if blood or otherwise potentially infectious materials (OPIM) gets in the eyes immediately flush for 15 minutes using an eyewash station or running water if no station is available. Using fingers to keep the eyelids open, lower eyes into the stream of water. Roll eyes gently up and down and from side to side, ensuring that the water reaches as much of the eyeballs as possible. After flushing, seek medical assistance immediately.
- Needles and sharps – the following guidelines apply to the handling of contaminated needles or other sharps:
 - i. They may not be bent, recapped, or removed;
 - ii. They may not be sheared or broken;
 - iii. If there is no alternative to bending, recapping, or removing a contaminated needle or sharp, it must be accomplished through the use of a mechanical device, or one-handed; and
 - iv. They must immediately be placed in a designated sharps container.
- Eating, drinking, etc. – employees shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of occupational exposure.

- Food and drink storage – employees may not store food or drink in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present.
- Minimize splashing, spraying, etc. – any procedure involving blood or OPIM must be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances. Use personal protective equipment such as masks, face shields, goggles, etc. as indicated.
- Mouth suctioning – employees may not mouth pipette or suction any blood or OPIM.
- Containers for specimen storage, transport – blood or OPIM specimens must be placed in an appropriate container for collection, storage, handling, etc. The container must be leak-proof and labeled or color-coded appropriately, and a secondary container must be used where the primary container is contaminated or the specimen could puncture the primary container.
- Equipment decontamination – prior to servicing or shipping equipment, that equipment must be decontaminated, unless that is not feasible. If not feasible, the equipment must be labeled appropriately, and the contamination communicated to the appropriate individuals so that precautions can be taken.

ADDENDUM E
PERSONAL PROTECTIVE EQUIPMENT FOR BLOOD AND OPIM

PPE for avoiding exposure to blood and OPIM may include gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other equipment. The PPE required for each job or task shall be identified in accordance with the City's Personal Protection Policy.

All PPE:

- The City will provide all required PPE. The City will also be responsible for replacing, repairing, cleaning, and/or disposing of PPE, as appropriate.
- Notify your supervisor of any damaged, deteriorated, or contaminated PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE should be placed in designated containers for storage, washing, decontamination, or disposal, as appropriate.

Gloves:

- Wear appropriate gloves when it is 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, or 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.

Face Protection:

- Wear appropriate face and eye protection when potential splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

Garments:

- Remove garments contaminated by blood or OPIM immediately, or as soon as feasible, in such a way as to avoid contact with the outer surface.

ADDENDUM F HOUSEKEEPING MEASURES

In addition to housekeeping controls put in place in individual Departments, the following measures shall be followed:

- Cleaning equipment and work surfaces - equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM, after completion of procedures; immediately or as soon as feasible, and at the end of the work shift if the surface may have become contaminated since the last cleaning. A 1:10 bleach:water solution shall be used.
- Protective coverings – coverings should be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated since the last cleaning.
- Cleaning receptacles - bins, pails, cans, and similar receptacles that have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned or decontaminated immediately, or as soon as feasible, if there is visible contamination.
- Broken glass – broken glass that might be contaminated should not be picked up with the hands, but instead should be cleaned up using a dustpan, tongs, forceps, or similar methodology.
- Sharps containers - must be replaced routinely and not allowed to be more than $\frac{3}{4}$ filled. When moving containers, they must be closed to avoid spillage or must be placed in a secondary container if leakage is possible. Reusable containers may not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.
- Other regulated waste - must be placed in closable containers that are constructed to contain contents and prevent leakage, and are labeled or color-coded. When moving containers, they must be closed to avoid spillage or must be placed in a secondary container if leakage is possible.
- Laundry – contaminated laundry should be handled as little as possible with minimum agitation. It should be carried away from the body, be bagged at the location where it was used and may not be sorted or rinsed at that location. Bags or containers must be labeled or color-coded. Wet laundry that presents a reasonable likelihood of soak-through or leakage shall be placed in secondary containers.

ADDENDUM G
HEPATITIS B VACCINATION DECLINATION FORM

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 charge to me.

Date: _____

Signature: _____

Printed Name: _____

**ADDENDUM H
DOCUMENTATION OF EXPOSURE**

This form must be completed for every occupational exposure covered by the ECP and shall be given to the medical provider who is responsible for evaluating the exposed employee. A copy shall also be kept in the employee's confidential medical file.

1. Exposed Employee Information.

Name: _____

Social Security Number: _____

2. Date of Exposure: _____

3. Exposure Incident. Describe the circumstances under which exposure occurred, including the routes of exposure:

4. Exposed Employee's Job Duties, as They Relate to the Exposure Incident. Describe the employee's job duties that led to him/her being exposed:

5. Exposure Source Information. Provide as much information as available for the person who was the source of the exposure. This includes name, address, social security number, contact information, and whether the individual is known to have HBV, HCV, HIV, TB, or meningitis:

6. Steps Taken to Obtain Consent of the Exposure Source. Describe the steps taken to obtain the consent of the exposure source to test him/her for HIV, HCV, HBV, meningitis, and/or TB infectivity:

7. Date Exposure Source Information Transmitted to Healthcare Professional: _____

8. Date Exposure Source Information Transmitted to Employee: _____

**ADDENDUM I
EMPLOYEE CONSENT TO TESTING**

I understand that I have been involved in an incident that exposed me to another individual's blood, other potentially infectious material, and/or work related airborne pathogen.

1. I understand that allowing the collection and testing of my blood to determine HBV, HCV and HIV serological status is recommended and that this testing will be conducted without any cost to me. With this information I give my consent as follows (check one):

_____ YES, I consent to having my blood drawn and to complete serological testing at this time

_____ YES, I consent to have my blood drawn and to baseline blood testing only. However, I DECLINE HIV testing at this time. I understand that the sample I provide will be preserved for at least 90 days and, if I elect to have that sample tested in the next 90 days, the additional testing will be done as soon as feasible.

_____ NO, I DECLINE to have my blood drawn and tested at this time.

2. I understand that allowing the testing for meningitis, tuberculosis, and/or other airborne pathogen is recommended and that this testing will be conducted without any cost to me. With this information I give my consent as follows (check one):

_____ YES, I consent to appropriate testing for tuberculosis and/or meningitis, as determined by a City of Portland approved occupational medical provider.

_____ NO, I DECLINE to have testing for tuberculosis and/or meningitis, as determined by a City of Portland approved occupational medical provider done at this time.

Date: _____

Signature: _____

Printed Name: _____

**ADDENDUM J
HEALTHCARE PROFESSIONAL'S WRITTEN OPINION
FOR POST EXPOSURE EVALUATION AND FOLLOW-UP**

Please complete this form with respect to the City of Portland employee who has been referred to you for an occupational exposure under the City's Exposure Control Plan. Please return this form to: _____

1. **Exposed employee's name:** _____

2. **Date of exposure:** _____

3. **Date of evaluation:** _____

4. **Opinion whether hepatitis B vaccination is indicated for the exposed employee:**

YES ___ NO ___

Reasons:

5. **Whether the exposed employee has received hepatitis B vaccination:**

YES ___ NO ___

Reasons:

6. **I informed the exposed employee of the results of this evaluation:**

YES ___ NO ___

7. **I told the exposed employee about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment:**

YES ___ NO ___

**ADDENDUM K
EXPOSURE INJURY LOG**

This log must be updated and maintained for each percutaneous injury from contaminated sharps or other source.

Date:	Department:
EE Name:	
Source:	
Description of Incident:	
Date:	Department:
EE Name:	
Source:	
Description of Incident:	
Date:	Department:
EE Name:	
Source:	
Description of Incident:	