

Williams College

OSHA Bloodborne Pathogen Standard

Exposure Control Plan

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I. INTRODUCTION

The emergence of Human Immunodeficiency Virus (HIV) and increased awareness of Hepatitis B Virus (HBV) infections has prompted OSHA to develop a standard that pertains to workplace exposures to these bloodborne pathogens.

This plan is written in accordance with OSHA bloodborne pathogens standard, 29 CFR 1910.1030. It identifies the employees at risk of occupational exposure to bloodborne pathogens at Williams College. It also outlines the control measures in place at the College to decrease the risk of these occupational exposures.

This plan deals only with occupational exposures to bloodborne pathogens. It does not deal with potential exposures as a result of offering first aid assistance.

This plan must be made available to all employees and be reviewed on an annual basis. This plan will be kept in the departments with employees who have occupational exposure to bloodborne pathogens and other College departments and offices, including the following:

- Athletic Department
- Campus Safety and Security
- Chemical and Biological Safety Office
- Children's Center
- Dining Services
- Facilities
- Health Center
- Office of the Vice President for Administration

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II. CLASSIFICATION OF EMPLOYEES

This section identifies all employee positions at Williams College that are affected by the OSHA bloodborne pathogen standard. Persons employed by the College in a position identified as Category 1, will be offered the Hepatitis B vaccine as well as training about bloodborne pathogens and work practice controls. Persons employed in a Category 2 position will only receive training. **All employees must receive training and/or shots within 10 days of employment.**

CATEGORY 1

All employees whose position generally requires direct contact with potentially infectious materials, including blood, in a potentially life threatening emergency or on a regular basis.

<u>Department</u>	<u>Position</u>
Athletics	Diving Coach Lifeguard Student Trainer Swimming Coach Trainer Wrestling Coach
Facilities	Athletic Grounds Crew Fire Safety Inspector Fire Safety Assistant Mechanical Trades Technicians Safety Coordinator
Health Services	Clinical Aide Custodian Nurse Nurse Practitioner
Campus Safety & Security	Campus Safety & Security Officer
Children's Center	All staff

CATEGORY 2

All employees whose job duties will necessitate occasional contact with potentially infectious materials including blood. However, these employees are able to take preventive measures, such as putting on gloves, prior to contact with potentially contaminated materials

Department

Position

Athletics

Coach (other than Diving,
Swimming, and Wrestling)
Equipment Manager
Lifeguard Supervisor

Facilities

Custodian
Grounds Crew

Dining Services

All staff excluding office staff

President's House

Housekeeper

CATEGORY 3

All employee positions not specifically named above in categories 1 and 2.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Health Center Clinical Staff

Introduction

The Bloodborne Pathogen Standard applies to all workers who may have occupational exposures to blood or other potentially infectious materials. Other potentially infectious materials means: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

This plan deals with the standard procedures used as part of the responsibilities of the clinical staff, including the nurse practitioners, physician assistant, and registered nurses of the Williams College Health Center.

The most probable route of exposure for all clinical staff is in the care of students seeking the services of the Health Center.

Pre-Exposure Training and Prophylaxis

All Health Center clinical staff will complete training regarding bloodborne pathogens annually and write a post-training test. They will also be offered Hepatitis B vaccine on Williams College time and at College expense.

Standard Operating Procedures - Implementation of Exposure Control

- A. **Universal Precautions** are used for the care of all patients regardless of their presumed infection status. Universal Precautions are an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids (see Introduction) are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Elements of Universal Precautions:

1. Handwashing

- a. Wash hands before and after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn.
- b. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments.
- c. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
- 2. Gloves (Clean, non-sterile):
 - a. Wear clean gloves when touching blood, body fluids, secretions, excretions, and contaminated items.
 - b. Put on clean gloves just before touching mucous membranes and non-intact skin.
 - c. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
 - d. Remove gloves promptly after use, and wash hands immediately before touching non-contaminated items and environmental surfaces, and before going to another patient
 - e. Use gloves for performing phlebotomy
- 3. Mask, Eye Protection, Face Shield:

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures that are likely to generate splashes or sprays of blood or body fluids.
- 4. Gown:
 - a. Wear a clean gown to protect skin and to prevent soiling of clothing during procedures that are likely to generate splashes of blood or body fluids.
 - b. Remove soiled gown as promptly as possible and wash hands.

B. Engineering and Work Practice Controls

Engineering Controls are measures (e.g., sharps disposal containers, self-sheathing medical devices, such as sharps injury protections) that isolate or remove the bloodborne pathogens hazard from the workplace

- 1. Sharps
 - a. "Safer needle devices" will be evaluated by staff as they become available and after gathering staff input, and holding discussion, will be instituted for use. Review of devices will be on-going, but at least annually.
 - b. Review of "safer needle devices" and training will be documented annually.
- 2. Containerization
 - a. Needle containers that can be securely closed, remain puncture resistant, leakproof on sides and bottoms, and are labeled or color coded appropriately are easily accessible and close to the immediate area where sharps are used.

Work Practice Controls are measures that reduce the likelihood of exposures by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

1. Universal Precautions are appropriately used.
2. Sharps
 - a. Staff does not bend, recap or remove contaminated needles and other sharps unless such an act is required by a specific procedure or has no feasible alternative.
 - b. Staff does not shear or break contaminated sharps
3. Containerization
 - c. Containers are available near areas where needles may be found. Contaminated sharps are discarded immediately or as soon as feasible into appropriate containers.

Cleanup and Waste Disposal

Regulated waste refers to liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Items that are caked with dry blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.

"For the handling of infectious waste, please see section VII of the general plan.

If you believe that you have been exposed to a blood borne pathogen, refer to section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Campus Safety & Security Officers

Introduction

This plan deals primarily with serious situations that may be encountered as part of day-to-day assigned responsibilities. It is not designated to cover minor emergencies such as cuts where proper response is some sort of first aid measure. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route of exposure for Campus Safety & Security personnel would be as a result of emergency response in areas contaminated with blood, or contaminated with bodily fluids that might include blood but the blood cannot actually be seen. The ideal first step is always to **stop and think** about the situation, before doing anything. However, a crucial difference between Campus Safety & Security personnel and, say, custodial staff is that there may not be time to consider alternative plans of action. If there is time, and you are in any doubt as to the proper procedures to follow, check with the Health Center or other medical personnel. Remember that “exposure” means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same area as infectious material.

Pre-Exposure Training and Prophylaxis

All Campus Safety and Security personnel will be trained in methods to minimize exposure. They will also be offered inoculation against HBV on College time and at College expense.

Standard Operating Procedure

The best way to prevent exposure is to use “universal precautions”, that is to assume that any body fluid might be infectious. This requires that protective equipment be readily available. All Campus Safety & Security personnel will be provided with disposable gloves and masks, and all Campus Safety & Security vehicles will contain cleanup and disinfectant kits, with aprons and goggles. Wearing gloves and washing hands are the most effective ways to protect you against the most obvious possibility, splashes onto and through the skin.

Williams College expects that personnel will use the equipment supplied.

Cleanup and Waste Disposal

Infectious waste refers to materials that are dripping liquid blood. For the handling of infectious waste, see section VII of the general plan. Other materials may be hazardous, but need not to be handled as carefully. Paper towels and equipment such as gloves, if not

caked or saturated with blood, can be put into the ordinary trash but should be double bagged before transporting.

Used mouthpieces should be considered regulated waste. As such, it should be double bagged, labeled and taken to the Health Center for disposal.

Clothing that is soaked with blood or other potentially infectious material should be changed as soon as possible and the officer should shower before putting on a fresh uniform. The College will provide time and facilities for this.

Miscellaneous Concerns

Campus Safety & Security personnel are occasionally asked to transport specimens from the Health Center to the Medical Associated (or other locations). If these specimens include potentially infectious material, they must be securely packaged with absorbent material in case of spills.

If you believe you have been exposed to a bloodborne pathogen, refer to section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Athletic Trainers and Student Workers

Introduction

This plan refers only with standard procedures, used as part of day-to-day assigned responsibilities, “duty to act”. It is not designed to cover minor emergencies as an act of “kindness” to non-student athletes. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route of exposure for athletic trainers would be as a result of emergency response in areas contaminated with blood, or other potential infectious materials (OPIMs). The ideal step is to **stop and think** about the situation before doing anything. However, a crucial difference between athletic trainers and, say, custodial staff is that there may not be time to consider alternative plans of action. An “exposure” refers only to getting the blood (or OPIM) actually through the skin or into your eyes or mouth. Simply being in the same area as infectious material or coming in contact with the infectious material does not define an “exposure”.

Pre-Exposure Training and Prophylaxis

Training of staff

- Full- time certified athletic trainers will be trained annually during the start of the first week of employment in the fall semester. Training will be conducted at the first annual staff meeting.
- Per diem/ part-time certified athletic trainers will be trained annually before the first day of employment for that calendar year.
- Student-workers will be trained annually at the orientation meeting at the beginning of the fall semester or during the first week of employment if hired mid-semester.
- All employees will be offered inoculation against HBV at the start of employment at the expense of the college. The HBV waiver must be signed at the start of employment of those staff previously vaccinated or those employees’ opting out of the vaccination.
- Please refer to appendix A for detailed training procedures for athletic training staff and student works.

Standard Operating Procedures

The best way to prevent exposure is to use “universal precautions”, that is to assume that any body fluid might be infectious. This requires that personal protective equipment be readily available. All athletic trainers will be provided with disposable gloves and masks, and athletic training rooms will contain cleanup and disinfectant kits, with aprons and goggles. All necessary personal protective equipment should be used when handling any bloodied laundry or providing first aid care where blood or OPIMs are present. Staff

should wash hands thoroughly after handling contaminated objects/individuals, or at minimum use hand-sanitizer.

Clean-up and Contaminated Equipment

After first aid care has been provided it is important to clean up all areas that have been contaminated. The wipe/spray/wipe method should be used when cleaning contaminated hard surfaces to prevent splattering of blood or infectious materials. CLOROX HealthCare disinfectant will destroy a broad spectrum of bacteria and infectious matter and should be used on all hard surfaces that have been contaminated. It is also important to note that CLOROX HealthCare should be sprayed on the surface and left for a minimum of 30 seconds before it is wiped dry.

Infectious waste refers to materials that are dripping liquid blood. For handling of infectious waste, see section VII of the general plan. Other materials may be hazardous, but do not need to be handled as carefully. Paper towels and equipment such as disposable gloves, if not caked or saturated with blood, can be put into the ordinary trash but should be double-bagged before transporting.

Used sharp objects, whether contaminated or not, must be placed in the appropriate container until properly disposed of. This will prevent exposure of custodial and other staff to potentially infectious material.

If an athlete has blood or OPIM on their clothing it should first be sprayed with blood buster and then disinfected with Clorox Hydrogen Peroxide disinfecting cleaner. The disinfected should be sprayed on the clothing and then fully rinse with water. If a uniform is blood soaked it should be contained in a red biohazard bag and handed to the equipment managing staff for appropriate washing. If an employee's clothing becomes soaked with blood or OPIM it should be changed as soon as possible and disinfected the same way as the athletes clothing.

The Director of Sports Medicine, on an as needed basis, will dispose of biohazard materials and sharps. The location for this disposal of these materials is just outside of the Thompson Health Center.

If you believe you have been exposed to a Bloodborne Pathogen, refer to section IV of this exposure control plan

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Wrestling Coaches

Introduction

This plan deals only with standard procedures, used as part of day-to-day assigned responsibilities. It is not designed to cover minor emergencies such as cuts where the proper response is some sort of first aid measure. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route of exposure for wrestling coaches would be as a result of emergency response in areas contaminated with blood, or contaminated with bodily fluids that might include blood but the blood cannot actually be seen. It is assumed that for most sports, immediate response to an emergency will be provided by trainers, and that therefore occupational exposure of the coaches will be limited. However, it is recognized that there may be occasions when coaches as well as trainers must respond to an incident. Furthermore, in the case of wrestling coaches the normal coaching procedures may require contact with persons and equipment that are covered with potentially infectious material. The ideal first step is always to **stop and think** about the situation, before doing anything. It is possible that there may not be time to consider alternative plans of action. If there is time, and you are in any doubt as to the proper procedure to follow, check with the Health Center or other medical personnel. Remember that “exposure” means getting blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same area as infectious material.

Pre-Exposure Training and Prophylaxis

All wrestling coaches will be educated on methods to minimize exposure. They will also be offered inoculation against HBV on College time and at College expense.

Standard Operating Procedures

The best way to prevent exposure is to use the “universal precautions”, that is to assume that any body fluid might be infectious. This requires that protective equipment be readily available. All coaches should be aware of the location of disposable gloves and masks, and training rooms will contain cleanup and disinfectant kits, with aprons and goggles. Wearing gloves and washing your hands are the most effective ways to protect yourself against the most obvious possibility, splashes onto and through the skin.

If CPR is administered, a CPR mask shall be worn.

Cleanup and Waste Disposal

Infectious waste refers to materials that are dripping liquid blood. For handling of infectious waste, see section VII of the general plan. Other materials may be hazardous, but do not need to be handled as carefully. Paper towels and equipment such as disposable gloves, if not caked or saturated with blood, can be put into the ordinary trash but should be double-bagged before transporting.

Used mouthpieces should be considered regulated waste. As such, it should be double-bagged, labeled, and taken to the Health Center for disposal.

Clothing that is soaked with blood or other potentially infectious material should be changed as soon as possible and the coach should shower before putting on fresh clothes. The College will provide time and facilities for this.

If you believe that you have been exposed to a bloodborne pathogen, refer to section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Lifeguard Staff

Introduction

This plan deals only with the most likely route of exposure of lifeguards to potentially infectious materials. This means that potential hazards inherent in administering CPR, during which saliva and/or vomit from the patient could enter the mouth of the lifeguard. Although saliva and vomit themselves are not themselves potentially infectious, they can contain blood. Frequently this contamination will be visible, but the presence of other materials can conceal the color of blood.

It is unlikely but conceivable that lifeguards might also be faced with the requests for first aid assistance due to small cuts or scrapes. Such assistance is considered a condition of employment. In case of serious injury (or if in doubt as to the seriousness of the case), Campus Safety and Security should be always be called.

“Exposure” means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same room with infectious material.

Pre Exposure Training and Prophylaxis

All lifeguards will be educated on methods to minimize exposure. They will also be offered inoculation against HBV on College time and at the College’s expense.

General Precautions

The best way to prevent exposure is to use “universal precautions”, that is to assume that any body fluid might be infectious. This requires that protective equipment be readily available. All lifeguards will be provided with a first aid kit that contains disposable gloves and masks. If CPR is administered, a CPR mask shall be worn. Williams College provides protective mouthpieces for use in CPR and lifeguards are expected to use these.

Waste Handling

Handling of contaminated or potentially contaminated waste

Used mouthpieces should be considered regulated waste. As such, it should be double bagged, labeled, and taken to the Health Center for disposal.

If you believe that you have been exposed to a bloodborne pathogen, consult section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Mechanical Trades Technicians

Introduction

This plan deals only with standard procedures, used as part of day-to-day assigned responsibilities. It is not designed to cover emergencies such as cuts where the proper response is some sort of first aid measure. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route of exposure for mechanical trades technicians would be as a result of operations in areas contaminated with blood, or contaminated with body fluids that might include blood but the blood cannot actually be seen. The first step is always to **stop and think** about the situation before doing anything. If you are in any doubt as to the proper procedure to follow, check with your supervisor. Remember that “exposure” means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same area as infectious material.

Wearing gloves and washing your hands are the most effective ways to protect yourself against the possibility of splashes onto and through the skin. Use latex disposable gloves under work gloves. Other, more detailed, procedures are listed below.

Pre-Exposure Training and Prophylaxis

All mechanical trades technicians will be educated on methods to minimize exposure. They will also be offered inoculation against HBV on College time and at College’s expense.

Working down a manhole

1. Put on goggles as well as latex gloves.
2. Disinfect the machine after use **while still at work site**.
3. When finished, remove gloves and wash hands.
4. If clothes become wet with blood or other infectious fluid (not just with water), shower and change clothes as soon as possible. You will need to keep a change of clothes in your Facilities locker.

Cleaning out a sink, or setting up a pump for floor drainage

1. Use latex gloves or reusable heavy-duty rubber gloves.

2. If you cannot reach in to remove an object, **first inspect the object visually.** If it is sharp, or if you cannot see it completely, use (heavy-duty reusable) gloves for extra protection.
3. After finishing, disinfect reusable gloves and wash hands.

If you believe you have been exposed to a bloodborne pathogen, refer to section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Athletic Grounds Crew

Introduction

This plan deals only with standard procedures, used as part of day-to-day assigned responsibilities. It is not designed to cover minor emergencies such as cuts where the proper response is some sort of first aid measure. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route of exposure for the grounds crew would be as a result of cleaning up areas contaminated with blood, or contaminated with bodily fluids that might include blood but the blood can not actually be seen. Particular concerns are raised by cleaning blood off the ice rink under pressure of time. Present opinion is that the HIV virus can not survive at ice temperatures, but HBV can. The ideal first step is always to **stop and think** about the situation, before doing anything. It is possible that there may not be time to consider alternative plans of action. If there is time, and you are in any doubt as to the proper procedure to follow, check with the Health Center or other medical personnel. Remember that “exposure” means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same room with the infectious material.

Pre-Exposure Training and Prophylaxis

All athletic grounds crew will be educated on methods to minimize exposure. They will also be offered inoculation against HBV on College time and at College’s expense.

Standard Operating Procedure

The best way to prevent exposure is to use “universal precautions”, that is to assume that any body fluid might be infectious. This requires that protective equipment be readily available. All members of the grounds crew should be aware of the location of disposable gloves and masks, and the rink will be supplied with cleanup and disinfectant kits, with aprons and goggles. Wearing gloves and washing your hands are the most effective ways to protect yourself against the most obvious possibility, splashes onto and through the skin.

Williams College expects that personnel will use the equipment supplied.

Cleaning Blood on the Ice

Spray DISPATCH hospital cleaner/disinfectant with bleach onto the bloody area. Cover with a rag to prevent the bleach from spreading. When the blood has changed color, remove the contaminated ice either by scraping (for small spots) or by use of the Zamboni.

Cleanup of Locker Rooms, bathrooms and other public areas

Wearing gloves is the most effective way to protect your-self against the possibility of splashes onto and through the skin. Know where gloves are kept and use them whenever there is any possibility of exposure. If the cleanup job looks to threaten the eyes or mouth (for instance if you are cleaning a wall at head level, or a ceiling), then wear a mask and/or goggles. If clothes become soaked with blood or other infectious fluid (not just with mop water), change clothes as soon as possible. If the infectious fluid has soaked through to the skin, you should take a shower to minimize the risk of exposure.

Disinfectant Procedure

The following procedures are for cleaning up any infectious, or potentially infectious, material that you may encounter.

A. Procedure for cleaning hard surfaces (vinyl tile floors, counter tops, walls, etc.) contaminated with blood or with bodily fluids which may contain blood:

1. Stop and think!
2. Put on gloves before approaching the area. Put on other personal protective equipment (goggles, mask) if needed.
3. Absorb the fluids by sprinkling liberally with the Red Z absorbent powder.
4. If the blood is dry, wet the area with water, and then sprinkle with absorbent powder.
5. Allow the powder to sit for ten minutes or until the liquid has been completely absorbed.

6. If blood soaked, scoop the congealed liquid into a red plastic bag using the scoop provided. If the material is not caked or saturated with blood, it may be disposed of in regular trash (please double bag material before placing in the trash.) Do not dispose of the red bag in regular trash.
7. Mop the area thoroughly.
8. Spray the area with DISPATCH hospital cleaner/disinfectant with bleach.
9. Dispose of gloves into regular trash. Material that is not caked or saturated with blood may be disposed of in a regular fashion. For disposal of materials that are caked or saturated with blood, consult section VII of the general plan.
10. Wash hands thoroughly.

B. Procedure for cleaning carpeted/turf surfaces contaminated with blood or any other bodily fluid which may contain blood:

1. Stop and think!
2. Contact supervisor, who will bring the appropriate equipment.
3. Put on gloves before approaching the area.
4. Spray the area with Dispatch hospital cleaner/disinfectant with bleach.
5. Extract the area thoroughly.
6. Introduce disinfectant into the recovery tank of the extractor to decontaminate the infectious fluids.
7. Discharge recovery tank into regular slop sink drain.
8. Clean equipment thoroughly.
9. Dispose of gloves.
10. Wash hands thoroughly.

Waste Disposal

Infectious waste refers to materials that are dripping liquid blood. For handling of infectious waste, see section VII of the general plan. Other materials may be hazardous, but do not need to be handled as carefully. Paper towels and equipment such as disposable gloves, if not caked or saturated with blood, can be put into the ordinary trash but should be double-bagged before transporting.

Clothing that is soaked with blood or other potentially infectious material should be changed as soon as possible and the employee should shower before putting on fresh clothes. The College will provide time and facilities for this.

If you believe you have been exposed to a bloodborne pathogen, refer to section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Custodial Staff

Introduction

This plan deals only with the standard procedures for cleaning of potentially infectious materials. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route of exposure for custodial staff is as a result of cleaning surfaces visibly contaminated with blood, or contaminated with bodily fluids that might include blood that is not readily visible. The first step is always to **stop and think** about the situation then call your supervisor, before doing anything.

“Exposure” means getting blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same room with the infectious material.

General Precautions

Wearing gloves is the most effective way to protect yourself against the possibility of splashes onto and through the skin. Know where gloves are kept and use them whenever there is **any** possibility of exposure. If the cleanup job looks to threaten the eyes or the mouth (for instance if you are cleaning at a wall at head level, or ceiling), then wear a mask and/or goggles. If your clothes become soaked with blood or other infectious fluid (not just with mop water), change clothes as soon as possible. If the infectious fluid has soaked through to the skin, you should take a shower to minimize the risk of exposure.

Disinfectant Procedure

The following procedures are for cleaning up of any infectious, or potentially infectious, material that you may encounter.

A. Procedure for cleaning hard surfaces (vinyl tile floors, counter tops, walls, etc.) contaminated with blood or with bodily fluids which may contain blood

1. Stop and think!
2. Put on gloves before approaching the area. Put on other personal protective equipment (goggles, mask) if needed.
3. Absorb the fluids by sprinkling liberally with the Red Z absorbent powder.
4. If the blood is dry, wet the area with water, and then sprinkle with absorbent powder.
5. Allow the powder to sit for ten minutes or until the liquid has been completely absorbed.

6. If blood soaked, scoop the congealed liquid into a red plastic bag using the scoop provided. If the material is not caked or saturated with blood, it may be disposed of in regular trash (please double bag material before placing in the trash.) Do not dispose of the red bag in regular trash.
7. Mop the area thoroughly.
8. Spray the area with DISPATCH hospital cleaner/disinfectant with bleach.
9. Dispose of gloves into regular trash. Material that is not caked or saturated with blood may be disposed of in a regular fashion. For disposal of materials that are caked or saturated with blood, consult section VII of the general plan.
10. Wash hands thoroughly.

B. Procedure for cleaning carpeted surfaces contaminated with blood or any other bodily fluid, which may contain blood:

1. Stop and think!
2. Contact supervisor, who will bring the appropriate equipment.
3. Put on gloves before approaching the area.
4. Spray the area with Dispatch hospital cleaner/disinfectant with bleach and let stand for 2 minutes.
5. Extract the area thoroughly.
6. Introduce disinfectant into the recovery tank of the extractor to decontaminate the infectious fluids.
7. Discharge recovery tank into regular slop sink drain.
8. Clean equipment thoroughly.
9. Dispose of gloves.
10. Wash hands thoroughly.

Waste Handling

Waste resulting from cleanup operations

Liquid waste such as mop water can be disposed of into the sewer as usual. Paper towels and equipment such as gloves, if not caked or saturated with blood, can be put into ordinary trash but should be double-bagged before transporting. Disposable latex gloves can be thrown away. Regular Playtex rubber gloves need not be thrown away, but if caked with blood must be washed thoroughly in disinfectant. For handling of infectious waste, see section VII of the general plan.

Handling of contaminated or potentially contaminated trash

Wear gloves when emptying trash bins. Do not reach into trash bins. If a bag is jammed in the trash bin, first try to dump the contents into another bag. If the bag remains jammed, and you must reach in to remove the jamming object, first inspect the object

visually. If it contains sharp objects, or if you cannot see it completely, use heavy-duty reusable gloves for extra protection.

If you believe that you have been exposed to a bloodborne pathogen consult section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Grounds Crew

Introduction

This plan deals with standard procedures, used as part of day-to-day assigned responsibilities. It is not designed to cover minor emergencies such as cuts where the proper response is some sort of first aid measure. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route of exposure for grounds crew would be as a result of cleaning up areas that could possibly be contaminated with blood or other bodily fluids that may contain blood that cannot be seen. The ideal first step is to **stop and think** about the situation before doing anything. It is possible that there may not be time to consider alternative plans of action. If there is time, and you are in any doubt as to the proper procedure to follow, check with the Safety and Environmental Compliance Office. Remember that “exposure” means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same room with the infectious material.

General Precautions

Wearing gloves is the most effective way to protect yourself against the possibility of splashes onto and through the skin. Know where gloves are kept and use them whenever there is any possibility of exposure. If the cleanup job looks to threaten the eyes or mouth, then wear a mask and/or goggles. If clothes become soaked with blood or other infectious fluid (not just mop water), change clothes as soon as possible. If the infectious fluid has soaked through to the skin, you should take a shower to minimize the risk of exposure.

Disinfectant Procedure

The following procedures are for cleaning up of any infectious or potentially infectious material that you may encounter.

A. Procedure for cleaning hard surfaces (tables, chairs, picnic tables, etc.) contaminated with blood or with bodily fluids which may contain blood:

1. Stop and think!
2. Put on gloves before approaching the area. Put on other personal protective equipment (goggles, mask) if needed.
3. Absorb the fluids by sprinkling liberally with the Red Z absorbent powder.
4. If the blood is dry, wet the area with water, and then sprinkle with absorbent powder.

5. Allow the powder to sit for ten minutes or until the liquid has been completely absorbed.
6. If blood soaked, scoop the congealed liquid into a red plastic bag using the scoop provided. If the material is not caked or saturated with blood, it may be disposed of in regular trash (please double bag material before placing in the trash.) Do not dispose of the red bag in regular trash.
7. Mop the area thoroughly.
8. Spray the area with DISPATCH hospital cleaner/disinfectant with bleach.
9. Dispose of gloves into regular trash. Material that is not caked or saturated with blood may be disposed of in a regular fashion. For disposal of materials that are caked or saturated with blood, consult section VII of the general plan.
10. Wash hands thoroughly.

Waste Handling

Waste Resulting from Cleanup Operations

Liquid waste such as mop water can be disposed of into the sewer as usual. Paper towels and equipment such as gloves, if not caked or saturated with blood, can be put into the ordinary trash but should be double-bagged before transporting. Disposable latex gloves can be thrown away. Regular Playtex rubber gloves need not be thrown away, but if caked with blood must be washed thoroughly in disinfectant. For handling of infectious waste, see section VII of the general plan.

Handling of Contaminated or Potentially Contaminated Trash

Wear gloves when emptying trash bins. Do not reach into trash bins. If a bag is jammed in the trash bin, first try to dump the contents into another bag. If the bag remains jammed, and you must reach in to remove the jamming object, first inspect the object visually. If it contains sharp objects, or if you cannot see it completely, use heavy-duty reusable gloves for extra protection.

If you believe that you have been exposed to a bloodborne pathogen, consult section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Equipment Managers

Introduction

This plan only deals with the standard procedures for cleaning of potentially infectious materials. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route of exposure for equipment managers is as a result of handling dirty laundry visibly contaminated with blood, or contaminated with bodily fluids that might include blood that is not readily visible. The first step is to always **stop and think** about the situation before doing anything.

“Exposure” means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same room with infectious material.

General Precautions

Wearing gloves is the most effective way to protect yourself against the possibility of splashes onto and through the skin. Know where gloves are kept and use them whenever there is **any** possibility of exposure. If your clothes become soaked with blood or other infectious fluid change your clothes as soon as possible. If the infectious fluid has soaked through to the skin, you should take a shower to minimize the risk of exposure.

Chlorine-based disinfectants are effective in killing both Hepatitis B and HIV viruses. The use of these as laundry bleaches should be encouraged.

Waste Handling

Liquid waste such as wash water can be disposed of into the sewer as usual. Paper towels and equipment such as gloves, if not caked or saturated with blood, can be put into the ordinary trash but should be double-bagged before transporting. Disposable latex gloves can be thrown away. Regular Playtex rubber gloves need not be thrown away, but if caked with blood must be washed thoroughly with disinfectant. For handling of infectious waste, see section VII of the general plan.

If you believe that you have been exposed to a bloodborne pathogen, consult section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Athletic Coaches (other than Wrestling) & Lifeguard
Supervisors

Introduction

This plan deals only with the standard procedures used as part of day-to-day assigned responsibilities. It is not designated to cover minor emergencies such as cuts where the proper response is some sort of first aid measure. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a “Good Samaritan” act and is not required as a condition of employment.

The most probable route for exposure for staff would be as a result of emergency response in areas contaminated with blood, or contaminated with bodily fluids that might include blood but the blood can not actually be seen. It is assumed that for most sports, immediate response to an emergency will be provided by trainers, and that therefore occupational exposure of the staff will be limited. However, it is recognized that there may be occasions when staff as well as trainers must respond to an incident. The ideal first step is to **stop and think** about the plans of action. If there is time, and you are in any doubt as to the proper procedure to follow, check with the Health Center or other medical personnel. Remember that “exposure” means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same area as infectious material.

Standard Operating Procedures

The best way to prevent exposure is to use “universal precautions” that is to assume that any body fluid might be infectious. This requires that protective equipment be readily available. All staff should be aware of the location of disposable gloves and masks, and training rooms will contain cleanup and disinfectant kits, with aprons and goggles. Wearing gloves and washing your hands are the most effective ways to protect your self against the most obvious possibility, splashes onto and through the skin.

If CPR is administered, a CPR mask shall be worn.

Cleanup and Waste Disposal

Infectious waste refers to materials that are dripping liquid blood. For handling of infectious waste, see section VII of the general plan. Other materials may be hazardous, but do not need to be handled as carefully. Paper towels and equipment such as disposable gloves, if not caked or saturated with blood, can be put into the ordinary trash but should be double-bagged before transporting.

Used disposable mouthpieces should be considered regulated waste. As such, it should be double-bagged, labeled, and taken to the Health Center for disposal.

Clothing that is soaked with blood or other potentially infectious material should be changed as soon as possible and the coaches or lifeguard supervisors should shower before putting on fresh clothes. The college will provide time and facilities for this.

If you believe you have been exposed to a bloodborne pathogen, refer to section IV of this Exposure Control Plan.

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Dining Hall Staff

Introduction

This plan deals only with the **standard** procedures for cleaning up potentially infectious materials. It does not cover potential exposure as a result of offering first aid assistance. Such assistance is considered a "Good Samaritan" act and is not required as a condition of employment.

The most probable route of exposure for dining hall staff is as a result of cleaning surfaces visibly contaminated with blood, or contaminated with bodily fluids that might include blood that is not readily visible. **The first step is always to stop and think about the situation then call your supervisor, before doing anything.**

"Exposure" means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same room with infectious material

General Precautions

Wearing gloves is the most effective way to protect yourself against the possibility of splashes onto and through the skin. Know where gloves are kept and use them whenever there is **any** possibility of exposure. If the cleanup job looks to threaten the eyes or mouth (for instance if you are cleaning a wall at head level, or a ceiling), then wear a mask and/or goggles. If clothes become soaked with blood or other infectious fluid (not just with mop water), change clothes as soon as possible. If the infectious fluid has soaked through to the skin, you should take a shower to minimize the risk of exposure.

Disinfectant Procedure

The following procedures are for cleaning up any infectious, or potentially infectious, material that you may encounter.

A. Procedure for cleaning hard surfaces (vinyl tile floors, counter tops, walls, etc.) contaminated with blood or with bodily fluids which may contain blood:

1. Stop and think!
2. Put on gloves before approaching the area. Put on other personal protective equipment (goggles, mask) if needed.
3. Absorb the fluids by sprinkling liberally with the Red Z absorbent powder.
4. If the blood is dry, wet the area with water, and then sprinkle with absorbent powder.
5. Allow the powder to sit for ten minutes or until the liquid has been completely absorbed.

6. If blood soaked, scoop the congealed liquid into a red plastic bag using the scoop provided. If the material is not caked or saturated with blood, it may be disposed of in regular trash (please double bag material before placing in the trash.) Do not dispose of the red bag in regular trash.
7. Mop the area thoroughly.
8. Spray the area with DISPATCH hospital cleaner/disinfectant with bleach.
9. Dispose of gloves into regular trash. Material that is not caked or saturated with blood may be disposed of in a regular fashion. For disposal of materials that are caked or saturated with blood, consult section VII of the general plan.
10. Wash hands thoroughly.

B. Procedure for cleaning carpeted surfaces contaminated with blood or any other bodily fluid which may contain blood:

1. Stop and think!
2. Contact supervisor, who will bring the appropriate equipment
3. Put on gloves before approaching the area.
4. Spray the area with Dispatch hospital cleaner/disinfectant with bleach.
5. Extract the area thoroughly.
6. Introduce disinfectant into the recovery tank of the extractor to decontaminate the infectious fluids.
7. Discharge recovery tank into regular slop sink drain.
8. Clean equipment thoroughly.
9. Dispose of gloves.
10. Wash hands thoroughly.

Waste Handling

Waste resulting from cleanup operations:

Liquid waste such as mop water can be disposed of into the sewer as usual. Paper towels and equipment such as gloves, if not caked or saturated with blood, can be put into the ordinary trash but should be double-bagged before transporting. Disposable latex gloves can be thrown away. Regular Playtex rubber gloves need not be thrown away, but if caked with blood must be washed thoroughly in disinfectant. For handling of infectious waste, see section VII of the general plan.

Handling of contaminated or potentially contaminated trash

Wear gloves when emptying trash bins. Do not reach into trash bins. If a bag is jammed in the trash bin, first try to dump the contents into another bag. If the remains are jammed, and you must reach in to remove the jamming object, **first inspect the object visually**. If it

contains sharp objects, or if you cannot see it completely, use heavy-duty reusable gloves for extra protection.

If you believe that you have been exposed to a bloodborne pathogen, consult section IV of this Exposure Control Plan

Williams College
OSHA Bloodborne Pathogen Standard
Exposure Control Plan for Williams College Children's Center Staff

Introduction

This plan deals only with the standard procedures used as part of day-to-day assigned responsibilities. It is not designated to cover minor emergencies such as cuts where the proper response is some sort of first aid measure.

The most probable route for exposure for staff would be as a result of emergency response in areas contaminated with blood, or contaminated with bodily fluids that might include blood but the blood can not actually be seen. The ideal first step is to **stop and think** about the plans of action. If there is time, and you are in any doubt as to the proper procedure to follow, check with the Health Center or other medical personnel. Remember that "exposure" means getting the blood (or other infectious material) actually through the skin or into your eyes or mouth. You are not exposed simply by being in the same area as infectious material.

Standard Operating Procedures

The best way to prevent exposure is to use "universal precautions" that is to assume that any body fluid might be infectious. This means using gloves when changing dirty diapers or cleaning up any type of vomit. This requires that protective equipment be readily available. All staff should be aware of the location of disposable gloves and masks, and cleanup and disinfectant kits, with aprons and goggles. Wearing gloves and washing your hands are the most effective ways to protect your self against the most obvious possibility, splashes onto and through the skin.

If CPR is administered, a CPR mask shall be worn.

All employees who work at the Williams College Children's Center are expected to:

1. Wear gloves when:
 - a. You come into contact with open cuts, nicks, and skin abrasions, including dermatitis (inflammation of the skin) and acne (inflammations of the oil glands of skin, producing pimples).
 - b. Any contact with the mucous membranes of the mouth, eyes, or nose that visibly show blood.
 - c. Changing a dirty diaper or training pants. Evaluate the diaper's condition before placing the child on the changing table or removing soiled training pants. This will help reduce the risk of contamination to hands before putting gloves on.
 - d. Cleaning up diarrhea or vomit.
2. Remove gloves in a way that decreases contamination:
 - a. With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.

- b. With the exposed hand, peel the second glove from the inside, tucking first glove inside the second.
 - c. Dispose of the entire bundle promptly.
3. Dispose of gloves in a covered plastic-lined waste container.
4. Thoroughly WASH HANDS each time gloves are removed.
5. Clean spills (identified in #1) by wearing gloves and using a soap and water solution to clean area and then Dispatch cleaner to disinfect.
6. Follow Universal Precautions. Treat every incident as if the person is infected with the infectious blood diseases.
7. Blood stained or vomited on children's clothing must be placed in a plastic bag and sent home with the parents. Massive amounts of clothing or articles used to clean up a spill should be sent with paramedics, if they are needed or double bagged and brought to the Health Center. Any staff that has blood on their clothing will be allowed to go home and change clothes. Bloodstains on children's clothing are never rinsed at the center.
8. If syringes or epi-pens are used at the center, the parents will take them home to be disposed of as domestic use.
9. Report all blood and bodily fluid exposures to the Teacher you are working with. They will then fill out an Accident report and log the exposure in the 'Blood Borne Pathogen section of their accident logbook.
10. Wash hands before eating, after using the toilet, after changing a diaper, and whenever soiled. Use gloves when handling food.

Cleanup and Waste Disposal

Infectious waste refers to materials that are dripping liquid blood. For handling of infectious waste, see section VII of the general plan. Other materials may be hazardous, but do not need to be handled as carefully. Paper towels and equipment such as disposable gloves, if not caked or saturated with blood, can be put into the ordinary trash but should be double-bagged before transporting.

Used mouthpieces should be considered regulated waste. As such, it should be double-bagged, labeled, and taken to the Health Center for disposal.

Clothing that is soaked with blood or other potentially infectious material should be changed as soon as possible and the staff should shower before putting on fresh clothes. The college will provide time and facilities for this.

Hepatitis B Vaccine

All staff is required to administer first aid; therefore, all staff is required to receive the Hepatitis B vaccine. In the event that a staff member has a blood exposure while on the job, they should immediately contact the Williams College Health Center.

If you believe you have been exposed to a bloodborne pathogen, refer to section IV of this Exposure Control Plan.

Post Exposure Plan

This post exposure plan defines an **exposure incident** and describes what to do in the event of an exposure incident.

1. An **exposure incident** is when a **potentially infectious material** comes in contact with an employee's eye, mouth, other mucous membranes, or non-intact skin (including chapped skin) during the performance of work duties. **Potentially infectious materials** include blood, semen, vaginal secretions, or other body fluids that are or may be contaminated with blood.

2. The following steps must be taken after each **exposure incident**:
 - a. Wash the affected area immediately. Skin exposures must be washed thoroughly with soap and water. Eye, mouth or other mucous membrane exposures should be flushed copiously with water.
 - b. The affected employee must report the incident to his or her supervisor immediately. The employee and supervisor should complete a brief written report about the incident and a copy should be forwarded to Human Resources. If the supervisor is not available, the employee should contact Human Resources. An additional copy, with the employee's name deleted, should be sent to the Chemical and Biological Safety Office.
 - c. The supervisor also should promptly call Human Resources. Human Resources will determine the necessary follow up measures including a meeting with the employee or instructions for medical attention.
 - d. The source individual must be identified and documented, unless state or local law prohibits or identification is infeasible.

3. Responsibilities of Human Resources
 - a. to perform the initial assessment and follow-up of the exposed employee;
 - b. to ensure that the injured area has been properly cleaned and treated;
 - c. to initiate post-exposure prophylaxis, when medically indicated;
 - d. to maintain contact with the exposed employee throughout the period of HBV and HIV testing unless the employee chooses to be followed by his or her own physician;
 - e. to order the appropriate laboratory tests and provide results to the exposed employee;
 - f. to identify and document the source individual when possible and obtain the proper informed consent from the source individual;
 - g. to provide counseling and referral for appropriate follow up treatment and counseling; and
 - h. to maintain all medical data and information about the exposed employee in a restricted medical record at the Health Center.

4. Medical Records

The Williams College Health Center will maintain confidential medical records on all employees with occupational exposure to bloodborne pathogens. All employee medical records are maintained as confidential records and as such will not be disclosed without written consent unless required by law.

5. Follow-Up

A copy of the incident report, as described in section 2B, with the employee's name deleted should be forwarded to the Chemical and Biological Safety Office. This report will then be further evaluated for the purpose of determining whether further training of employees and/or revisions to the exposure control plan are needed to prevent future exposure incidents.

AVAILABILITY OF HEPATITIS B VACCINE TO COLLEGE EMPLOYEES

Employees occupying positions identified in Section II, Category 1 will be offered the Hepatitis B vaccine at no cost to the employee. The vaccine will be offered to new employees hired into a position identified in Section II Category 1 within 10 working days of their initial assignment to work. These employees will be asked to sign a vaccine consent waiver form at this time. Employees who initially decline the vaccine but who later wish to have it can expect to have it provided by the College at no cost to the employee.

Sample Hepatitis B vaccine consent and waiver forms are enclosed in Appendix B. The information about Hepatitis B and the vaccine is included with this plan in Appendix C.

Human Resources will notify the Safety & Environmental Compliance Office of any newly hired employees eligible for the Hepatitis B vaccine as described above in order to assure that the offer of the vaccine is initiated within 10 working days. The Office of Safety & Environmental Compliance staff will make arrangements for training and obtaining the employee's signed consent or waiver form.

The Director of Health Services will be responsible for the ordering and administration of the Hepatitis B vaccine during the academic year. Administration of the vaccine during the summer will be done by an outside health care provider. The original copies of the signed consent and waiver forms will be kept in individual employee files at the Health Center. Copies of these forms may also be maintained in the Human Resources and department's files.

TRAINING

Appropriate training will be provided to all employees with occupational exposure to bloodborne pathogens. All current employees in positions with occupational exposure will be trained annually. New employees will be trained at the time of initial employment. The College will also provide training whenever a change in an employee's responsibilities, procedures, or work situation is such that an occupational exposure risk is affected.

Training will be provided by an individual who is knowledgeable about the subject matter. Training will be provided at no cost to the employee, during work hours and at a location reasonably accessible to the employee. The training will be appropriate to the educational, literacy and language background of the employee. The training will include:

- a. an accessible copy of the regulatory text of the standard;
- b. a general explanation of the epidemiology and symptoms of bloodborne pathogens;
- c. an explanation of the modes of transmission of the bloodborne pathogens;
- d. an explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
- e. an explanation of the appropriate methods of recognizing risks and activities that may involve exposure to blood and other potentially infectious material;
- f. an explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering control, work practices and personal protective equipment;
- g. information of the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- h. an explanation of the basis for selection of personal protective equipment;
- i. information on the Hepatitis B vaccine, including information of its efficiency, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge to certain appropriate employees;
- j. information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k. 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;
- l. information on the post exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident;

- m. an explanation of the signs and labels and/or color coding used to identify hazards; and
- n. an opportunity for interactive questions and answers with the person conducting this training.

Written training records will be kept in the Chemical and Biological Safety Office for 3 years. These records will include the dates of the training sessions, contents or a summary of the training, and the names and qualifications of the person conducting the training.

HANDLING REGULATED WASTE

1. All regulated waste is to be placed in a red trash bag. The bag must be secured with either a tie or by knotting the tip of the bag. When handling regulated waste, appropriate personal protective equipment (e.g., gloves, goggles, aprons, etc. as defined in the departmental exposure control plan) must be worn.

Regulated waste is defined as: Liquid or semi-liquid blood or other potentially infectious materials (PIM's); contaminated items that would release blood or other potentially infectious material in a liquid or semi-solid state if compressed; items that are caked with dry blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Note that blood stained clothing, towels and paper towels are not considered regulated waste. Also note that OSHA has determined that used feminine hygiene products are not considered regulated waste.

Potentially infectious materials are defined as: Blood, semen, vaginal secretions, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Only regulated waste is to be placed in a red bag. Non-regulated waste (such as towels, with only spots of blood) is to be double bagged and placed in the ordinary trash.

2. Under no circumstances is the regulated waste to be transferred from one container to another. For example, if the regulated waste is in a clear plastic bag, the entire bag should then be placed into a red bag rather than transfer the items to the red bag. The red bag can then be transported to the Health Center.
3. Regulated waste is to be stored in a locked space until sufficient quantity is generated for disposal.
4. Red bags containing regulated waste are to be taken to the Health Center for eventual disposal.

GLOSSARY

Bloodborne Pathogens: Microorganisms present in human blood which may cause disease in humans.

Contaminated: The presence or the reasonable anticipated presence of blood or other potentially infectious materials (PIM's) on an item or surface.

Contaminated Laundry: Laundry which has been soiled by blood or other potentially infectious materials.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to needles and broken glass.

Decontamination: Physical or chemicals by means of removing or inactivating bloodborne pathogens to the point where they are considered safe for handling, use or disposal.

Engineering Controls: Practices or procedures that isolate or remove bloodborne pathogen hazards from the work place (E.g., sharps containers).

Exposure Determination: List of all job classifications which have occupational exposure.

Exposure Incident: Specific eye, mouth, or other mucous membrane, non-intact skin (including chapped skin), or parenteral contact (see definition below) with blood or other potentially infectious materials that result from the performance of an employees duties.

HBV: Hepatitis B Virus

HIV: Human Immunodeficiency Virus

Occupational Exposure: Reasonably anticipated skin, eye and mucous membrane or parenteral contact (see definition below) with blood or other potentially infectious materials that may result in from the performance of an employees duties.

Parenteral Exposure: Piercing mucous membranes or other skin barrier through such events as needlesticks, human bites, cuts or abrasions.

Potentially Infectious Materials (PIM's): Blood, semen, vaginal secretions, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials (PIM's); contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dry blood or other potentially infectious materials that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing

blood or other potentially infectious materials. Note that blood stained clothing, towels and paper towels are not considered regulated waste. Also note that OSHA has determined that used feminine hygiene products are not considered regulated waste.

Sharps: means any object that can penetrate the skin, including but not limited to needles and broken glass.

Source Individual: Any individual whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Universal Precautions: means those necessary safeguards based upon the assumption that all human blood and certain fluids (see definition of PIM's above) are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Williams College
OSHA Bloodborne Pathogen Standard
Hepatitis B Immunization Consent 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. I have read the information about the recombinant hepatitis B vaccine, Engerix-B, which was distributed at a recent training session.

I hereby consent to participate in the hepatitis B vaccination program. I also assume the responsibility of making and keeping my appointments to receive the vaccine as per the recommended protocol.

Date: ____/____/____ Employee Name: _____

Dept: _____ Employee Signature: _____

Date #1 ____/____/____ Administered By: _____ Lot # _____

Date #2 ____/____/____ Administered By: _____ Lot # _____

Date #3 ____/____/____ Administered By: _____ Lot # _____

Williams College
OSHA Bloodborne Pathogen Standard
Hepatitis B Immunization Refusal 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 the hepatitis B vaccine, I can receive the vaccination series at not charge to me.

Date: ____/____/____ Employee Name: _____
(Please Print)

Dept: _____ Employee Signature: _____

Appendix D

Williams College

Health Center
Bloodborne Pathogen Flow Sheet

**CONFIDENTIAL EMPLOYEE HEALTH RECORD TO BE COMPLETED AND
SIGNED BY THE HEALTH CENTER PHYSICIAN**

Health Center M.D.: Please complete and sign this record (circle and date each action taken).

M.D.: _____

Date and time of employee evaluation: _____

EMPLOYEE:

Name: _____

Job Title and Department:

Previously received full series of Hepatitis B vaccine: () yes () no

Dates: _____

EXPOSURE:

Date and time of exposure: _____

Type of exposure: percutaneous permucosal other

Type of fluid: blood semen/vag. sec.

 other vomit

Initial assessment:

Was the area initially cleaned and treated? ()yes ()no

SOURCE UNKNOWN.....See Chart MMWR

Hepatitis C

Tetanus Prophylaxis

=====

SOURCE KNOWN

Name: _____

Is the source high risk for HIV or known to be HIV+: ()yes ()no

If yes explain:

LABORATORY STUDIES

Please record the data and result of each laboratory test. Label

the laboratory requisition:

“Accidental exposure-employee”

This will test for:

anti-HBs _____

LFT's _____

HIV Ab* _____

“Accidental exposure-source”

This will test for:

HBsAg _____

LFT's _____

HIV Ab* _____

*Written informed consent is required.

A-D-2

PROPHYLAXIS ADMINISTERED: **(Please document treatments administered)**

HBIG: _____ Date: _____

Hepatitis B Vaccine: _____

Initial dose: _____ Date: _____

Second dose: _____ Date: _____

Third dose: _____ Date: _____

Other: _____ Date: _____

IG: _____ Date: _____

Tetanus Booster: _____ Date: _____

Counseling and educational materials provided?: _____ Date: _____

Post Exposure Prophylaxis? Offered declined not indicated

Consent form signed? Yes not indicated

Employee HIV Ab: Initial baseline
at employee request: _____ Date: _____

source low risk and
employee has elected
to store employee HIV Date: _____

Follow up HIV Ab:
6 weeks Date: _____

12 weeks Date: _____

6 months Date: _____

12 months Date: _____

Comments: _____

Employee Follow up appointment schedule?

Date: _____ With: _____

Employee referred to another M.D.? (name):

Health Center M.D. SIGNATURE: _____

Appendix E
OSHA
29 CFR Part 1910.1030

1910.1030(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b) Definitions. For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific 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.

Hand washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

1910.1030(c) Exposure Control --

1910.1030(c)(1) Exposure Control Plan.

1910.1030(c)(1)(i)

Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

1910.1030(c)(1)(ii)

The Exposure Control Plan shall contain at least the following elements:

1910.1030(c)(1)(ii)(A)

The exposure determination required by paragraph (c)(2),

..1910.1030(c)(1)(ii)(B)

1910.1030(c)(1)(ii)(B)

The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B

Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

1910.1030(c)(1)(ii)(C)

The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

1910.1030(c)(1)(iii)

Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

1910.1030(c)(1)(iv)

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

1910.1030(c)(1)(iv)(A)

Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

1910.1030(c)(1)(iv)(B)

Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

1910.1030(c)(1)(v)

An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

1910.1030(c)(1)(vi)

The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

1910.1030(c)(2) Exposure Determination.

1910.1030(c)(2)(i)

Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1910.1030(c)(2)(i)(A)

A list of all job classifications in which all employees in those job classifications have occupational exposure;

..1910.1030(c)(2)(i)(B)

1910.1030(c)(2)(i)(B)

A list of job classifications in which some employees have occupational exposure, and

1910.1030(c)(2)(i)(C)

A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

1910.1030(c)(2)(ii)

This exposure determination shall be made without regard to the use of personal protective equipment.

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

1910.1030(d)(2) Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

..1910.1030(d)(2)(ii)

1910.1030(d)(2)(ii)

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1910.1030(d)(2)(iii)

Employers shall provide handwashing facilities which are readily accessible to employees.

1910.1030(d)(2)(iv)

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

1910.1030(d)(2)(v)

Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

1910.1030(d)(2)(vi)

Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

1910.1030(d)(2)(vii)

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

..1910.1030(d)(2)(vii)(A)

1910.1030(d)(2)(vii)(A)

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

1910.1030(d)(2)(vii)(B)

Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

1910.1030(d)(2)(viii)

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

1910.1030(d)(2)(viii)(A)

Puncture resistant;

1910.1030(d)(2)(viii)(B)

Labeled or color-coded in accordance with this standard;

1910.1030(d)(2)(viii)(C)

Leakproof on the sides and bottom; and

1910.1030(d)(2)(viii)(D)

In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

1910.1030(d)(2)(ix)

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

1910.1030(d)(2)(x)

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

..1910.1030(d)(2)(xi)

1910.1030(d)(2)(xi)

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1910.1030(d)(2)(xiii)(A)

The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within

the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

1910.1030(d)(2)(xiii)(B)

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

..1910.1030(d)(2)(xiii)(C)

1910.1030(d)(2)(xiii)(C)

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

1910.1030(d)(2)(xiv)

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

1910.1030(d)(2)(xiv)(A)

A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

1910.1030(d)(2)(xiv)(B)

The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

1910.1030(d)(3) Personal Protective Equipment --

1910.1030(d)(3)(i)

Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, 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.

1910.1030(d)(3)(ii)

Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

1910.1030(d)(3)(iv)

Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

..1910.1030(d)(3)(v)

1910.1030(d)(3)(v)

Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

1910.1030(d)(3)(vi)

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

1910.1030(d)(3)(vii)

All personal protective equipment shall be removed prior to leaving the work area.

1910.1030(d)(3)(viii)

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

1910.1030(d)(3)(ix)

Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as

specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

1910.1030(d)(3)(ix)(A)

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

..1910.1030(d)(3)(ix)(B)

1910.1030(d)(3)(ix)(B)

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

1910.1030(d)(3)(ix)(C)

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

1910.1030(d)(3)(ix)(D)

If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

1910.1030(d)(3)(ix)(D)(1)

Periodically reevaluate this policy;

1910.1030(d)(3)(ix)(D)(2)

Make gloves available to all employees who wish to use them for phlebotomy;

1910.1030(d)(3)(ix)(D)(3)

Not discourage the use of gloves for phlebotomy; and

1910.1030(d)(3)(ix)(D)(4)

Require that gloves be used for phlebotomy in the following circumstances:

1910.1030(d)(3)(ix)(D)(4)(i)

When the employee has cuts, scratches, or other breaks in his or her skin;

1910.1030(d)(3)(ix)(D)(4)(ii)

When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

1910.1030(d)(3)(ix)(D)(4)(iii)

When the employee is receiving training in phlebotomy.

..1910.1030(d)(3)(x)

1910.1030(d)(3)(x)

Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

1910.1030(d)(3)(xi)

Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

1910.1030(d)(3)(xii)

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

1910.1030(d)(4) Housekeeping --

1910.1030(d)(4)(i)

General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

1910.1030(d)(4)(ii)

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

..1910.1030(d)(4)(ii)(A)

1910.1030(d)(4)(ii)(A)

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

1910.1030(d)(4)(ii)(B)

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall 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 during the shift.

1910.1030(d)(4)(ii)(C)

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

1910.1030(d)(4)(ii)(D)

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

1910.1030(d)(4)(ii)(E)

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

1910.1030(d)(4)(iii) Regulated Waste --

..1910.1030(d)(4)(iii)(A)

1910.1030(d)(4)(iii)(A)

Contaminated Sharps Discarding and Containment

1910.1030(d)(4)(iii)(A)(1)

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

1910.1030(d)(4)(iii)(A)(1)(i)

Closable;

1910.1030(d)(4)(iii)(A)(1)(ii)

Puncture resistant;

1910.1030(d)(4)(iii)(A)(1)(iii)

Leakproof on sides and bottom; and

1910.1030(d)(4)(iii)(A)(1)(iv)

Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

1910.1030(d)(4)(iii)(A)(2)

During use, containers for contaminated sharps shall be:

1910.1030(d)(4)(iii)(A)(2)(i)

Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

1910.1030(d)(4)(iii)(A)(2)(ii)

Maintained upright throughout use; and

1910.1030(d)(4)(iii)(A)(2)(iii)

Replaced routinely and not be allowed to overfill.

1910.1030(d)(4)(iii)(A)(3)

When moving containers of contaminated sharps from the area of use, the containers shall be:

1910.1030(d)(4)(iii)(A)(3)(i)

Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

1910.1030(d)(4)(iii)(A)(3)(ii)

Placed in a secondary container if leakage is possible. The second container shall be:

1910.1030(d)(4)(iii)(A)(3)(ii)(A)

Closable;

1910.1030(d)(4)(iii)(A)(3)(ii)(B)

Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

1910.1030(d)(4)(iii)(A)(3)(ii)(C)

Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

1910.1030(d)(4)(iii)(A)(4)

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

1910.1030(d)(4)(iii)(B)

Other Regulated Waste Containment --

1910.1030(d)(4)(iii)(B)(1)

Regulated waste shall be placed in containers which are:

1910.1030(d)(4)(iii)(B)(1)(i)

Closable;

1910.1030(d)(4)(iii)(B)(1)(ii)

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

1910.1030(d)(4)(iii)(B)(1)(iii)

Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

1910.1030(d)(4)(iii)(B)(1)(iv)

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

1910.1030(d)(4)(iii)(B)(2)

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

1910.1030(d)(4)(iii)(B)(2)(i)

Closable;

1910.1030(d)(4)(iii)(B)(2)(ii)

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

1910.1030(d)(4)(iii)(B)(2)(iii)

Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

1910.1030(d)(4)(iii)(B)(2)(iv)

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

1910.1030(d)(4)(iii)(C)

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

..1910.1030(d)(4)(iv)

1910.1030(d)(4)(iv)

Laundry.

1910.1030(d)(4)(iv)(A)

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

1910.1030(d)(4)(iv)(A)(1)

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

1910.1030(d)(4)(iv)(A)(2)

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

1910.1030(d)(4)(iv)(A)(3)

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

1910.1030(d)(4)(iv)(B)

The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

..1910.1030(d)(4)(iv)(C)

1910.1030(d)(4)(iv)(C)

When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities

1910.1030(e)(1)

This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2)(ii)

Special Practices

1910.1030(e)(2)(ii)(A)

Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

..1910.1030(e)(2)(ii)(B)

1910.1030(e)(2)(ii)(B)

Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

1910.1030(e)(2)(ii)(C)

Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

1910.1030(e)(2)(ii)(D)

When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

1910.1030(e)(2)(ii)(E)

All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

1910.1030(e)(2)(ii)(F)

Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

..1910.1030(e)(2)(ii)(G)

1910.1030(e)(2)(ii)(G)

Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

1910.1030(e)(2)(ii)(H)

Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2)(ii)(I)

Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

1910.1030(e)(2)(ii)(J)

Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

1910.1030(e)(2)(ii)(K)

All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

..1910.1030(e)(2)(ii)(L)

1910.1030(e)(2)(ii)(L)

A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

1910.1030(e)(2)(ii)(M)

A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

1910.1030(e)(2)(iii)

Containment Equipment

1910.1030(e)(2)(iii)(A)

Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

1910.1030(e)(2)(iii)(B)

Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

..1910.1030(e)(3)(i)

1910.1030(e)(3)(i)

Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for

entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

1910.1030(e)(4)(ii)

The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

..1910.1030(e)(4)(iii)

1910.1030(e)(4)(iii)

Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

1910.1030(e)(4)(iv)

Access doors to the work area or containment module shall be self-closing.

1910.1030(e)(4)(v)

An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

1910.1030(e)(4)(vi)

A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

1910.1030(e)(5)

Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

1910.1030(f)

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up --

..1910.1030(f)(1)

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

1910.1030(f)(1)(ii)

The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1910.1030(f)(1)(ii)(A)

Made available at no cost to the employee;

1910.1030(f)(1)(ii)(B)

Made available to the employee at a reasonable time and place;

1910.1030(f)(1)(ii)(C)

Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

1910.1030(f)(1)(ii)(D)

Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

1910.1030(f)(1)(iii)

The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

..1910.1030(f)(2)

1910.1030(f)(2)

Hepatitis B Vaccination.

1910.1030(f)(2)(i)

Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has

revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

1910.1030(f)(2)(ii)

The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

1910.1030(f)(2)(iii)

If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

1910.1030(f)(2)(iv)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

1910.1030(f)(2)(v)

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

1910.1030(f)(3)

Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1910.1030(f)(3)(i)

Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

..1910.1030(f)(3)(ii)

1910.1030(f)(3)(ii)

Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1910.1030(f)(3)(ii)(A)

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

1910.1030(f)(3)(ii)(B)

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

1910.1030(f)(3)(ii)(C)

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

1910.1030(f)(3)(iii)

Collection and testing of blood for HBV and HIV serological status;

1910.1030(f)(3)(iii)(A)

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

..1910.1030(f)(3)(iii)(B)

1910.1030(f)(3)(iii)(B)

If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

1910.1030(f)(3)(iv)

Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

1910.1030(f)(4)

Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)

The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

1910.1030(f)(4)(ii)

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1910.1030(f)(4)(ii)(A)

A copy of this regulation;

1910.1030(f)(4)(ii)(B)

A description of the exposed employee's duties as they relate to the exposure incident;

1910.1030(f)(4)(ii)(C)

Documentation of the route(s) of exposure and circumstances under which exposure occurred;

..1910.1030(f)(4)(ii)(D)

1910.1030(f)(4)(ii)(D)

Results of the source individual's blood testing, if available; and

1910.1030(f)(4)(ii)(E)

All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

1910.1030(f)(5)

Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

1910.1030(f)(5)(i)

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

1910.1030(f)(5)(ii)

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

1910.1030(f)(5)(ii)(A)

That the employee has been informed of the results of the evaluation; and

1910.1030(f)(5)(ii)(B)

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

..1910.1030(f)(5)(iii)

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

1910.1030(g)

Communication of Hazards to Employees --

1910.1030(g)(1)

Labels and Signs --

1910.1030(g)(1)(i)

Labels.

1910.1030(g)(1)(i)(A)

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

1910.1030(g)(1)(i)(B)

Labels required by this section shall include the following legend:



1910.1030(g)(1)(i)(C)

These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

1910.1030(g)(1)(i)(D)

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

..1910.1030(g)(1)(i)(E)

1910.1030(g)(1)(i)(E)

Red bags or red containers may be substituted for labels.

1910.1030(g)(1)(i)(F)

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

1910.1030(g)(1)(i)(G)

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

1910.1030(g)(1)(i)(H)

Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

1910.1030(g)(1)(i)(I)

Regulated waste that has been decontaminated need not be labeled or color-coded.

1910.1030(g)(1)(ii)

Signs.

1910.1030(g)(1)(ii)(A)

The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

..1910.1030(g)(1)(ii)(B)

1910.1030(g)(1)(ii)(B)

These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

1910.1030(g)(2)(ii)

Training shall be provided as follows:

1910.1030(g)(2)(ii)(A)

At the time of initial assignment to tasks where occupational exposure may take place;

1910.1030(g)(2)(ii)(B)

Within 90 days after the effective date of the standard; and

1910.1030(g)(2)(ii)(C)

At least annually thereafter.

1910.1030(g)(2)(iii)

For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

1910.1030(g)(2)(iv)

Annual training for all employees shall be provided within one year of their previous training.

..1910.1030(g)(2)(v)

1910.1030(g)(2)(v)

Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

1910.1030(g)(2)(vi)

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

1910.1030(g)(2)(vii)

The training program shall contain at a minimum the following elements:

1910.1030(g)(2)(vii)(A)

An accessible copy of the regulatory text of this standard and an explanation of its contents;

1910.1030(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of bloodborne diseases;

1910.1030(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;

1910.1030(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

1910.1030(g)(2)(vii)(E)

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

..1910.1030(g)(2)(vii)(F)

1910.1030(g)(2)(vii)(F)

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

1910.1030(g)(2)(vii)(G)

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

1910.1030(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;

1910.1030(g)(2)(vii)(I)

Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

1910.1030(g)(2)(vii)(J)

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

1910.1030(g)(2)(vii)(K)

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;

1910.1030(g)(2)(vii)(L)

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

..1910.1030(g)(2)(vii)(M)

1910.1030(g)(2)(vii)(M)

An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

1910.1030(g)(2)(vii)(N)

An opportunity for interactive questions and answers with the person conducting the training session.

1910.1030(g)(2)(viii)

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

1910.1030(g)(2)(ix)

Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

1910.1030(g)(2)(ix)(A)

The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

1910.1030(g)(2)(ix)(B)

The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

..1910.1030(g)(2)(ix)(C)

1910.1030(g)(2)(ix)(C)

The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

1910.1030(h)

Recordkeeping -

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

1910.1030(h)(1)(ii)

This record shall include:

1910.1030(h)(1)(ii)(A)

The name and social security number of the employee;

1910.1030(h)(1)(ii)(B)

A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

1910.1030(h)(1)(ii)(C)

A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

1910.1030(h)(1)(ii)(D)

The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

..1910.1030(h)(1)(ii)(E)

1910.1030(h)(1)(ii)(E)

A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

1910.1030(h)(1)(iii)

Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

1910.1030(h)(1)(iii)(A)

Kept confidential; and

1910.1030(h)(1)(iii)(B)

Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

1910.1030(h)(1)(iv)

The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

1910.1030(h)(2)(i)(A)

The dates of the training sessions;

1910.1030(h)(2)(i)(B)

The contents or a summary of the training sessions;

1910.1030(h)(2)(i)(C)

The names and qualifications of persons conducting the training; and

..1910.1030(h)(2)(i)(D)

1910.1030(h)(2)(i)(D)

The names and job titles of all persons attending the training sessions.

1910.1030(h)(2)(ii)

Training records shall be maintained for 3 years from the date on which the training occurred.

1910.1030(h)(3)

Availability.

1910.1030(h)(3)(i)

The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

1910.1030(h)(3)(ii)

Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

1910.1030(h)(3)(iii)

Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

..1910.1030(h)(4)

1910.1030(h)(4)

Transfer of Records.

1910.1030(h)(4)(i)

The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

1910.1030(h)(4)(ii)

If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

The employer 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 employee. The sharps injury log shall contain, at a minimum:

1910.1030(h)(5)(i)(A)

The type and brand of device involved in the incident,

1910.1030(h)(5)(i)(B)

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

1910.1030(h)(5)(i)(C)

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

1910.1030(h)(5)(iii)

The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

1910.1030(i)

Dates --

1910.1030(i)(1)

Effective Date. The standard shall become effective on March 6, 1992.

1910.1030(i)(2)

The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

1910.1030(i)(3)

Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

1910.1030(i)(4)

Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001]

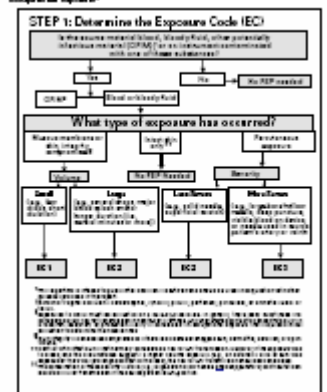
Appendix F

May 15, 1998 / Vol. 47 / No. RR-7
Recommendations and Reports

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
(CDC) Atlanta, Georgia 30333

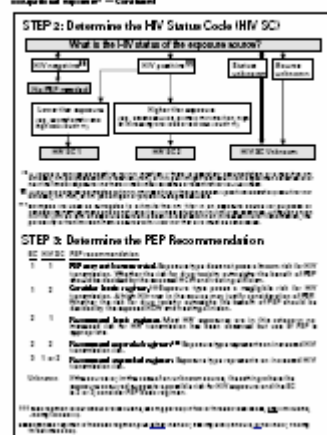
Public Health Service Guidelines for the
Management of Health-Care Worker
Exposures to HIV and Recommendations for
Post-exposure Prophylaxis

FIGURE 1. Determining the need for HIV post-exposure prophylaxis (PEP) after an occupational exposure^a



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FIGURE 1. Determining the need for HIV post-exposure prophylaxis (PEP) after an occupational exposure^a - Continued



To view the MMWR Chart please contact the Office of Environmental Health & Safety.