LINN-BENTON
COMMUNITY COLLEGE

STUDENT

BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

Updated: September, 2021

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SECTION 1 — PURPOSE & SCOPE

he following exposure control plan has been developed for students who may have exposure to blood or other infectious body fluids while at LBCC as a student. The Student Bloodborne Pathogens Exposure Control Plan covers students on-campus only. Students engaged in clinical practicum, cooperative work experience, or another clinically related experience at an off-campus site, are covered by the Employee Bloodborne Pathogens Exposure Control Plan, **if the student is covered by the College's workers' compensation insurance**.

The **purpose** of this exposure control plan is twofold:

1. to eliminate or minimize student occupational exposure to blood or other potentially infectious body fluids
2. to fulfill OSHA rule 1910.1030(c)(1)(i) that indicates that the employer shall establish a written Exposure Control Plan designed to eliminate or minimize employee (or in this case, student) exposure.

Scope

This plan covers all students who as a result of performing their academic job duties, could "reasonably anticipate" contact with blood or other potentially infectious materials.

These standards and procedures should be incorporated into the curriculum of students who would be working in fields where the above standard is directly applied, such as all healthcare programs of study. Other academic programs may include, but are not limited to: Athletics, Technology, Biology/Life Sciences, Criminal Justice, Culinary Arts, Health and Physical Education, and Heavy Equipment/Diesel Technology. However, this plan is for all students at LBCC that are enrolled in courses at LBCC.

SECTION 2 — EXPOSURE DETERMINATION

The purpose of this exposure determination is to identify the following:

1. Identify a list of all job classifications (specific student programs or courses) in which all employees (students) in those job classifications have occupational exposure 1910.1030(c)(2)(i)(A) and Identify a list of job classifications in which some employees (students) have occupational exposure, and 1910.1030(c)(2)(i)(B)
2. As per 1910.1030(c)(2)(i)(C) provide a list of tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occur and that are performed by employees (students) in job classifications listed in accordance with the provisions of OSHA standard 1910.1030(c)(2)(i)(B)

The exposure determination is made without regard to the use of personal protective equipment (PPE) (i.e., students are considered to be exposed even if they wear PPE) in compliance with OSHA standard 1910.1030(c)(2)(ii).

Job Classifications (Specific Student Programs and/or courses)

All healthcare programs (including, but not limited to):

- Certified Nursing Assistant (CNA and CNA 2)
- Clinical Office Procedures
- Dental Assistant
- Diagnostic Imaging
- LBCC/High School Health Occupations
- Medical Assistant
- Nursing
- Occupational Therapy Assistant
- Phlebotomy
- Surgical Technology

Athletics Students

Culinary Arts

Education/Early Childhood Education

SECTION 3 — METHODS OF COMPLIANCE

Universal Precautions

Universal Precautions is defined by OAR 1910.1030 as an approach to infection control. According to the concepts of Universal Precautions, all human blood and other potentially infectious materials (OPIM) are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV) and other bloodborne pathogens. Universal Precautions will be stressed in the training sessions and implemented as a work practice control. This plan includes a schedule and method of implementation.

Universal Precautions/Body Substance Isolation will be observed at LBCC in order to prevent contact with blood or other potentially infectious materials. All blood or potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

Universal Precautions include: mask, gown, gloves, biohazard bag, sharps disposal container, spill kit (with EPA approved disinfectant), and glasses, face shields or goggles for eye protection.

Locations in which Universal Precautions will be used:

Biology Department (Labs: WHO-205, WHO-214, WHO-216, WHO-218, and Prep Rm: WHO-206)
Universal Precaution procedures are in place during Labs, and any other potential exposure activities.

Diagnostic Imaging Lab (HOC 170):
Universal Precautions procedures are in place during IV Starts, patient positioning, and any other potential exposure activities.

Health Occupations Lab at Participating High Schools:
Universal Precautions procedures are in place during classroom lab and patient work involving teaching and cleaning of CPR equipment and mannequins, finger stick blood sugars, oral hygiene procedures, injection techniques, collection and testing of urine samples, and any other potential exposure activities.

LBCC Dental Area (HOC 111, HOC-111A, HOC-111B, HOC-111C, HOC-111D, HOC-111E, HOC-111F, HOC-112): Universal Precautions procedures are in place any time when working with clinical patients in these rooms.

LBCC Dental Lab (HOC-110):
Universal Precautions procedures are in place any time when working with students or patients in this room.

Medical Assisting Lab (HOC-260, HOC-260A, HOC-260B):
Universal Precautions procedures are in place during injection techniques, phlebotomy venipunctures or capillary sticks, and any other potential exposure activities.

Nursing Assistant Skills Lab (HOC-270):
Universal Precautions procedures are in place during IM and SQ injection administration, finger sticks for blood glucose, and any other potential exposure activities.

Nursing Skills Lab (HOC-281, HOC-280A, HOC-280G, HOC-280H):
Universal Precautions procedures are in place during IM and SQ injection administration, finger sticks for blood glucose, and any other potential exposure activities.

Occupational Therapy Assistant (HOC-120):
Universal Precautions procedures are in place anytime when working with clinical patients, and any other potential exposure activities.

Phlebotomy Lab (HOC-160):
Universal Precautions procedures are in place during phlebotomy venipunctures or capillary sticks, and any other potential exposure activities.

Surgical Technology Lab (HOC-160, HOC-170C):
Universal Precautions procedures are in place any time students are working in this room.

Off-Campus Sites:
Students at off-campus sites have the same potential risk as health care providers in their respective categories. College procedures include some students working at off-campus sites. College and Institutional compliance procedures will be followed. Off-Campus Sites include the following: Hospitals, Nursing Homes, Dental Offices, Medical Offices, Ambulance Transport Services, and Mortuaries. For off-campus exposure, see the Employee Bloodborne Pathogens Exposure Control Plan.

1. Engineering Control

Engineering and work practice controls will be utilized to eliminate or minimize student exposure to human blood or OPIM at LBCC. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be used.

Engineering Control	**Review Schedule**	**Person Responsible**
Eye Wash Station (HOC-110)	Monthly	Instructional Assistant 2 - Dental
Eye Wash Station (HOC-170)	Monthly	Clerical Specialist 3
Eye Wash Station (HOC-160)	Monthly	Phlebotomy Faculty/Surgical Technology Faculty
PPE (HOC-110)	Daily	Instructional Assistant 2 - Dental
PPE (HOC-170)	Daily	Surgical Technology Faculty
PPE (RCH 121A)	Daily	Public Safety Office Staff
Bio Hazard Spill Kit (HOC-260)	Quarterly	Medical Assisting Faculty
Bio Hazard Spill Kit (Benton Center)	Quarterly	Public Safety Officer
Bio Hazard Spill Kit (RCH-121A)	Quarterly	Safety & Loss Prevention Coord.
Bio Hazard Spill Kit (CC Core 142, RCH Core 123, WOH Core 134)	Quarterly	Public Safety Officer
Bio Hazard Spill Kit (HOC-280)	Quarterly	Health Occupations Specialist
Bio Hazard Spill Kit (HOC-110)	Quarterly	Instructional Assistant 2 - Dental
Bio Hazard Spill Kit (Leb. Ctr.-153)	Quarterly	Events & Meetings Coord. 2
Bio Hazard Spill Kit (HOC-160)	Quarterly	Phlebotomy Faculty/Surgical Technology Faculty
Bio Hazard Spill Kit (SHC-107A)	Quarterly	Center Coordinator and Clerical Specialist 3

The following **engineering controls** will be used at LBCC:

- Sharps containers in the health occupations and science labs for disposal of used needles and other sharps.
- Leak-proof, labeled containers to store and transport specimens of blood.
- Provision of readily accessible hand washing facilities with soap and running water to students who have potential exposure to blood or other potentially infectious materials.
- Airway adapters by staff responsible for teaching or performing CPR.
- Blood spill kits and procedure for handling accidental occurrences of potentially infectious materials.
- Blood spill kits and procedure for handling accidental occurrences of potentially infectious materials.
- Regulated waste will be bagged properly and placed in a biohazard container. Disposable gloves that are lightly soiled, i.e., not likely to further contaminate any surface with liquid or semi-liquid blood or other potentially infectious materials (OPIM), and not caked with dried blood, may be placed in the regular trash.
- The universal biohazard symbol affixed as labels to:
    a. Containers of regulated waste.
    b. Refrigerators and freezers containing blood or other potentially infectious materials.
    c. Other containers used to store, transport, or ship blood or other potentially infectious materials.
- Labels shall be fluorescent orange or orange-red.
- Red bags or containers may be substituted for labels.
- All regulated waste shall be containerized on a regular schedule.
- All regulated waste shall be shipped to an authorized facility for disposal and/or incineration. At

LBCC, the following **work practices** will be used:

- Universal precautions will be observed in order to prevent contact with blood or potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
- Gloves shall be worn where it is reasonably anticipated students will have hand contact with blood, other potentially infectious materials, non-intact skin, mucous membranes, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.
- After the removal of personal protective gloves, students shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
- If students incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water immediately or as soon as feasible following.
- Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin length face shields are required to be worn whenever splashes or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility that would require such protection are: polishing procedures in the Dental Assisting Lab.

- Contaminated needles and other contaminated sharps will not be bent, removed, sheared, recapped or purposely broken. They will be disposed into appropriate sharps disposal receptacles as soon as feasible after use.

- Sharps shall always be stored in capped position and kept in a secure manner to prevent accidental, unplanned contact with the sharp. Disposal procedures are listed in item 5 of the plan. Approved disposal containers for sharps is listed in item 11 of this section. All sharps handling requires universal precautions as listed in the hazard assessment portion of this plan (Section 1). Sharps handling precautions stipulate no recapping of needles or sharps is permitted using two hands.

- In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, students are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

- All laboratory procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials

- Specimen handling requires universal precautions as noted in plan. Disposal of specimens shall follow procedures listed in item 5 of this section

2. Hand Washing Facilities

   Hand washing facilities shall be made available to the students who incur exposure to blood or other potentially infectious materials. (If hand washing facilities are not feasible, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are provided. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.)

Hand Washing Location	**Responsible Person**
Dental Area: OC-110, HOC-111A, HOC-111C	Instructional Assistant 2 - Dental
Diagnostic Imaging: HOC-170A, HOC-170E, HOC-170G	Diagnostic Imaging Faculty
Medical Assisting Lab: HOC-260, HOC-260A, HOC-260B	Medical Assisting Faculty
Nursing Area: HOC-280, HOC-280A, HOC-280D, HOC-280E, HOC-280G, HOC-280H, HOC-281, HOC-281A	Health Occupations Specialist
Phlebotomy Area: HOC-160	Phlebotomy Faculty
Public Safety Office Area: RCH-121A	Director, Safety and Loss
Surgical Technology Area: HOC-160, HOC-170C	Surgical Technology Faculty

3. Personal Protective Equipment (PPE)

   In general, students pay for gowns, gloves, masks, and glasses, and provide their own PPE. Some programs may provide these items for students. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to reach the student's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Dental, Nursing, EMT, Medical Assisting, Education/Child and Family Studies, Phlebotomy, Surgical Technology, and Health Occupations students may use the following PPE and will follow established procedures:

PPE List	Procedures Requiring PPE	Maintenance/Use Procedures
Gloves, Masks, Glasses, Face Shield, Gown	Used when working in clinical or lab setting including use of sharps instruments and clean-up of contaminated equipment.	Gowns: disposable gown used once and disposed. If non-disposable gowns are used they should be laundered following every use. Gloves disposed of after use, masks disposed when considered no longer effective. Face shields, glasses disinfected & reused.
Gloves	Used when administering first aid to children and clean-up of surfaces and equipment; used by students when changing diapers.	

PPE shall be provided when appropriate as identified in the Student Exposure Control Plan and included in student training. PPE may include gowns, gloves, lab coats, face shields, eye protection, mouth pieces, and resuscitation devices.

PPE must be impermeable under normal conditions to potentially infectious

materials. All PPE must be removed prior to leaving the work area.

All garments penetrated by blood shall be removed immediately or as soon as feasible.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. Disposable gloves that are lightly soiled may be placed in the regular trash.

4. Housekeeping

All contaminated work surfaces will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. A cleaning may be needed at the end of the work shift if the surface may have become contaminated since the last cleaning. All bins, pails, cans, or similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

Students will wear protective gloves, glasses, and mask to clean spill as soon as feasible as follows: Cover any blood or body fluid spill with an absorbent, disposable material soaked with disinfection solution. The contaminated fluid will be wiped up using as much of the material as required to wipe up the fluid. The area will be sprayed a second time with the disinfectant and left to air dry or remain wet for ten minutes, then wiped clean with a fresh absorbent, disposable material. Used material shall be discarded in a biohazard trash bag, double bagged by tying bag ends together in a knot for each bag. Exterior bag will be either a red biohazard bag with biohazard symbol or have the biohazard sticker placed on the outer most bag for disposal. The student will wash the utility gloves in the sink using water and disinfectant soap, then remove gloves and hang to dry. Disposable gloves will be placed in a biohazard bag if they are likely to contaminate any surface with liquid or semi-liquid blood, OPIM or caked with dried blood. The student will finally wash hands in sink using water and disinfectant soap.

Decontamination Materials/Disinfectants:

Disinfection materials used:

- Bleach solution (containing at least 500 ppm free chlorine (i.e., 1:100 household bleach, i.e., 1/4 cup bleach to 1-gallon water. Solution must not be older than 24 hours from prep time to use.)

Any contaminated, broken glassware will not be picked up directly with the hands.

Reusable sharps, contaminated with blood or other potentially infectious materials, shall not be stored or processed in a manner that requires students to reach by hand into the containers where these sharps have been placed.
Any tables or counters used in the Phlebotomy classroom should be cleaned by the faculty member, using disinfectant spray, the end of each class.

Regulated Waste Disposal

Regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. OSHA has defined "regulated waste". It includes: liquid or semi-liquid blood or other potentially infectious materials; contaminated items which release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological waste containing blood or other potentially infectious materials.

Items that are only soiled with blood, such as bandages would not be considered regulated waste. Teeth are soaked in bleach, placed in a zip-lock bag and disposed of in the trash. **NOTE**: Disposal of all regulated waste shall be in accordance with applicable United States federal, state and local regulations.

Using barrier protection, place all soiled disposable waste in plastic bags for disposal. Non-disposable towels are placed in laundry basket lined with plastic bag and are laundered (see laundry). Seal plastic bag closed by tying bag ends together in knot. Place sealed bag in secondary plastic bag sealed by tying bag ends together in knot. Label with Biohazard sticker as "Infectious Waste." Replace a clean bag in waste basket. Follow recommended barrier removal and wash hands with disinfectant soap and water.

DEQ and Republic Services have approved land disposal of these bags. Custodial workers are trained to carry these bags to dumpsters separately to discard to landfill. Sharps disposal containers are incinerated when full and container closed by Republic Services.

5. Laundry

Clothing or laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags (biohazard labeled, or color-coded red bags) at the location where it is used. Such laundry will not be sorted or rinsed. If such laundry is wet and it might soak through laundry bags, then students must use bags that prevent leakage to transport it.

Uniforms, personal clothing and non-disposable gowns (if used) are washed by students at their home. This type of laundry should be placed in a plastic bag tied at ends in knots. Place sealed bag in secondary plastic bag and seal before leaving the work area to take home for laundering.

Staff performing laundry on biohazard materials will wear gloves when emptying bag contents directly into washer without handling bag contents when possible. Laundry water temperature is maintained at 160 degrees Fahrenheit/75.5 degrees Celsius and bleach (1 cup bleach to a full washer load) is added to the laundry soap for sterilization. Dry on hottest setting possible (160 degrees F or hang article to dry in direct sunlight as alternative to drying at 160 degrees F). The used gloves are placed in the used bags (with biohazard sticker) and the bags are tied closed and placed in the trash (as per DEQ and Republic Services sanitation agreement).

Health Occupations and Nursing students are using disposable supplies. Dispose of by double bagging with biohazard stickers following above listed procedures.

6. Hepatitis B Vaccination

Students in programs which require off-campus clinical assignments to complete course objectives will not be able to be placed in off-campus clinical sites without Hepatitis B vaccination due to work site requirements. It is the student's responsibility to obtain the Hepatitis B vaccination as a prerequisite to acceptance into and to continuation in programs having occupational exposure to blood or other potentially infectious material (i.e., Nursing, Health Occupations, Medical Assisting, Dental Assistant, Phlebotomy, etc.). Cost for obtaining this vaccination is at the student's expense. Students will need the first vaccination/positive titer within ten days after the start of their first class.

7. Vaccination Declination Form:

All students who decline the Hepatitis B vaccination requirement must sign the required Hepatitis waiver indicating their refusal. The form will be included in the student's confidential medical file, maintained in Human Resources. Students should note off-campus clinical placement cannot be guaranteed without Hepatitis B vaccination.

8. Exposure Incident Report Form

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

The College assumes responsibility for costs as follows:

a. Off-campus exposure: full medical diagnosis and treatment costs through the Workers' Compensation Insurance system (see employee plan).

b. Health occupations students with on-campus needlestick/sharps exposure: Baseline testing of student and source, counseling, and follow-up 3 month and 6-month testing.

c. On-campus exposure: Baseline testing of student and source, counseling (1 hour) of the student.

Should a student be exposed to blood or possible contaminated body fluids, the student's instructor will investigate the exposure by filling out a Blood or Other Body Fluid Post-Exposure Report form (which is part of the approved exposure control plan documentation). If the exposure occurs on-campus, the medical expense of baseline testing as recommended by the ECO will be borne by the College. Medical expenses beyond baseline testing will be the student's responsibility.

If the exposure occurs off-campus during a clinical assignment, refer to the Employee Bloodborne Pathogens Exposure Control Plan. Once the instructor has completed the initial investigation and Blood and Other Body Fluid Post-Exposure Report form, the Exposure Control Officer will follow through with the remaining steps of the process. If medical attention is not required, the Blood or Other Body Fluid Post-Exposure Report form will be kept by the student for future reference and a copy kept in the student's confidential medical file. Each exposure incident will be followed up on by the Program Coordinator for procedures' modifications, as appropriate, when indicated by the investigation results.

9. Post-Exposure Evaluation and Follow-up

Following the report of an exposure incident, the exposed student shall immediately receive a confidential medical evaluation and follow-up.

Students are not covered by LBCC's Workers' Compensation Insurance policy while on-campus, and injuries incurred on-campus are solely the student's financial responsibility. Students are advised to carry medical insurance while attending classes where occupational exposure is possible, in the event of an injury or accident. The College will advise and coordinate, but not pay for follow-up medical treatment. Following the report of an exposure incident, the exposed student shall immediately receive a confidential medical evaluation, counseling, and baseline testing at the College's expense. Further treatment and testing may be recommended, but the student will cover the expense for it. Refer to Section 4 — Post-Exposure Procedure for the process.

Health occupations students who have a needlestick/sharps exposure while participating in on-campus skills labs shall receive baseline testing, counseling, and follow-up 3-month and 6-month testing at the college's expense. Further treatment and testing may be recommended, but the student will cover the expense for it.

10. Labels and Signs

Biohazard labels shall be affixed to containers of regulated waste. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

Biohazardous waste containers are located in the Hazardous Waste Shed at the Service Center Building and Lebanon Center.

Biohazardous laundry containers are located in HOC with biohazard labels.

Biohazardous waste containers for sharps with biohazard label are located in HOC-110, HOC-112, HOC-111C, RCH 121A, and main campus core restrooms.

All biohazard waste from clean-up procedures as listed in item #5 above also follow biohazard label protocol.

11. Information and Training

Training shall be provided prior to classes or labs where occupational exposure may occur. Training shall be tailored to the education and language level of the student, and offered during the classroom time. The person conducting the training shall be knowledgeable in the subject matter.

Refer to and use Form #5A. The training will cover the following:

- A copy of the regulatory text of the OSHA standard and explanation of its contents.
- A general explanation and discussion of bloodborne diseases and their transmission.
- An explanation of Linn-Benton's Exposure Control Plan (this document) and the means for obtaining a copy.
- An explanation of the use and limitations of methods to prevent or reduce exposure; for example, engineering and work practice controls, personal protective equipment.
- Information on the HBV vaccination, including efficacy, safety, and method of administration.
- Information on the appropriate actions to take and persons to contact in response to emergencies involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up that will be available.
- Information on the post-exposure evaluation and follow-up required after a student exposure incident.
- An explanation of the signs/labels/color coding systems.

All students listed in this plan shall receive specialized training by reviewing the exposure control plan with their instructors for specialized training in their work responsibility areas (e.g., Dental Assisting and Nursing students, etc.).

Training responsibilities are as follows:

Administrative Area	Person Responsible for Coordination of Training
Athletics/Health & Human	Athletic Director
Dental	Dental Assisting Department Chair
Diagnostic Imaging	Diagnostic Imaging Program Chair
Ed./Child and Family Studies	Education/Child and Family Studies Faculty
Facilities	Director of Facilities
Food Services/Culinary Arts	Food Services/Culinary Arts Supervisors
Health Careers	Healthcare Faculty
Medical Assistant	Medical Assisting Program Chair
Nursing	Associate Degree Nursing Department Chair
Parenting Education	Parent Education Coordinator
Phlebotomy	Phlebotomy Faculty
Physical Education	Coordinator of First Aid/CPR Courses
Safety and Loss Prevention/Public	Director, Safety and Loss Prevention
Surgical Technology	Surgical Technology Faculty

12. Recordkeeping

Medical Records

Medical records shall be kept confidential, and maintained for at least the duration of student contact with the College. The records shall include the following:

a. The name and social security number of the student;

b. A copy of the student's HBV vaccination status, including the dates of vaccination;

c. A copy of all results of post-exposure examinations, medical testing, and follow-up procedures;

d. The employer's copy of the health care professional's written opinion following post-exposure evaluation of the student; and

e. A copy of the information provided to the health care professional, including a description of the student's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

The College shall ensure the above medical records are not disclosed or reported to any person within or outside the workplace without the student's written consent except for reporting required by law

Student post-exposure records containing information listed above shall be kept in the confidential post-exposure student files in Human Resources. In the event of an exposure, copies of student training records shall be kept with the medical files.

Training Records

Training records shall be maintained for three years from date of the training. The following information shall be documented:

a. The dates of the training sessions;

b. An outline describing the material presented, the names and qualifications of the person conducting the training; and

c. The names of all persons attending the training sessions.

Student training records (Refer to Form 5A) will be kept on file by their department and available for student inspection upon request. Medical and confidential files are available for inspection upon request.

Sharps Injury Log

The Exposure Control Officer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured student. The sharps injury log shall contain, at a minimum:

a. The type and brand of device involved in the incident;

b. The department or work area where the exposure incident occurred, and

c. An explanation of how the incident occurred.

13. Program Evaluation and Review

Review of the entire exposure control plan will be the responsibility of the Exposure Control Officer in the Human Resources Department. The Exposure Control Officer, in conjunction with the instructors of covered students, will review all facets of the Exposure Control Plan on an annual basis. A revised edition of the Student Exposure Control Plan will be published annually.

SECTION 4 — POST-EXPOSURE PROCEDURE

An exposure incident is defined as *a specific eye, mouth, or other mucous membrane, non-intact skin (e.g., paper cuts, hang nails, dry, cracked skin, dermatitis, etc.), or parenteral (piercing skin or mucous membranes) contact with blood or Other Potentially Infectious Material (OPIM) that results from the performance of a student's duties*.

1. If a student sustains an exposure incident, cleansing should take place immediately. The exposure should then be reported to the student's instructor and the Exposure Control Officer (ECO). The instructor and student will complete Form #3A. The instructor will send the completed form to the ECO.

2. The ECO will send the student to the College's Licensed Health Care Professional (LHCP) to seek a confidential medical evaluation and follow-up related to the exposure incident within 72 hours.

3. The student will assist the LHCP in documenting the route(s) of exposure, and the circumstances under which the exposure incident occurred. The LHCP will provide counseling to help the student ascertain their personal risk (approximately 1 hour). The LHCP will also provide necessary medical follow-up such as first aid, tetanus and/or other vaccinations pertinent to the exposure incident (approximately 15 minutes). The ECO will provide the Student's Vaccination History (Form #1) and job information to the LHCP upon request. The LHCP will recommend follow-up health care at this time.

4. The LHCP, with assistance from the student and his/her instructor, will try to identify the source individual. The LHCP will contact the source individual for testing. Form #4A may be completed by the ECO when the source individual is identified. If the source agrees to testing, the LHCP will contact the source individual or parent/guardian of a minor to schedule testing.

   The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If the source individual is already known to be infected with HBV, HCV, and/or HIV, testing of blood does not need to be repeated. If the source is known to be infected with HBV, HCV, or HIV, testing should still occur for the other. Hepatitis B vaccination status of the source individual will be verified if received at this time; however, blood testing will be recommended to establish antibody response.

   Results of the source individual's testing are to be kept confidential. The student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

5. In the event the source individual or parent/guardian of a minor child declines testing after telephone contact, the LHCP will document the refusal.

6. The LHCP or ECO may send a copy of the following to the student's medical provider at the student's discretion.

   a. "Student Vaccination History" (Form #1A)
   b. Blood or Other Body Fluid Post-Exposure Report (Form #3A)
   c. Source Individual Information (Form #4A)
   d. A copy of OR-OSHA Regulation

7. The LHCP will provide the student with a written opinion within 15 days of the completion of the evaluation. The LHCP will route a copy of the written opinion to the ECO for inclusion into the Human Resources Confidential Medical files.

8. The LHCP will track dates the student should return for follow-up visits, and notify both the ECO and student of those dates.

9. The student will be referred to their personal physician at the student’s expense for ongoing follow-up treatment other than baseline testing and initial counseling.

10. The LHCP will conduct 3- and 6-month follow-up testing at the College’s expense for health occupations students exposed due to needlesticks occurring in on-campus labs.

OR-OSHA BLOODBORNE PATHOGENS ADMINISTRATIVE RULE

FORM 1A
STUDENT VACCINATION HISTORY

Student's Name:
Social ID #:
Program:
School/Site:
Agency/School: Linn-Benton Community College, 6500 Pacific Blvd. SW, Albany, OR 97321

HEPATITIS B VACCINATION RECORD				
Series	**Date**	**Administered By**	**Lot #**	**** Nursing Doc.**
Dose #1				
Dose #2				
Dose #3				
Titer				
Titer				

** Indicates further documentation on nursing progress note

ADDITIONAL VACCINATION RECORD				
Series	**Date**	**Administered By**	**Lot #**	**** Nursing Doc.**
MMR or Titer				
TB Skin Test (PPD) or Chest X-ray				
CPR Card				
Polio				
DPT or TD				

** Indicates further documentation on nursing progress note

FORM 2A
HEPATITIS B VACCINATION
DECLINATION

LINN-BENTON COMMUNITY
COLLEGE
Student Version

This form must be filled out when a student enters a program which requires Hepatitis B vaccination as a condition of acceptance into the program. The completed form must be placed in the student's medical records. If the student initially declines Hepatitis B vaccination but at a later date decides to accept getting the vaccination, the vaccination records shall then be revised to show this change. The vaccination costs are the student's obligation.

I understand due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B (HBV) infection. I have been informed vaccination is recommended to reduce the chance of acquiring bloodborne occupational exposures. I have been informed of this requirement to be vaccinated with Hepatitis B vaccine, at my expense. However, I decline Hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease, and may not be able to be placed in an off-site clinical facility. 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 my expense.
Print Name
Signature
Date

Students in programs which require off-campus clinical assignments to complete course objectives will not be able to be placed in off-campus clinical sites without Hepatitis B vaccination due to work site requirements.

FORM 3A
BLOOD OR OTHER BODY FLUID POST-EXPOSURE REPORT

Policy Statement: An exposure incident (a specific mouth, eye or other mucous membrane, non-intact or parenteral contact with blood or OPIM that result from the performance of a student's duties) shall be reported to your LBCC Instructor and the Exposure Control Officer as soon as possible, not later than 24 hours, following the incident.

Student INFORMATION	
Student Name:	SSN:
Home Address:	
Work Address:	
Home Phone:	Work Phone:
Job Description:	
EXPOSURE INFORMATION	
Date of Exposure:	Time of Exposure:
Location When Exposure Occurred:	
Type and Brand of Needle/Sharps/Device Used:	
Description of Incident--Include route(s) and circumstances of exposure, and other pertinent information:	
First Aid Measures Taken:	
Check one: ☐ Student Refuses Medical Follow-Up Attention ☐ Student Accepts Medical Follow-Up Attention	
Student Signature:	Date:
Instructor Signature:	Date:
Reported by:	Date of Report:
EXPOSURE CONTROL OFFICER USE ONLY	**DO NOT COMPLETE BELOW THIS LINE**
Did student want a copy of the Regulations? (Check one)	☐ Yes ☐ No
Information sent to LHCP (upon request of student):	☐ Copy of OSHA Bloodborne Pathogens Regulation ☐ Copy of Blood or Other Body Fluid Post-Exposure Report ☐ Copy of Student Vaccination History ☐ Copy of source individual's blood testing, if available
Source Individual: ☐ Consent was not obtained to test source blood (Check if applies)	
Follow-up: LHCP Statement, Date Returned	

FORM 4A
BLOOD OR OTHER BODY FLUID POST-EXPOSURE REPORT
SOURCE INDIVIDUAL INFORMATION

SOURCE INFORMATION	
Source Name:	
ID #:	DOB:
Home Address:	
Home Phone:	Work Phone:
MD Name:	MD Phone:
MD Address:	
Hepatitis B Status (If Known):	

11/09

FORM 5A
BLOODBORNE PATHOGENS TRAINING SESSION ATTENDANCE ROSTER

DATE:	CONDUCTED BY:
ATTENDEES	
Name	**Job Title/Program**

Training summary of contents and qualifications of person(s) conducting training attached.

This record shall be maintained in the instructional program area for three years from the above date of training session.

FORM 6A
SHARPS INJURY LOG
YEAR:

YEAR:

Date	Case/Report #	Type of Device (e.g., syringe, suture needle, etc.)	Brand Name of Device	Department/Location (where injury occurred)	Brief Description of How the Incident Occurred [i.e., procedure being done, action being performed (disposal, injection, etc), body part injured]

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. The Log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The Log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected student or employee.