

WCA OSHA Manual



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PART 1: BLOODBORNE PATHOGENS STANDARD

EXPOSURE CONTROL PLAN

Working Class Acupuncture has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program and complies with OR-OSHA’s ***Bloodborne Pathogens, 1910.1030***, requirements.

WCA Regulatory Compliance has the authority and responsibility to ensure that all elements of the exposure plan are in place. Employees can read the plan in the WCA OSHA Manual in WCA punk caves.

Purpose

The purpose of this exposure plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, provide information and training to employees exposed to blood and OPIM, and comply with OR-OSHA ***Bloodborne Pathogen standard, 1910.1030***.

Exposure determination

Employees subject to the OR-OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties. Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or OPIM who assist an injured employee but are not required to.

Table 1 lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials. Exposure determinations are made without regard to use of PPE.

Table 1: Employees at risk

Acupuncturist	Picking up needles, bleeding acupoints with lancet
Acupuncturist	Handling laundry or trash

Table 2 lists job classifications and tasks in which some employees may have occupational exposures to blood or OPIM.

Table 2: Employees who may be at risk

Receptionist	Handling laundry or trash.
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COMPLIANCE METHODS

1) Universal precautions

Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult- or impossible-to-identify body fluids as potentially infectious.

2) Engineering and work practices controls

Use the following controls to eliminate or minimize occupational exposure.

Sharp containers

- Place contaminated needles and other sharp objects in a sharps container. Replace containers routinely and do not allow overfilling. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

Safe medical devices

- Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

Work practices

- Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.
- Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.
- Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal annually.

Storage area

The supply closet in the punk cave is the storage area for bloodborne protective gear. Supplies include disposable latex gloves; sharps containers; biohazard signs or labels; antiseptic towelettes; disposable absorptive material for cleaning up spilled blood; and bleach solutions or germicides.

PPE use and disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds must wear disposable gloves made of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Disinfect reusable gloves with diluted liquid bleach or germicides after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Remove used personal protective equipment at the exposure location or as soon as feasible to avoid contamination of other work areas. Place in a biohazard container or in a plastic bag with a biohazard label. PPE must not be taken from the work site.

HOUSEKEEPING

- Employees who have received bloodborne pathogen training and who have been included under the exposure plan can clean up spills and work surfaces.
- Clean and decontaminate all equipment and working surfaces after completion of procedures in which blood or body fluids contaminated with blood are handled and immediately, or as soon as feasible, when surfaces are overtly contaminated with blood and at the end of the work shift if the surface may have been contaminated since the last cleaning. Inspect all biohazardous waste receptacles and decontaminate weekly or immediately upon visible contamination.
- Use chemical germicides or solutions of 5.25 percent sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used.

CONTAMINATED LAUNDRY

- Handle non-disposable linen, such as lap blankets or chair covers, or any other clothing visibly contaminated with blood using disposable gloves. Minimize the time spent handling laundry. Bag laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and/or leakage of fluids to the exterior; place a biohazard label on the bag.
- Employees cannot wash contaminated items at home. All laundry will be washed on-site at WCA clinics.

REGULATED WASTE

- Stericycle will pick up regulated waste for disposal.
- Place regulated waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
- Affix warning labels to laundry bags, containers of regulated waste, refrigerator units and containers used to store, transport, or ship blood or OPIM. Red bags or red containers can be used instead of labels.

HEPATITIS B VACCINATION

The hepatitis B vaccine is offered, at no cost, to exposed employees within 10 working days of initial assignment. Employees who have potential exposure to bloodborne pathogens but decline to take the vaccination must sign a declination statement. Employees who initially decline can still receive the vaccination should they decide at a later date to accept. Previously vaccinated new hires must provide a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and revaccination is declined or not appropriate.

WCA Human Resources will provide list of approved vaccination sites at the Cully clinic, and will reimburse employees who become vaccinated for hepatitis B. WCA Human Resources will keep employees' vaccination records in their medical files.

EXPOSURE INCIDENT AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

- An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is Working Class Acupuncture's policy to include Good Samaritan acts performed by an employee at the work site.
- Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.
- The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual, where feasible; exposed employee blood collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.
- AFC Urgent Care (503) 305-6262 provides hepatitis B vaccinations and medical evaluations and post-exposure follow-up after an exposure incident and has a copy of the ***Bloodborne Pathogen standard, 1910.1030.***

Information provided to the health care professional

WCA Regulatory Compliance is responsible for ensuring that the health care professional who evaluated the employee after an exposure incident receives the following information:

- A description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) and circumstances of the exposure
- The results of the source individual's blood testing, if available

- All medical records relevant to the appropriate treatment of the employee, including vaccination status

Health care professional's written opinion

WCA Regulatory Compliance will provide the employee with a copy of the health care professional's written opinion within 15 days after completion of the evaluation.

Limit the health care professional's written opinion(s) for the hepatitis B vaccination to whether the vaccination is indicated and whether the employee has received the vaccination.

Limit the health care professional's written opinion for the post-exposure evaluation to the following information:

- Whether the employee was informed of the evaluation results
- Whether the employee was told about any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment.

Training and training records

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. In addition, the training program will include the following topics:

- An explanation of activities and tasks that may involve exposure to blood and OPIM
- How appropriate engineering controls, work practices, and PPE will prevent or reduce exposure
- The basis for the selection of PPE; the types, use, location, removal, handling, decontamination, and disposal procedures
- Hepatitis B vaccine information including that the vaccine is provided at no cost, the benefits of being vaccinated and methods of administration
- Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should an exposure incident occur
- An explanation of the signs and hazard labels
- How to review or obtain a copy of the exposure control plan and the standard

WCA Regulatory Compliance trains employees prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained at Working Class Acupuncture--Cully for three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

RECORDKEEPING

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, social security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with OR-OSHA's ***Access to Employee Exposure and Medical Records standard, 1910.1020***. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept in the employee's medical file:

- The results of any examination, medical testing, and follow-up procedures.
- A copy of the treating physician's written opinion to the employer.
- A copy of all information provided by the employer to the health care professional regarding the exposure incident.

Record every needlestick on the OSHA 300 Log and/or the Sharps Injury Log. Record all other exposure incidents that result in medical treatment , (e.g., amma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) on the OSHA 300 log. Retain these records for five years.

Plan evaluation and review

Review the exposure control plan and update it at least annually. WCA Regulatory Compliance is responsible for the annual review. Sign and date this exposure plan when the review has taken place.

Name: _____

Date: _____

Part 2 Hazard Communication Standard

The management of Working Class Acupuncture is committed to preventing accidents and ensuring the safety and health of our employees. We will comply with all applicable federal and state health and safety rules and provide a safe, healthful environment for all our employees. This written hazard communication plan is available at the following location for review by all employees:

- WCA Cully, 3526 NE 57th Ave, Portland, OR 97213
- WCA Hillsdale, 4410 SW Beaverton-Hillsdale Hwy, Portland, OR 97221
- WCA Rockwood, 2240 SE 182nd Ave, Gresham, OR 97233
- CODA Treatment Recovery, 1027 E Burnside St, Portland, OR 97214
- Human Solutions, 12350 SE Powell Blvd, Portland, OR 97236

Identifying hazardous chemicals

A list is attached to this plan that identifies all hazardous chemicals with a potential for employee exposure at this workplace. Detailed information about the physical, health, and other hazards of each chemical is included in a Safety Data Sheet (SDS); the product identifier for each chemical on the list matches and can be easily cross-referenced with the product identifier on its label and on its Safety Data Sheet.

Identifying containers of hazardous chemicals

All hazardous chemical containers used at this workplace will either have the original manufacturer's label --that includes a product identifier, an appropriate signal word, hazard statement(s), pictogram(s), precautionary statement(s) and the name, address, and telephone number of the chemical manufacturer, importer, or other responsible party -- OR a label with the

appropriate label elements just described; OR workplace labeling that includes the product identifier and words, pictures, symbols, or combination that provide at least general information regarding the hazards of the chemicals.

WCA Regulatory Compliance will ensure that all containers are appropriately labeled. No container will be released for use until this information is verified. Workplace labels must be legible and in English.

Keeping Safety Data Sheets (previously known as Material Safety Data Sheets)

Safety Data Sheets are readily available to all employees during their work shifts. Employees can review Safety Data Sheets for all hazardous chemicals used at this workplace. Safety Data Sheets are located in the punk cave of each WCA location, and can be found in the OSHA manual binder.

The Safety Data Sheets are updated and managed by Sarah Evans. If a Safety Data Sheet is not immediately available for a hazardous chemical, employees can obtain the required information by calling Sarah Evans at 970-214-5747

Training employees about chemical hazards

Before they start their jobs or are exposed to new hazardous chemicals, employees must attend a hazard communication training that covers the following topics:

- An overview of the requirements in Oregon OSHA's hazard communication rules.
- Hazardous chemicals present in their workplace.
- Any operations in their work area where hazardous chemicals are used.
- The location of the written hazard communication plan and where it may be reviewed.
- How to understand and use the information on labels and in Safety Data Sheets.
- Physical and health hazards of the chemicals in their work areas.
- Methods used to detect the presence or release of hazardous chemicals in the work area.
- Steps we have taken to prevent or reduce exposure to these chemicals.
- How employees can protect themselves from exposure to these hazardous chemicals through use of engineering controls/work practices and personal protective equipment.
- An explanation of any special labeling present in the workplace.
- Emergency procedures to follow if an employee is exposed to these chemicals.

WCA Regulatory Compliance is responsible to ensure that employees receive this training. After attending the training, employees will sign a form verifying that they understand the above topics and how the topics are related to our hazard communication plan.

Informing employees who do special tasks

Before employees perform special (non-routine) tasks that may expose them to hazardous chemicals, their supervisors will inform them about the chemicals' hazards. Their supervisors also will inform them about how to control exposure and what to do in an emergency. The employer

will evaluate the hazards of these tasks and provide appropriate controls including Personal Protective Equipment all additional training as required.

Examples of special tasks that may expose employees to hazardous chemicals include the following: Filling spray bottles with 1:10 bleach solution.

Informing employees about hazardous chemicals in pipes

This workplace follows the labeling requirements in OAR 437-002-0378 concerning the labeling of pipes. Before working in areas where hazardous chemicals are transferred through unlabeled pipes or where pipes are insulated with asbestos-containing material, employees will contact WCA Regulatory Compliance for the following information:

- The chemicals in the pipes.
- The physical or health hazards of the chemicals present.
- The safe work practices necessary to prevent exposure.

Informing contractors and other employers about our hazardous chemicals

If employees of other employer(s) may be exposed to hazardous chemicals at our workplace (for example, employees of a construction contractor working on-site) It is the responsibility of WCA Regulatory Compliance to provide contractors and their employees with the following information:

- The identity of the chemicals, how to review our Safety Data Sheets, and an explanation of the container and pipe labeling system.
- Safe work practices to prevent exposure.

WCA Regulatory Compliance will also obtain a Safety Data Sheet for any hazardous chemical a contractor brings into the workplace.

OSHA Regional Offices

Region I

(CT,* ME, MA, NH, RI, VT*)
Boston, MA 02203
(617) 565-9860

Region II

(NJ,* NY,* PR,* VI*)
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378

Region III

(DE, DC, MD,* PA,* VA,* WV)
The Curtis Center
170 S. Independence Mall West Suite 740
West Philadelphia, PA 19106-3309
(215) 861-4900

Region IV

(AL, FL, GA, KY,* MS, NC,* SC,* TN*)
Atlanta Federal Center
61 Forsyth Street SW, Room 6T50
Atlanta, GA 30303
(404) 562-2300

Region V

(IL, IN,* MI,* MN,* OH, WI)
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220

Region VI

(AR, LA, NM,* OK, TX)
525 Griffin Street, Room 602
Dallas, TX 75202
(214) 767-4731 or 4736 x224

Region VII

(IA,* KS, MO, NE)
City Center Square
1100 Main Street, Suite 800
Kansas City, MO 64105
(816) 426-5861

Region VIII

(CO, MT, ND, SD, UT,* WY*)
1999 Broadway, Suite 1690
PO Box 46550
Denver, CO 80202-5716
(303) 844-1600

Region IX

(American Samoa, AZ,* CA,* HI, NV,* Northern Mariana Islands)

71 Stevenson Street, Room 420

San Francisco, CA 94105

(415) 975-4310

Region X

(AK,* ID, OR,* WA*)

1111 Third Avenue, Suite 715

Seattle, WA 98101-3212

(206) 553-5930

*These states and territories operate their own OSHA-approved job safety and health programs (Connecticut, New Jersey, and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective as, the federal standard.

Note: To get contact information for OSHA Area Offices, OSHA-approved state plans, and OSHA Consultation Projects, please visit us online at www.osha.gov or call us at (800) 321-OSHA.

Appendix D

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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.

Signed: (*EmployeeName*) _____

Date: _____

Source Links

<https://www.osha.gov/Publications/osha3186.html>

<https://www.osha.gov/Publications/osha3187.pdf>

https://www.osha.gov/dcsp/compliance_assistance/quickstarts/health_care/hc_step1.html

<https://www.osha.gov/dcsp/osp/index.html>