

Table of Contents

Introduction	1
Policy	2
Program Administration	3
1.0 Employee Exposure Determination	4
2.0 Methods of Implementation & Control	5
3.0 Handwashing	8
4.0 Training	9
5.0 Hepatitis B Vaccination	10
6.0 Post Exposure Evaluation & Follow-Up	11
7.0 Housekeeping	12
8.0 Labeling	14
9.0 Recordkeeping	15
Appendix	17
Appendix A – Universal Occupations At Risk	18
Appendix B – Definitions	19
Appendix C – Universal Precautions	21
Appendix D – BBP Training Record Form	22
Appendix E – Employee Body Fluid Exposure Record Form	23
Appendix F – Hepatitis B Vaccine Declination Form	24
Appendix G – Consent For Hepatitis B Vaccine	25
Appendix H – Exposure Incident Form	26
Appendix I – Post Exposure Evaluation & Follow-up Checklist	27
Appendix J – Bloodborne Facts; PPE	28
Appendix K – Bloodborne Facts; Reporting Exposure Incidents	29
Appendix L – Bloodborne Facts; Protecting Yourself When Handling Sharps	30
Appendix M – Bloodborne Facts; Hepatitis B Vaccination – Protection For You	31
Appendix N – Bloodborne Facts; Holding the Line On Contamination	32
Appendix O – Proper Handwashing Techniques	33
Appendix P – Proper Glove Removal Techniques	34
Appendix Q – Biohazardous Waste, Labels, Bags, & Containers	35
Appendix R – Bloodborne Pathogens Information Resource List	36
Copy of the Standard	37

Introduction

Bloodborne Pathogens are disease-producing micro-organisms that may be present in human blood, feces, urine, mucus and other body fluids. These pathogens include, but are not limited to AIDS (Acquired Immune Deficiency Syndrome) caused by HIV (Human Immunodeficiency Virus) and HBV (Hepatitis B Virus.)

In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) have implemented a regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect workers from these health hazards.

Hilscher-Clarke Electric Co. believes that there are a number of “*good general*” principles that should be followed when working with bloodborne pathogens. These include that:

- ✓ It is prudent to minimize all exposure to bloodborne pathogens.
- ✓ Risk of exposure to bloodborne pathogens should *never* be underestimated.
- ✓ Our company will institute “*Universal Precautions*”, which means that all blood or other potentially infectious material must be treated as being infectious for HIV and HBV.
- ✓ Our company will institute as many work practice and engineering controls as possible to eliminate or minimize employee exposure to Bloodborne Pathogens.

We have implemented this Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is two fold:

- ❑ To protect our employees from the health hazards associated with Bloodborne Pathogens.
- ❑ To provide appropriate treatment and counseling should an employee be exposed to Bloodborne Pathogens.

Policy

Hilscher-Clarke Electric Co. is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The Exposure Control Plan is a key document to assist our company in implementing and ensuring compliance with the standard, thereby protecting our employees. This Exposure Control Plan includes:

- I. Employee Exposure Determination.
- II. Procedures for evaluating the circumstances surrounding an employee exposure incident.
- III. The schedule and method for implementing the specific sections of the standard, including:
 - (a) Methods of Compliance;
 - (b) Hepatitis B Vaccination & Post-Exposure Follow-up;
 - (c) Recordkeeping.

Program Administration

- ***The President is responsible for*** the implementation and enforcement of the Exposure Control Plan:
 - The President will review, maintain and update the written Exposure Control Plan at least annually and whenever necessary, to include new or modified tasks and procedures.
 - Ensuring that all medical actions required are performed and that appropriate medical records are maintained.
 - The President may delegate various aspects of the Bloodborne Pathogens Exposure Control Plan to a Qualified Organization. However, the President's ultimate responsibility for his aspects of the program cannot be delegated.

- ***The Safety Manager will be responsible for:***
 - Providing accurate and timely information to all employees (regardless of status) concerning exposure, identification of labels and signs, proper use of PPE, and safeguards to prevent infection.
 - Working with the Human Resources Representative to ensure training, documentation of training, and making the written Exposure Control Plan available to employees, OSHA and NIOSH representatives.
 - Working with supervisory personnel to ensure that all "Affected Employees" receive the appropriate level of Bloodborne Pathogen training.
 - Ensuring those employees who are reasonably anticipated to have contact with, or exposure to, blood or other potentially infected materials comply with the procedures and work practices outlined in Hilscher-Clarke's Exposure Control Plan.
 - Maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e. sharp containers, etc.), labels, and red bags required by the standard.
 - Working with Purchasing to ensure that adequate supplies of the aforementioned equipment are available at all Hilscher-Clarke worksites and permanent facilities.
 - Written housekeeping protocols and ensuring that effective disinfectants are purchased.
 - The Safety Manager may delegate various aspects of the Bloodborne Pathogens Exposure Control Plan to a Qualified Organization (as approved by the President). However, the Safety Manager's ultimate responsibility for his/her aspects of the program cannot be delegated.

- ***All levels of supervisory personnel (including dispatchers) are responsible for:***
 - Identifying hazards and taking proper action to prevent infection through contact with bodily fluids or contaminated products.
 - Notifying their immediate supervisor immediately when a blood borne hazard condition is identified.

1.0 Employee Exposure Determination

Hilscher-Clarke has evaluated the work tasks associated with the job functions of its staff to determine which tasks could be reasonably anticipated to result in exposure to Bloodborne Pathogens. Hilscher-Clarke has adopted the following categorical distinctions to determine the level of potential exposure for its employees:

- 1.1 Category I** – Tasks that involve exposure to blood, body fluids, or tissues. All procedures or other job related tasks that involve an *inherent potential* for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them.
 - 1.1.1** Examples of Category I tasks are those normally associated with frequent and repetitive handling and working directly with blood products such as those performed by medical personnel (i.e., physicians, nurses, Emergency Medical Technicians, etc.). These jobs by design require an almost constant exposure to the potential for infection.
 - 1.1.2 Hilscher-Clarke has identified no employees or job task(s) that requires this level of potential exposure to Bloodborne Pathogens.**
- 1.2 Category II** – Tasks that involve no exposure to blood, body fluids, or tissues, but *employment may require performing unplanned Category I tasks*. The normal work routine involves no exposure to blood, body fluids or tissues, but exposure may be required as a condition of employment.
 - 1.2.1** Category II tasks are those normally associated with employees whose primary job function does not require them normally to be exposed to blood or body fluids but who are trained and designated to provide First Aid and CPR (Cardiopulmonary Resuscitation) as a collateral duty to their routine job functions.
 - 1.2.2** The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals:
 - 1) **Supervisory Personnel** – Performing First Aid, Post Accident Equipment Clean-up;
- 1.3** All exposure determinations, for Category I and Category II, were made without regard to the use of Personal Protective Equipment.

2.0 Methods Of Implementation & Control

- 2.1 Universal Precautions:** As of March 6, 1992, all employees will utilize Universal Precautions. Universal Precautions is an infection control method that requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other Bloodborne Pathogens (*See Appendix A & Appendix C*) and must be treated accordingly.
- 2.2 Exposure Control Plan (ECP):** Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting their Supervisor. Employees seeking copies of the Plan may contact the Safety Manager or Human Resources Representative. A copy of the Plan will be made available, free of charge, and within 15 days of the request.
- 2.2.1** The President will also be responsible for reviewing and updating the ECP annually or sooner, if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
- 2.3 Engineering Controls and Work Practices:** Engineering controls and work practice controls will be used to prevent or minimize exposure to Bloodborne Pathogens.
- 2.3.1** New technology for workplace sharps, and if applicable needles, will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts. Our engineering controls (i.e., sharps containers, etc.) will be inspected and maintained or replaced by the Supervisor every week.
- 2.3.2** Examples of engineering controls include, but are not limited to:
- *Puncture-resistant disposal containers for contaminated sharps or broken glass.*
 - *Bio-Safety cabinets.*
- Examples of work practice controls include, but are not limited to:
- *Providing readily accessible hand washing facilities.*
 - *Washing hands immediately or as soon as feasible after removal of gloves.*
 - *Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.*
 - *Labeling.*
 - *Equipment decontamination.*
 - *Prohibiting eating, drinking, and smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure.*
 - *Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.*
 - *Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.*
 - *Examining equipment that may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated.*

2.0 Methods Of Implementation & Control (cont.)

2.4 Personal Protective Equipment (PPE): Personal Protective Equipment must be used if engineering and work practice controls do not eliminate the exposure hazard or if such controls are not feasible.

PPE helps prevent occupational exposure to infectious materials. Such equipment includes Gloves, Chemical Protective Suit (Type Suit), Face shields, Masks, Mouthpieces, Shoe Covers & Caps. PPE is considered appropriate only if it prevents blood or bodily fluids from passing through or reaching the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

2.4.1 In the case of persons allergic to latex gloves normally in use at job sites or equipment garages, arrangements will be made to provide hypoallergenic gloves or other alternatives as needed.

2.4.3 The Safety Manager will assist all levels of Supervisory Personnel in identifying personal protective equipment appropriate for the individual work area(s) and assigned tasks.

2.4.4 All persons will be trained regarding the use of appropriate personal protective equipment for their job classification(s) and the task(s) or procedure(s) that they perform. Additional training will be provided, when necessary, such as change of job or task by an individual or the arrival of new person(s) in an area. The Site Supervisor will determine whether additional training is needed by comparing a person's previous job duties and tasks to those for any new job or function.

2.4.5 Hilscher-Clarke adheres to the following practices to ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect the individual from potential exposure.

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When hand-washing facilities are not feasible, an antiseptic hand cleanser and clean towels or antiseptic towelettes will be provided by Hilscher-Clarke. Hands will then be washed with soap and running water as soon as possible.
- Any portion of an employee's body that has contacted blood or other potentially infectious materials, including saliva, must be washed immediately or as soon as feasible after contact. When hand-washing facilities are not feasible, an antiseptic hand cleanser and clean towels or antiseptic towelettes will be provided by Hilscher-Clarke. Hands will then be washed with soap and running water as soon as possible.
- Reusable personal protective equipment is cleaned, laundered, and decontaminated as needed at no cost to the employee.
- Equipment that cannot be decontaminated and must be discarded must be forwarded on to the Site Supervisor for discarding by approved procedures and in an approved container.

2.4.7 Individuals shall adhere to the following practices when using personal protective equipment to ensure that this equipment is used as effectively as possible:

- Any garment penetrated by blood or other potentially infectious materials shall be removed immediately, or as soon as possible.
- All personal protective equipment shall be removed prior to leaving a work area and placed in an appropriate designated area or container for storage, washing, decontamination, or disposal.

2.0 Methods Of Implementation & Control (cont.)

- Gloves shall be worn in the following circumstances:
 - ✓ Whenever a person anticipates hand contact with potentially infectious materials.
 - ✓ When performing First Aid/CPR
 - ✓ When handling or touching contaminated items or surfaces.
- Disposable gloves shall be replaced as soon as practical after contamination, or if they are torn, punctured, or otherwise lose the ability to function as an “exposure barrier.”
- Utility gloves shall be decontaminated for reuse unless they become cracked, peeling, torn, or exhibit other signs of deterioration, at which time they will be disposed of.
- Masks and eye protection (such as goggles, face shields, glasses, etc.) shall be used whenever splashes or sprays may generate droplets of infectious materials.
- Caps/hoods and or shoe covers/boots shall be used in any instances where “gross contamination” is anticipated.
- An appropriate ANSI approved Chemical Protective Suit w/hood, appropriate face and eye protection such as a mask with glasses with solid side shields and/or a chin length face shield shall be worn when working on or removing a sanitary sewer line.
- Repair and/or replacement of all required PPE will be at no cost to employees.

Refer to Appendix J for additional information on PPE.

3.0 Handwashing

- 3.1** Handwashing is to be performed before (if feasible) and after contact with contaminated work surfaces and/or the administering of First Aid/CPR. Emphasis is placed on the following:
- 3.1.1** Hands are to be washed promptly upon removal of gloves and when other PPE has been used. Employees must wash hands or other skin surfaces or flush mucous membranes with water immediately or as soon as feasible following contact with Blood and other body fluids.
 - 3.1.2** Where it is not feasible to provide hand washing facilities such as on a work site, First Aid Kits will include an appropriate antiseptic hand cleanser or antiseptic towelettes.
 - If an occupational exposure occurs where antiseptic hand cleanser or antiseptic towelettes are used, the employee will be transported to the nearest facility with hand washing facilities and the affected area thoroughly washed with soap and running water.
- 3.2** Hand cream is permitted if it is supplied from small, individual, nonrefillable containers, not shared between individuals, and if the hands are washed thoroughly immediately prior to application. Petroleum based products should not be used as they may cause latex gloves to deteriorate.
- 3.2.1** Antimicrobial skin barriers may be used as an adjunct to handwashing and wearing gloves, but may not be used as a substitute.

Refer to Appendix O for additional information on Proper Handwashing Techniques.

4.0 Training

4.1 All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by a Qualified Person.

4.1.1 The Safety Manager will oversee the providing of training on the epidemiology of Bloodborne Pathogen diseases. OSHA pamphlet #3102 “Worker Exposure to AIDS and Hepatitis B” and Fact Sheets (located in the Appendix Section), and a video presentation will be used to inform employees of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program will cover, at a minimum, the following elements:

- A copy and explanation of the standard.
- Epidemiology and symptoms of bloodborne pathogens.
- Modes of transmission.
- Our Exposure Control Plan and how to obtain a copy.
- Methods to recognize exposure tasks and other activities that may involve exposure to blood.
- Use and limitations of Engineering Controls, Work Practices, and PPE.
- PPE - types, use, location, removal, handling, decontamination, and disposal.
- PPE - the basis for selection.
- Proper Hand Washing Techniques (See Appendix O)
- The use of approved alcohol-based waterless hand cleansers or towelettes when handwashing facilities are not available.
- Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration (See Appendix M.)
- Emergency Procedures – for blood and other potentially infectious materials.
- Exposure incident procedures.
- Question and answer session.

4.2 An employee Education and Training Record (see Appendix D) will be completed for each employee upon completion of training. This document will be kept with the employee’s records at our main office and/or the construction site, as appropriate.

5.0 Hepatitis B Vaccination

- 5.1 The Safety Manager will provide information on Hepatitis B Vaccinations addressing its safety, benefits, efficiency, methods of administration and availability. A general overview of these considerations is given in Appendix M for review.
- 5.2 The hepatitis B Vaccination series will be made available, at no cost within 10 days of initial assignment, to employees who have occupational exposure to blood or other potentially infectious materials unless:
 - The employee has previously received the series.
 - Antibody testing reveals that the employee is immune.
 - Medical reasons prevent taking the vaccination
 - The employee chooses not to participate.
- 5.3 All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.
 - 5.3.1 Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination (see Appendix F) will be kept at the Main Office with the employee's other medical records.
- 5.4 **Highlights of Hepatitis B Vaccination Other Requirements:**
 - 5.4.1 Participation in pre-screening is not a prerequisite for receiving Hepatitis B vaccination.
 - 5.4.2 Hepatitis B vaccination provided even if employee declines but later accepts treatment.
 - 5.4.3 Employee must sign statement when declining HB vaccination.
 - 5.4.4 Vaccination administered in accordance with United States Public Health Service (USPHS) recommended protocol.
 - 5.4.5 HB vaccination booster doses must be available to employees if recommended by USPHS.

6.0 Post Exposure Evaluation & Follow-Up

- 6.1 Should an exposure incident occur contact your immediate supervisor or the Human Resources Representative immediately. Each exposure must be documented by the employee on an “Exposure Incident Form” (see Appendix H.) The appropriate Licensed Health Care Provider will add any additional information as needed.
- 6.2 An immediately available confidential medical evaluation and follow-up will be conducted by a Licensed Health Care Professional at the nearest Medical Care Facility. The following elements will be performed:
 - 6.2.1 Document the routes of exposure and how exposure occurred.
 - 6.2.2 Identification of the source individual (unless infeasible or prohibited by law.)
 - 6.2.3 Obtain consent and test source individual’s blood as soon as possible to determine HIV and HBV infectivity and document the source’s blood test results.
 - 6.2.4 If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
 - 6.2.5 Provide the exposed employee with the source individual’s test results and information about applicable disclosure laws and regulation concerning the source identity and infectious status.
 - 6.2.6 After obtaining consent, collect exposed employee’s blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.
 - 6.2.7 If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.
- 6.3 Appendix H “Exposure Incident Report” and Appendix I “Post-Exposure Evaluation & Follow-Up Checklist” will be provided to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these appendixes will be maintained with employee’s medical records.
- 6.4 The Safety Manager will review the circumstances of the exposure incident to determine if procedures, protocols and training need to be revised.
- 6.5 **Highlights of Post Exposure Evaluation and Follow-up Requirements:**
 - 6.5.1 Documentation of exposure routes and how exposure incident occurred.
 - 6.5.2 Identification and documentation of source individual’s infectivity, if possible.
 - 6.5.3 Collection and testing of employee’s blood for HBV and HIV serological status (employee’s consent required.)
 - 6.5.4 Post-exposure prophylaxis when medically indicated.
 - 6.5.5 Counseling.
 - 6.5.6 Evaluation of reported illnesses.

7.0 Housekeeping

- 7.1 The Safety Manager has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard. It is as follows:

Area	Scheduled Cleaning (Day/Time)	Specific Instructions
First Aid Treatment Areas First Aid Boxes/Kits	When Surfaces Become Contaminated	<ul style="list-style-type: none"> ▪ Use Bleach 1:10 Solution or Hospital Grade Disinfectant. ▪ Wearing Gloves, Face Shield, & Safety Glasses w/Side Shields, wash all contaminated surfaces.
Contaminated Work Surfaces	When Surfaces Become Contaminated	<ul style="list-style-type: none"> ▪ Use Bleach 1:10 Solution or Hospital Grade Disinfectant. ▪ Wearing Gloves, Face Shield, & Safety Glasses w/Side Shields, wash all contaminated surfaces.
Contaminated Reusable Receptacles (i.e., trash bins, equipment bags, sharps container)	When Surfaces Become Contaminated	<ul style="list-style-type: none"> ▪ Use Bleach 1:10 Solution or Hospital Grade Disinfectant. ▪ Wearing Gloves (cut proof over latex for sharps and trash containers), Face Shield, & Safety Glasses w/Side Shields, wash all contaminated surfaces.

- 7.2 Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- 7.3 Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately or as soon as feasible.
- 7.4 Always use mechanical means such as tongs, forceps, or a brush and a dustpan to pick up contaminated broken glass; never pick up with hands even if gloves are worn.
- 7.5 Place regulated waste in closable and labeled or color coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
- 7.6 When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color coded, and leak-proof on the sides and bottom.
- 7.7 Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overflow.
- 7.8 Never manually open, empty, or clean reusable contaminated sharps disposal containers.

7.0 Housekeeping (cont.)

- 7.9** All items that have been contaminated with blood or other potentially infectious materials are to be disposed of as a regulated waste. While it is not practical or economically feasible to place specially designed waste receptacles at all Hilscher-Clarke facilities and work sites, this does not diminish the requirement for proper labeling, handling, and disposal of biohazardous materials. If there is waste material generated which contains or is contaminated with blood or body fluids, the following steps shall be taken:
- 7.9.1** Do not handle in any manner contaminated items without the proper PPE.
 - 7.9.2** Place all contaminated items in a sealable container being careful not to contaminate the outside of the container.
 - If the contaminated item is sharp or likely to puncture the container, use a container that is sufficiently sturdy to prevent the puncture of the container walls.
 - 7.9.3** Label the container prominently to identify that the contents are blood and/or body fluids – a biological hazard.
 - 7.9.4** Place the container in a secure area with the label completely visible.
 - 7.9.5** Dispose of gloves and other protective equipment in the same container. Ensure that glove outer surfaces do not touch the skin as they are removed.
 - 7.9.6** Notify the Site Supervisor immediately. The Supervisor will make the necessary arrangements to have the waste material properly contained, labeled, and disposed of.
 - 7.9.7** Supervisory Personnel will maintain appropriate regulated biohazardous waste containers with appropriate labeling and use these containers for the disposal of contaminated articles.

8.0 Labeling

- 8.1** The following are universal symbols and colors used in identifying material or objects contaminated with human blood or body fluids.



When this symbol is identified, follow all Universal Precautions as outlined in this safety policy and procedure.

- 8.2** The above Labeling method(s) will be used at our construction sites and our permanent facilities.
- 8.3** The Safety Manager will ensure that Red-Orange Biohazard Labels and/or tags are affixed or appropriate labeled red bags are used as required. Employees are to notify their immediate supervisor, or in his/her absence the Safety Manager if they discover unlabeled regulated waste containers.

9.0 Recordkeeping

- 9.1** Medical Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020.
- 9.1.1** The Human Resources Representative is responsible for maintenance of the required medical records and assuring that they are kept at the Main Office under the supervision of the President.
- 9.1.2** In addition to the requirements of 29 CFR 1910.1020, the medical record will include:
- The name and social security number of the employee.
 - A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
 - A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard.
 - A copy of the information provided to the health-care professional and the health-care professional's written opinion.
- 9.1.3** All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.
- 9.1.4** Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.
- 9.1.5** Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days at no cost to the employee.
- 9.2** Bloodborne Pathogen Training Records will be maintained by the President at Hilscher-Clarke's corporate office.
- 9.2.1** The training record shall include:
- The dates of the training session.
 - The contents or a summary of the training sessions.
 - The names and qualifications of persons conducting the training.
 - The names and job titles of all persons attending the training sessions.
- 9.2.2** Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.
- 9.2.3** Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

9.0 Recordkeeping (cont.)

- 9.3 Recording of exposure to blood on the OSHA 300 Log** – All contaminated sharps injuries will be recorded on the OSHA 300 Log. All other exposure incidents shall be recorded on the OSHA 300 Log *when medical treatment is initiated as part of the post-exposure evaluation*. These incidents shall be recorded as injuries until or unless the employee is diagnosed with an illness (i.e., hepatitis, HIV). If this occurs, the OSHA 300 log will then be updated to reflect the incident as an illness, and the description of the incident changed to reflect the new diagnosis.
- 9.3.1** All of these types of incidents shall be recorded as privacy-concern cases, in which the name of the employee is kept confidential.
- 9.3.2** For a “Privacy Concern Case,” enter “Privacy Case” in the space normally used for the employee’s name. This is done to protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative has access to the OSHA 300 log.
- 9.3.3** Hilscher-Clarke shall keep a separate, confidential list of the case numbers and employee names for all privacy-concern cases. Access to this list shall be limited to the President.
- 9.3.4** Hilscher-Clarke’s “Privacy Case Log” shall be kept confidential and will not be disclosed or reported without the employee’s express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.
- 9.4 Transfer of Records:** If Hilscher-Clarke ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

Appendix

Appendix A – Universal Occupations At Risk

There are certain occupations that may involve risk from occupational exposure to blood or other potentially infectious material. These are:

- Physician
- Physician Assistant
- Nurse
- Phlebotomist
- Medical Examiner
- Emergency Medical Technician (EMT)
- Supervisor (Performing First-Aid)
- Dentist
- Dental Hygienist
- Medical Technologist
- Regulated Waste Handler
- Some Laundry, Housekeeping & Janitorial Employees
- Industrial Medical Center Personnel
- Lab Workers
- Life Guards

Appendix B - Definitions

Biohazard Label – A label affixed to containers of regulated waste, refrigerator/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood – Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency Virus (HIV).

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

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

Contaminated Sharps - Contaminated objects that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.

Decontamination – 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.

Engineering Controls – Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident – 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.

Handwashing Facilities – A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV – Hepatitis B Virus.

HIV – Human Immunodeficiency Virus

Licensed Healthcare Professional – 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" of OSHA's Bloodborne Pathogens Standard.

Medical Consultation – A consultation which takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

Occupational Exposure – Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

OSHA – Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.

Other Potentially Infectious Materials – (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); (3) HIV-containing cell or tissue organs, or other tissues from experimental animals infected with HIV or HBV.

Appendix B – Definitions (cont.)

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

Personal Protective Equipment – 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.

Regulated Waste – 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 blood components.

Source Individual – 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 – The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions – 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 – 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.)

Bloodborne Pathogens

Universal Precautions

Hepatitis

HIV

Universal Precautions should always be utilized to ensure employees are safeguarded against the spread of infectious diseases through contact with human blood or other bodily fluids. Regardless of the "perceived" risk involved, all employees should protect themselves from potential infection.

Definitions

- **Bloodborne Pathogens** - 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 Immune Deficiency Virus (HIV).
- **Bodily Fluids** - Bodily fluids include but are not limited to blood, semen, vaginal fluids, saliva, vomit, amniotic fluid, or other body fluids that contain blood.
- **Contaminated** - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- **Personal Protective Equipment (PPE)** - Equipment used to prevent the spread of infectious diseases. Examples include disposable gloves, face shields, protective garments, mouth-to-mouth resuscitation devices, etc. Normal work attire is not considered protective clothing.
- **Occupational Exposure** - Reasonably anticipated skin, eye mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employees' duties.

- Any accident/incident involving the transfer of blood or bodily fluids should be reported by the supervisor to the company Safety Representative, before the end of the shift.
- Personal Protective Equipment (PPE) will be provided for and used by all employees considered to be at risk of infection.
- Gloves should be worn for touching blood and bodily fluids, mucous membranes or non-intact skin of all persons, for handling items or surfaces soiled with blood or bodily fluids, and for rendering assistance to injured person.
- Always wash hands, arms, and an affected body parts after helping a victim. If hand washing facilities are not immediately available, antiseptic hand cleansers or antiseptic towelettes may be utilized in their place. However, the affected areas are to be washed with soap and running water as soon as possible.
- For those employees trained to perform CPR, separate yourself from direct contact with the victim by using a face shield or mask or one-way resuscitating device.
- Needle stick injuries should be reported to your supervisor immediately.
- Any items that are believed to be contaminated with human waste products (i.e., blood, soiled clothing, needles, or items identified with the universal biohazard symbol) should be handled only by a properly trained employee.
- All known items soiled with blood or other bodily fluids (i.e., clothing) should be disposed of by a properly trained employee.
- All equipment and working surfaces shall be decontaminated with an appropriate disinfectant to eliminate the potential for infection.
- In the case of an exposure incident, the post-exposure evaluation and vaccination series will be provided at no cost to the employee.
- Employers will make available, free of charge and at a reasonable time and place, the HBV vaccination to all employees who are at risk of occupational exposure.

Universal Precautions.pub © 2001 Safety Resources Co. of Ohio, Inc.

Employee Body Fluid Exposure Record (Confidential Medical Record)

Employee Name:		SSN#:		Exposure Date:	
Route(s) & Circumstances of Exposure:					
Date of Notification to Hilscher-Clarke:			Name & Title of Person Notified:		
Hepatitis B Status					
Employee:			Source:		
Test Results					
	Employee			Source	
Hbs AG			Hbs AG		
Hbs AB			Hbs AB		
HIV			HIV		
Other			Other		
Other			Other		
Healthcare Provider's Opinion & Recommendation(s)					
Hepatitis Vaccination <input type="radio"/> is recommended <input type="radio"/> is not recommended Details:					
The employee has been informed of the results of the evaluation and been told about any medical conditions resulting from the exposure to blood, or body fluids, which requires further evaluation or treatment: (Indicate Date _____)					
Print Name:		Signature:		Title:	
Treatment Administered:					
Treatment Follow-Up					
Date:	Results:		Name:		
Date:	Results:		Name:		
Date:	Results:		Name:		
Date:	Results:		Name:		

Hepatitis B Vaccine Declination

Completion of this form is mandatory for all employees who decline to receive the Hepatitis B vaccination after an exposure incident.

<p>I fully 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.</p> <p>I have been provided with the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time.</p> <p>I fully understand that, by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.</p>		
<p>Are you declining because you do not wish to receive the Hepatitis B Vaccine at this time?</p> <p>_____ Yes _____ No</p>		
<p>Are you declining because you have already received the Hepatitis B Vaccine?</p> <p>_____ Yes _____ No</p>		
Employee Name:	Employee Signature:	Date:
Employee SSN#		
Witness Name:	Witness Signature:	Date:

Consent for Hepatitis B Vaccine

I have read and understand the Hepatitis B Information Sheet(s) which describes both the clinical course of the disease and its risks and hazards, and the vaccination and its usual and most frequent risks and hazards. I have discussed any concerns or questions with the Licensed Health Care Provider. To the best of my knowledge I am not pregnant; if I am pregnant I have consulted my private physician and obtained written authorization for vaccination *(a copy of which is attached to this consent form.)*

I understand that there is no guarantee that vaccination will be effective or that my vaccination will be free of side effects. I understand that my participation in the Hepatitis B Vaccination Program is entirely voluntary, although recommended for me, because:

- I am in a work environment at Hilscher-Clarke that presents a reasonable anticipation of my exposure to potentially infectious materials;
- I have had a possible occupational exposure to blood or other potentially infectious materials.

I have opted to receive the Hepatitis B Vaccine (synthetic.) I hereby consent to the administration of the Hepatitis B Vaccine to be given by _____ over the next 6 months. I understand that I must receive three doses of vaccine to confer immunity.

Employee Name:	Employee Signature:	Date:
Employee Social Security Number:		
Witness Name:	Witness Signature:	Date:

Employee Name:	Work Phone:	Home Phone:	
Home Address:	City:	State:	Zip:
Social Security Number:		Date of Birth:	
Name of Immediate Supervisor:	Signature of Immediate Supervisor:	Date:	

Date Vaccinated:	Lot #:	Site of Injection:
Date Vaccinated:	Lot #:	Site of Injection:
Date Vaccinated:	Lot #:	Site of Injection:

Exposure Incident Report

Date of Incident:	Time of Incident:	Location of Incident:
Potentially Infectious Materials Involved		
Type:		Source:
Type:		Source:
Circumstances (work being performed, etc.):		
How Incident Was Caused (accident, equipment malfunctions, etc.):		
Personal Protective Equipment Being Used at time of accident:		
Actions Taken (Decontamination, Clean-up, Reporting, etc.):		
Recommendations For Avoiding Repetition:		
Name of Person Completing Report:		Signature of Person Completing Report:
Title of Person Completing Report:		Date Report Completed:

Post Exposure Evaluation & Follow-up Checklist

The following steps must be taken, and information transmitted, in case of an individual's exposure to Bloodborne Pathogens:

Fill in the appropriate completion date for each action in the blank following the description:

Description	Date Completed
1) Employee furnished with documentation regarding exposure incident.	_____
2) Source individual identified (Name _____.)	_____
3) Source Individual's blood tested and results given to exposed individual.	_____
4) Consent could not be obtained (Name _____.)	_____
5) Exposed person's blood collected and tested.	_____
6) Appointment made for exposed person to see health care professional.	_____
7) Name of Health Care Professional _____	_____
8) Documentation forwarded to Health-care Professional:	
▪ Bloodborne Pathogen Standard	_____
▪ Description of Exposed Person's Duties	_____
▪ Description of Exposure Incident, Including route(s) of Exposure	_____
▪ Result of Source Individual's Blood Testing	_____
▪ Exposed Person's Medical Records	_____

Bloodborne Facts

Wearing gloves, gowns masks, and eye protection can significantly reduce health risks for workers exposed to blood and other potentially infectious materials. The new OSHA standard covering bloodborne disease requires employers to provide appropriate personal protective equipment (PPE) and clothing free of charge to employees.

Workers who have direct exposure to blood and other potentially infectious materials on their jobs run the risk of contracting bloodborne infections from hepatitis B virus (HBV), human Immunodeficiency virus (HIV) which causes AIDS, and other pathogens. About 8700 health care workers each year are infected with HBV, and 200 die from the infection. Although the risk of contracting AIDS through occupational exposure is much lower, wearing proper personal protective equipment can greatly reduce the potential exposure to all bloodborne infections.

SELECTING PPE

Personal protective clothing and equipment must be suitable. This means the level of protection must fit the expected exposure. For example, gloves would be sufficient for a laboratory technician who is drawing blood, whereas a pathologist conducting an autopsy would need considerably more protective clothing.

PPE may include gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear. The gear must be readily accessible to employees and available in appropriate sizes.

If an employee is expected to have hand contact with blood or other potentially infectious materials or contaminated surfaces, he or she must wear gloves. Single use gloves may be decontaminated if they are not compromised. They should be replaced when they show signs of cracking, peeling, tearing, puncturing, or deteriorating. If employees are allergic to standard gloves, the employer must provide hypoallergenic gloves or similar alternatives.

Routine gloving is not required for phlebotomy in voluntary blood donation centers, though it is necessary for all other phlebotomies. In any case, gloves must be available in voluntary blood donation centers for employees who want to use them. Workers in voluntary blood donation centers must use gloves (1) when they have cuts, scratches or other breaks in their skin; (2) while they are in training; and (3) when they believe contamination might occur.

Employees should wear eye and mouth protection such as goggles and masks, glasses with solid side shields, and masks or chin-length face shields when splashes, sprays, splatters, or droplets of potentially infectious materials pose a hazard through the eyes, nose or mouth. More extensive coverings such as gowns, aprons, surgical caps and hoods, and shoe covers or boots are needed when gross contamination is expected. This often occurs, for example, during orthopedic surgery or autopsies.

Personal Protective Equipment Cuts Risk

U.S. Department of Labor
Occupational Safety & Health Administration

AVOIDING CONTAMINATION

The key is that blood or other infectious materials must not reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions for the duration of exposure.

Employers must provide the PPE and ensure that their workers wear it. This means that if a lab coat is considered PPE, it must be supplied by the employer rather than the employee. The employer also must clean or launder clothing and equipment and repair or replace it as necessary.

Additional protective measures such as using PPE in animal rooms and decontaminating PPE before laundering are essential in facilities that conduct research on HIV or HBV.

EXCEPTION

There is one exception to the requirement for protective gear. An employee may choose, temporarily and briefly, under rare and extraordinary circumstances, to forego the equipment. It must be the employee's professional judgment that using the protective equipment would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or co-worker. When one of these excepted situations occurs, employers are to investigate and document the circumstances to determine if there are ways to avoid it in the future. For example, if a firefighter's resuscitation device is damaged, perhaps another type of device should be used or the device should be carried in a different manner. Exceptions must be limited – this is not a blanket exemption.

DECONTAMINATING & DISPOSING OF PPE

Employees must remove personal protective clothing and equipment before leaving the work area or when the PPE becomes contaminated. If a garment is penetrated, workers must remove it immediately or as soon as feasible. Used protective clothing and equipment must be placed in designated containers for storage, decontamination, or disposal.

OTHER PROTECTIVE PRACTICES

If an employee's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible. In addition, workers must wash their hands immediately or as soon as feasible after removing protective equipment. If soap and water are not immediately available, employers may provide other handwashing measures such as moist towelettes. Employees still must wash with soap and water as soon as possible.

Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.

Bloodborne Facts

OSHA'S new bloodborne pathogens standard includes provisions for medical follow-up for workers who have an exposure incident. The most obvious exposure incident is a needlestick. But any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported to the employer.

Exposure incidents can lead to infection from hepatitis B virus (HBV) or human Immunodeficiency virus (HIV) which causes AIDS. Although few cases of AIDS are directly traceable to workplace exposure, every year about 8,700 health care workers contract hepatitis B from occupational exposures. Approximately 200 will die from this bloodborne infection. Some will become carriers, passing the infection on to others.

WHY REPORT?

Reporting an exposure incident right away permits immediate medical follow-up. Early action is crucial. Immediate intervention can forestall the development of hepatitis B or enable the affected worker to track potential HIV infection. Prompt reporting also can help the worker avoid spreading bloodborne infection to others. Further, it enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent such a situation from occurring again.

Reporting is also important because part of the follow-up includes testing the blood of the source individual to determine HBV and HIV infectivity if this is unknown and if permission for testing can be obtained. The exposed employee must be informed of the results of these tests.

Employers must tell the employee what to do if an exposure incident occurs.

MEDICAL EVALUATION & FOLLOW-UP

Employers must provide free medical evaluation and treatment to employees who experience an exposure incident. They are to refer exposed employees to a licensed health care provider who will counsel the individual about what happened and how to prevent further spread of any potential infection. He or she will prescribe appropriate treatment in line with current U.S. Public Health Service recommendations. The licensed health care provider also will evaluate any reported illness to determine if the symptoms may be related to HIV or HBV development.

Reporting Exposure Incidents

U.S. Department of Labor
Occupational Safety & Health Administration

The first step is to test the blood of the exposed employee. Any employee who wants to participate in the medical evaluation program must agree to have blood drawn. However, the employee has the option to give the blood sample but refuse permission for HIV testing at that time. The employer must maintain the employee's blood sample for 90 days in case the employee changes his or her mind about testing – should symptoms develop that might relate to HIV or HBV infection.

The health care provider will counsel the employee based on the test results. If the source individual was HBV positive or in a high risk category, the exposed employee may be given hepatitis B immune globulin and vaccination, as necessary. If there is no information on the source individual or the test is negative, and the employee has not been vaccinated or does not have immunity based on his or her test, he or she may receive the vaccine. Further, the health care provider will discuss any other findings from the tests.

The standard requires that the employer make the hepatitis B vaccine available, at no cost to the employee, to all employees who have occupational exposure to blood and other potentially infectious materials. This requirement is in addition to post-exposure testing and treatment responsibilities.

WRITTEN OPINION

In addition to counseling the employee, the health care provider will provide a written report to the employer. This report simply identifies whether hepatitis B vaccination was recommended for the exposed employee and whether or no the employee received vaccination. The health care provider also must note that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure to blood which require further evaluation or treatment. Any added findings must be kept confidential.

CONFIDENTIALITY

Medical records must remain confidential. They are not available to the employer. The employee must give specific written consent for anyone to see the records. Records must be maintained for the duration of employment plus 30 years in accordance with OSHA's standard on access to employee exposure and medical records.

BLOODBORNE FACTS

A needlestick or a cut from a contaminated scalpel can lead to infection from hepatitis B virus (HBV) or human Immunodeficiency virus (HIV) which causes AIDS. Although few cases of AIDS have been documented from occupational exposure, approximately 8,700 health care workers each year contract hepatitis B. About 200 will die as a result. The new OSHA standard covering bloodborne pathogens specifies measures to reduce these risks of infection.

PROMPT DISPOSAL

The best way to prevent cuts and sticks is to minimize contact with sharps. That means disposing of them immediately after use. Puncture-resistant containers must be available nearby to hold contaminated sharps – either for disposal or, for reusable sharps, later decontamination for re-use. When reprocessing contaminated reusable sharps, employees must not reach by hand into the holding container. Contaminated sharps must never be sheared or broken.

Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending, or removal is necessary, workers must use either a mechanical device or a one-handed technique. If recapping is essential – for example, between multiple injections for the same patient – employees must avoid using both hands to recap. Employees might recap with a one-handed "scoop" technique, using the needle itself to pick up the cap, pushing cap and sharp together against a hard surface to ensure a tight fit. Of they might hold the cap with tongs or forceps to place it on the needle.

Protecting Yourself When Handling Sharps

U.S. Department of Labor
Occupational Safety and Health Administration

SHARPS CONTAINERS

Containers for used sharps must be puncture resistant. The sides and the bottom must be leakproof. They must be labeled or color coded red to ensure that everyone knows the contents are hazardous. Containers for disposable sharps must have a lid, and they must be maintained upright to keep liquids and the sharps inside.

Employees must never reach by hand into containers of contaminated sharps. Containers for reusable sharps could be equipped with wire basket liners for easy removal during reprocessing, or employee could use tongs or forceps to withdraw the contents. Reusable sharps disposal containers may not be opened, emptied, or cleaned manually.

Containers need to be located as near to as feasible the area of use. In some cases, they may be placed on carts to prevent access to mentally disturbed or pediatric patients. Containers also should be available wherever sharps may be found, such as in laundries. the containers must be replaced routinely and be overfilled, which can increase the risk of needlesticks or cuts.

HANDLING CONTAINERS

When employees are ready to discard containers, they should first close the lids. If there is a chance of leakage from the primary container, the employees should use a secondary container that is closable, labeled, or color coded and leak resistant.

Careful handling of sharps can prevent injury and reduce the risk of infection. By following these work practices, employees can decrease their chances of contracting bloodborne illness.

BLOODBORNE FACTS

WHAT IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening bloodborne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; workers must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against hepatitis B is vaccination.

WHO NEEDS VACCINATION?

The new OSHA standard covering bloodborne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. This includes health care workers, emergency responders, morticians, first-aid personnel, law enforcement officers, correctional facilities staff, launderers as well as others.

The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be "reasonably anticipated." The requirements for vaccinations of those already on the job take effect July 6, 1992

WHAT DOES VACCINATION INVOLVE?

The hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

Hepatitis B Vaccination – Protection For You

U.S. Department of Labor
Occupational Safety and Health Administration

The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening.

Each employee should receive counseling from a health care professional when vaccination is offered. This discussion will help an employee determine whether inoculation is necessary.

WHAT IF I DECLINE VACCINATION?

Workers who decide to decline vaccination must complete a declination form. Employers must keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after a worker initially declines to receive the vaccine, he or she may opt to take it.

WHAT IF I AM EXPOSED BUT HAVE NOT YET BEEN VACCINATED?

If a worker experiences an exposure incident, such as a needlestick or a blood splash in the eye, he or she must receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as human immunodeficiency virus (HIV) infectivity. The worker's blood will also be screened if he or she agrees.

The health care professional is to follow the guidelines of the U.S. Public Health Service in providing treatment. This would include hepatitis B vaccination. The health care professional must give a written opinion on whether or not vaccination is recommended and whether the employee received it. Only this information is reported to the employer. Employee medical records must remain confidential. HIV or HBV status must NOT be reported to the employer.

BLOODBORNE FACTS

Keeping work areas in a clean and sanitary condition reduces employees' risk of exposure to bloodborne pathogens. Each year about 8,700 health care workers are infected with hepatitis B virus, and 200 die from contracting hepatitis B through their work. The chance of contracting human Immunodeficiency virus (HIV), the bloodborne pathogen which causes AIDS, from occupational exposure is small, yet a good housekeeping program can minimize this risk as well.

DECONTAMINATION

Every employer whose employees are exposed to blood or other potentially infectious materials must develop a written schedule for cleaning each area where exposures occur. The methods of decontaminating different surfaces must be specified, determined by the type of surface to be cleaned, the soil present and the tasks or procedures that occur in that area.

For example, different cleaning and decontamination measures would be used for a surgical operatory and a patient room. Similarly, hard surfaced flooring and carpeting require separate cleaning methods. More extensive efforts will be necessary for gross contamination than for minor spattering. Likewise, such varied tasks as laboratory analyses and normal patient care would require different techniques for clean-up.

Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving exposure to blood. Many laboratory procedures are performed on a continual basis throughout a shift. Except as discussed below, it is not necessary to clean and decontaminate between procedures. However, if the employee leaves the area for a period of time, for a break or lunch, then contaminated work surfaces must be cleaned.

Employees also must clean 91) when surfaces become obviously contaminated; (2) after any spill of blood or other potentially infectious materials; and (3) at the end of the work shift if contamination might have occurred. Thus, employees need not decontaminate the work area after each patient care procedure, but only after those that actually result in contamination.

If surfaces or equipment are draped with protective coverings such as plastic wrap or aluminum foil, these coverings should be removed or replaced if they become obviously contaminated. Reusable receptacles such as bins, pails and cans that are likely to become contaminated must be inspected and decontaminated on a regular basis. If contamination is visible, workers must clean and decontaminate the item immediately, or as soon as feasible.

Should glassware that may be potentially contaminated break, workers need to use mechanical means such as a brush and dustpan or tongs or forceps to pick up the broken glass - never by hand, even when wearing gloves.

Holding the Line on Contamination

U.S. Department of Labor
Occupational Safety and Health Administration

Before any equipment is serviced or shipped for repairing or cleaning, it must be decontaminated to the extent possible. The equipment must be labeled, indicating which portions are still contaminated. This enables employees and those who service the equipment to take appropriate precautions to prevent exposure.

REGULATED WASTE

In addition to effective decontamination of work areas, proper handling of regulated waste is essential to prevent unnecessary exposure to blood and other potentially infectious materials. Regulated waste must be handled with great care - i.e., liquid or semi-liquid blood and other potentially infectious materials, items caked with these materials, items that would release blood or other potentially infected materials if compressed, pathological or microbiological wastes containing them and contaminated sharps.

Containers used to store regulated waste must be closable and suitable to contain the contents and prevent leakage of fluids. Containers designed for sharps also must be puncture resistant. They must be labeled or color-coded to ensure that employees are aware of the potential hazards. Such containers must be closed before removal to prevent the contents from spilling. If the outside of a container becomes contaminated, it must be placed within a second suitable container.

Regulated waste must be disposed of in accordance with applicable state and local laws.

LAUNDRY

Laundry workers must wear gloves and handle contaminated laundry as little as possible, with a minimum of agitation. Contaminated laundry should be bagged or placed in containers at the location where it is used, but not sorted or rinsed there.

Laundry must be transported within the establishment or to outside laundries in labeled or red color-coded bags. If the facility uses Universal Precautions for handling all soiled laundry, then alternate labeling or color coding that can be recognized by the employees may be used. If laundry is wet and it might soak through laundry bags, then workers must use bags that prevent leakage to transport it.

RESEARCH FACILITIES

More stringent decontamination requirements apply to research laboratories and production facilities that work with concentrated strains of HIV and HBV.



Proper Handwashing Technique

Frequent and thorough handwashing is of prime importance in preventing the spread of bloodborne pathogens.

Special Instructions:

- ❑ Hands shall be washed with soap and water immediately, or as soon as feasible, following contact with blood or other potentially infectious materials.
- ❑ Hands shall be washed immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- ❑ Handwashing must be done after handling contaminated material(s) and equipment.
- ❑ Minimum length of time required for removal of most transient bacteria is fifteen seconds.
- ❑ Since faucets are considered contaminated, turn faucets off with the paper towel used for drying hands.
- ❑ Apply a non-petroleum based lotion frequently to assure good skin care and to combat dryness. Use small personal bottles, not stock.
- ❑ Alcohol-based hand sanitizers or gels or antibacterial wipes are useful alternatives if soap and water are not available (i.e., when working outdoors), but you should always wash your hands following the proper procedure as soon as potable water is available.

Procedure:

1. Using a clean paper towel, regulate water to a comfortable degree of warmth and leave the water running throughout the procedure.
2. Moisten hands and wrists under running water. Apply a heavy lather of soap. Add water as needed to keep lather from becoming dry.
3. Wash the front and back of hands, between fingernails and under nails. Continue washing for 15 seconds or more.
4. When rinsing your hands, keep your hands away from the sides of the sink. Start over if the hands touch the inside of the sink.
5. Rinse hands thoroughly under warm running water, letting the water run from wrists toward the fingertips.
6. Rinse hands well.
7. Dry the hands thoroughly with a clean towel or air dryer. Use a dry paper towel to turn the water off.

Appendix P – Proper Glove Removal Techniques

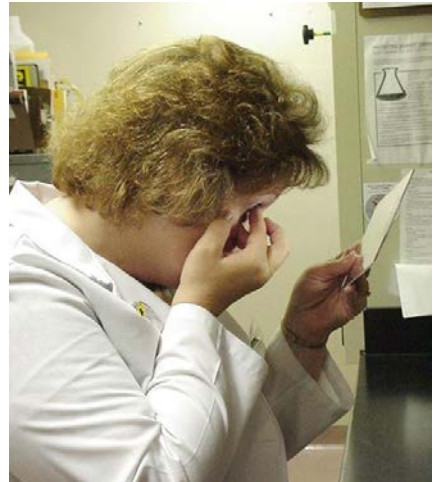
- Grip one glove near the cuff and peel it down until it comes off inside out. Cup it in the palm of your gloved hand.
- Place two fingers of your bare hand inside the cuff of the remaining glove.



- Peel that glove down so that it also comes off inside out and over the first glove.
- Properly dispose of the gloves.
- Wash hands well.



- Never eat, drink, smoke, handle contact lens or apply cosmetics or lip balm until you have left the area containing potentially infectious materials and have thoroughly washed your hands.

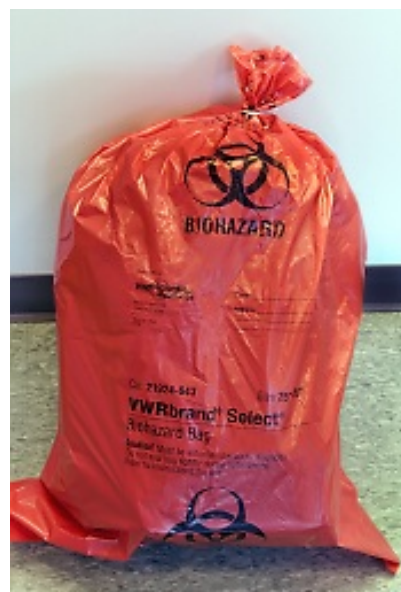


Appendix Q – Biohazardous Waste Labels, Bags, and Containers



Biohazardous waste labels with either the words "Biohazardous Waste" or a biohazard symbol and the word "Biohazard" must be placed on Biohazardous waste containers.

Biohazardous waste bags must be **RED** (orange bags are not allowed) and labeled with either the words "Biohazardous Waste" or a biohazard symbol and the word "Biohazard". These bags must be disposable and impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling.



If utilized, biohazardous waste containers must be rigid and leak-proof (no cardboard boxes) with a tight fitting lid. The containers may be any color, but they must be labeled with either the words "Biohazardous Waste" or a biohazard symbol and the word "Biohazard". The labels must be placed on both the lid and the sides of the container. The labels must be visible from all sides of the container.

Biohazardous waste containers must be lined with biohazardous waste bags before adding the waste. The labels on the container must be visible once a biohazardous waste bag is added. The lid must be kept on the container whenever waste is not being actively added to the bag. At a minimum, the lid must be on the container at the end of the workday.

RESOURCE LIST

The following is a partial list of resources that can be consulted for additional information on bloodborne pathogens, particularly the Human Immunodeficiency Virus.

1. **Department of Health and Human Services**
Public Health Service
Centers for Disease Control
Atlanta, Georgia 30333
2. **U.S. Public Health Service**
Public Affairs Office
Hubert H. Humphrey Building
Room 725 H
200 Independence Avenue, SW
Washington, DC 20003
3. **American Red Cross**
AIDS Education Office
1730 Eighth Street, S.E.
Suite 200
Washington, DC 20003
4. **AIDS Action Council**
729 Eighth Street, S.E.
Suite 200
Washington, DC 20003
5. **American Hospital Association**
840 North Lake Shore Drive
Chicago, Illinois 60611

**Copy
of the
Standard**