

BLOODBORNE PATHOGENS RESOURCE PACKAGE

Title 8, California Code of Regulations
General Industry Safety Orders
Section 5193

CONTENTS

SECTION

1. Bloodborne Pathogens Standard T8, CCR, 5193
2. Most Frequently Asked Questions About the Bloodborne Pathogens Standard
3. Bloodborne Pathogens "Sample" Exposure Control Plan
4. Check List For Compliance With Bloodborne Pathogens Exposure Control Plan
5. Other Sources For Sample Exposure Control Plans

TABLE OF CONTENTS

- (a) Scope and Application
- (b) Definitions
- (c) Exposure Control
 1. Exposure Control Plan
 2. Exposure Determination
- (d) Methods of Compliance
 - (1) General
 - (2) Engineering and Work Practice Controls
 - (3) Personal Protective Equipment
 - (4) Housekeeping
- (e) HIV and HBV Research Laboratories and Production Facilities
- (f) Hepatitis B Vaccination and Post-exposure Follow-up
 - (1) General
 - (2) Hepatitis B Vaccination
 - (3) Post-exposure Evaluation and Follow-up
 - (4) Information Provided to the Healthcare

- Professional
- (5) Healthcare Professional's Written Opinion
- (6) Medical Recordkeeping

(g) Communication of Hazards to Employees

- (1) Labels and signs
- (2) Information and Training

(h) Recordkeeping

- (1) Medical Records
- (2) Training Records
- (3) Availability
- (4) Transfer of Records

(i) Dates

Adoption Date: 10/22/92

Effective Date: 01/08/93

03/09/93: Section (c) (1)

04/08/93: Sections (g) (2) and (h)

05/08/93: Sections (d) (2), (3), (4), (e),
(f), and (g) (1)

(j) Appendix A - Hepatitis B Vaccine Declination

Most Frequently Asked Questions About the Bloodborne Pathogens
Standard

Title 8, California Code of Regulations
Section 5193

TABLE OF CONTENTS

- (a) Scope and Application
- (b) Definitions

(c) Exposure Control

1. Exposure Control Plan
2. Exposure Determination

(d) Methods of Compliance

- (1) General
- (2) Engineering and Work Practice Controls
- (3) Personal Protective Equipment
- (4) Housekeeping

(e) HIV and HBV Research Laboratories and Production Facilities

(f) Hepatitis B Vaccination and Post-exposure Follow-up

- (1) General
- (2) Hepatitis B Vaccination
- (3) Post-exposure Evaluation and Follow-up
- (4) Information Provided to the Healthcare Professional
- (5) Healthcare Professional's Written Opinion
- (6) Medical Recordkeeping

(g) Communication of Hazards to Employees

- (1) Labels and signs
- (2) Information and Training

(h) Recordkeeping

- (1) Medical Records
- (2) Training Records
- (3) Availability
- (4) Transfer of Records

(i) Dates

Adoption Date: 10/22/92

Effective Date: 01/08/93

03/09/93: Section (c) (1)

04/08/93: Sections (g) (2) and (h)

05/08/93: Sections (d) (2), (3), (4), (e),
(f), and (g) (1)

(j) Appendix A - Hepatitis B Vaccine Declination

- California Medical Waste Act

- SB 1070, Patient Protection Act of 1991

(a) Scope & Application [Back to Table of Contents]

Question. Which industries are exempt from the regulation?

Answer. The standard applies to all employees who may reasonably be anticipated to have occupational exposure to blood or other potentially infectious materials (OPIM). However, Construction is exempt by regulation, as cited in subsection (a). Maritime is currently exempt by policy.

Agriculture is currently exempt by policy.

Question. How is coverage determined?

Answer. It is the responsibility of the employer to conduct an exposure determination, which is part of the written exposure control plan required by subsection (c)(1), to determine which employees and which tasks present a risk of potential occupational exposure to bloodborne pathogens.

Question. Who is an employee within the context of an employer employee relationship?

Answer. For Cal/OSHA purposes, an employee is a person who is directed or controlled by the employer.

Question. Are volunteers covered by the standard?

Answer. Occupational Safety and Health Act of 1973 does not apply to non-employees, such as volunteers, medical or nursing students, student laboratorians, student physical, occupational or respiratory therapists, or other types of non-employees who work in a health care environment. Having presented the general rule, questions can arise, however, in any specific health care setting about the "volunteer" status of any particular

worker. The indicia of an "employment" relationship, e.g., receipt by the worker of consideration for tasks performed, coverage of the worker by workers' compensation insurance, and coverage for unemployment insurance benefits. should not be present in order for the employer to argue that the worker is a true "volunteer."

Question. What type of facilities or operations are presumed to have occupational exposure?

Answer. The following types of operations have employees, whose job duties place them in the class of employees who are reasonably anticipated to have eye, skin, mucous membranes and potential contact with blood or OPIM. These employees are covered by the standard unless contraindicated by substantial evidence:

Blood Intensive Operations;

Hemodialysis;

Blood Banks [See glove exception for volunteer donations centers, (d)(3)(G)4.];

Plasma Centers;

Commercial Laundries that service Healthcare or Public Safety Operations

Correctional facilities;

Prisons Juvenile

Detention facilities;

Emergency or Public Safety Operations, such as:

Ambulance services;

Emergency First Aid Operations [See Collateral Duty Exception, (f)(1)(A)];

Emergency Medical Operations;

Fire services;

Lifeguard Services;

Paramedical;

Police services;

Facilities for the developmentally disabled;

Funeral service operations;

Healthcare Facilities;

Dental facilities;

General dentistry;

Orthodontia Oral Surgeries;

Support Operations such as those employing dental
hygienists, dental laboratory

technicians and dental assistants;

Hospice Facilities;

Hospitals;

Emergency rooms;

Housekeeping Operations;

Laundry;

Nursing Operations;

Operating rooms;

Regulated Waste Operations;

Industrial Clinics;

Home Healthcare Facilities;

Long Term Nursing and Long Term Care Facilities;

Medical Laboratories;

Nurse Practitioner's Offices;

Physician's Offices;

Outpatient Medical Clinics;

Medical Equipment Service and Repair Operations;

Regulated Waste Operations;

School-based Health Clinics; and

Tissue Bank Operations.

Question. Does the regulation apply to clinical or diagnostic laboratories?

Answer. Yes. However, clinical or diagnostic laboratories refers to those facilities that are engaged solely in the analysis of blood, tissues, or organs. They do not fall within subsection (e) of the regulation which pertains to HIV and HBV Research Laboratories and Production Facilities. Subsection (e) applies to facilities engaged in the culture, production, concentration, experimentation and manipulation of HIV and HBV.

Question. Are academic research laboratories included in the definition of a research laboratory under the standard?

Answer. Academic research laboratories are included in the definition of a research laboratory in subsection (e) of the standard. A research laboratory is one that produces or uses research laboratory scale amounts of HIV and HBV. Although research laboratories may not have the volume found in production facilities, they deal with solutions containing higher viral titers than those normally found in patients' blood.

Question. Are volunteers and students covered by the standard?

Answer. No, volunteers and students are not covered by the standard.

Question. Are physicians who are not employees of the hospital in which they work covered by the standard?

Answer. Physicians, who are "incorporated," are considered employees of their corporation. The corporation which employs these physicians may be cited for violations affecting those physicians. The hospital where the physician practices may also be held responsible as the employer who created or controlled the hazard or who had employees exposed to the hazard.

Question. Are "independent contractors" who are healthcare practitioners covered?

Answer. Healthcare practitioners, who are independent contractor healthcare providers, are not considered employees under the Labor Code, and therefore, are not covered by the protections of the standard. However, if an independent contractor physician or dentist were to create a hazard to which employees were exposed, it would be consistent with current Cal/OSHA policy to cite the employer of the exposed employees for failure to provide the protections of the Bloodborne Pathogens Standard.

Question. If an independent contractor healthcare provider refuses to comply with the requirements of the Bloodborne Pathogen Standard, can a hospital be cited by Cal/OSHA?

Answer. The hospital has a responsibility to protect its employees from workplace hazards. In so far as the hospital is a controlling employer of a contract employee, the hospital may be cited for violations of standards.

Question. Can a healthcare provider be cited if the provider is an employee of a professional corporation?

Answer. If the employee of the corporation is in violation of a standard, the corporation, as the employer, can be cited.

Question. Is the standard applicable to lifeguards?

Answer. The standard will be strictly applied to lifeguards, as they are regarded as emergency response personnel.

Question. Who is the responsible employer at a multi-employer worksite?

Answer. The key element is who directs and controls an individual employee's conduct in a the multi-employer worksite. The employer who "directs and controls" the work activity of the employee is responsible. Multi-employer worksites are very common in some industries, such as the construction industry. A significant body of occupational safety and health law has developed on the issue of which employer, in a multi-employer work site, has the duty to comply with occupational safety and health standards and regulations. Decisions of the Occupational Safety and Health Appeals Board, relying in part on decisions of the California Supreme Court and appellate courts, have imposed the responsibility for worker safety and health on the employer who "directs and controls" the work activity of the employee. In most settings, including the health care industry, there can be two potential persons or entities which could be

"the" employer of the employee. Occupational safety and health law has explicitly recognized the "duality of employers" in these workplaces.

Question. How does Cal/OSHA determine liability?

Answer. Cal/OSHA does not determine "liability" in the legal sense but rather makes determinations relative to compliance with the regulations in Title 8 of the California Code of Regulations (T8 CCR).

Question. My company supplies contract employees to health care facilities. What are my responsibilities under the Bloodborne Pathogens Standard?

Answer. Cal/OSHA considers personnel providers, who send their own employees to work at other facilities, to be employers whose employees may be exposed to hazards. Since your company maintains a continuing relationship with its employees, but another employer (your client) creates and controls the hazard, there is a shared responsibility for assuring that your employees are protected from workplace hazards. The client employer has the primary responsibility for such protection, but you also have a responsibility. Under the Bloodborne Pathogens Standard your company would be required, for example, to provide the general training outlined in the standard; ensure that employees are provided with the required vaccinations; and provide proper follow-up evaluations following an exposure incident. Your clients would be responsible, for example, for providing site specific training and would have the primary responsibility regarding the control of potential exposure conditions. The client, of course, may specify what qualifications are required for supplied personnel, including vaccination status. It is certainly in your interest to ensure that all steps required under the standard have been taken by the client employer to ensure a safe and healthful workplace for the leased employees. Toward that end, your contacts with your clients should clearly describe the responsibilities of both parties in order to ensure that all requirements of the regulation are met and reference to such contacts should be cited in each employers' Exposure Control Plan.

Question We have employees who are designated to render first aid. Are they covered by the standard?

Answer. Yes, employees who are designated as responsible for rendering first aid or medical assistance as part of their job duty, are covered by the protections of the standard. However, employees, who administer first aid only as a collateral duty to their routine work assignments, are not required to be offered the pre-exposure hepatitis B vaccination. Such employees fall within the scope of the exemption provided in subsection (f)(1)(A); see also subsection (f) for further discussion of the Exception.

Question. Are plumbers covered by the standard?

Answer. In the analysis required by the Injury and Illness Prevention Program, the employer should have identified any potential occupational exposure to bloodborne pathogens by plumbers who are employees at health care facilities. In addition plumbers, when working intermittently or on a one time basis in health care facilities, are covered by the regulation because of their potential occupational exposure.

Question. Are members of emergency response teams covered by the standard?

Answer. Emergency response teams, where it has been indicated that first aid is not a part of their job description, are not covered by the regulation. For example, the emergency response team may be responsible for security spill control. However, where providing first aid is a collateral duty, such employees are covered by the proposed standard with the option for providing post exposure hepatitis B vaccination. The election of post or exposure prophylaxis will require identification of such election in the exposure control plan. Therefore, employers should make certain that as the proposed regulation is implemented that both the job description and the tasks performed are evaluated. Note: first aid training does not make, and does not require that an individual so trained must respond. However, again, if the employer determines that an employee may be exposed in the course of assigned duties, the employee falls within the scope of the standard.

Question. Are housekeepers and laundry attendants in a hotel environment covered by the standard?

Answer. The Division is concerned with employee protection. Regardless of how the hazard is addressed, either by the Bloodborne Pathogens Standard, 8 CCR 5193, or the Illness and Injury Prevention Program, 8 CCR 3203, the potential for bloodborne infections can be encountered in the hotel environment. Potential exposure incidents include encountering insulin syringes, cleaning blood stained laundry, as well as disposing of sanitary napkins, or blood arising from accidents in the hotel. Cal/OSHA feels that training is a key element for the protection of housekeepers and laundry attendants in the hotel environment. The employer must make a determination whether there is potential exposure which may arise in the workplace and if so, address the potential in the workplace safety and health plan required by the regulations.

Question. Are employees such as housekeepers, maintenance workers, or janitors covered by the standard?

Answer. While Cal/OSHA does not generally consider housekeepers, maintenance personnel and janitorial staff employed in non-health care facilities to have occupational exposure, it is the employer's responsibility to determine which job classifications or specific tasks and procedures involve occupational exposure. For example, Cal/OSHA expects products such as used sanitary napkins to be discarded into waste containers which are lined in such a way as to prevent employee contact with the contents. But at the same time, the employer must determine if employees can come into contact with blood during the normal handling of such products from initial pick-up through disposal in the outgoing trash.

Further, housekeeping workers in health care facilities may have occupational exposure to bloodborne pathogens, as defined by the regulation. Individuals who perform housekeeping duties, particularly in patient care and laboratory areas, may perform tasks, such as cleaning blood spills and handling regulated wastes, which also constitute occupational exposure.

If Cal/OSHA determines, on a case-by-case basis, that sufficient evidence of reasonably anticipated exposure exists, the employer will be held responsible for providing the protections of the regulation to the employees with occupational exposure.

Question. Are sewage plant, waste water workers or non-healthcare facility plumbers covered?

Answer. These workers are not ordinarily covered, since material they contact is not visibly contaminated with blood. However, if their duties include working on plumbing or sewage systems in or directly from health care facilities, they may reasonably anticipated to be occupationally exposed, and therefore, covered. There is no evidence to suggest that sewage plant or waste water workers are at increased risk for hepatitis B infection. HBV and HIV may be present in waste water, but in very dilute concentrations which would not pose a risk to waste water workers or sewage plant workers.

(b) Definitions. [Back to Table of Contents]

Collateral duty first-aid provider, which is not defined within this subsection, but is used in subsection (f), is defined as follows: A collateral duty first aid provider is an employee, who is designated by the employer to have first aid response job duties. This additional job duty is in the employees job description, is identified in the exposure control plan and the employee must receive the training required by the standard in addition to first aid training.

Construction as an exempt industry (Provided for clarification but not defined in this subsection) The construction industry is composed of the following activities: construction, excavation, alterations, painting, repairing, construction maintenance, renovation, removal, or wrecking of any fixed structure or its parts, as described in the Construction Safety Orders commencing with T8CCR 1500.

First aid incident, which is not defined within this subsection, but is used in subsection (fig is defined as follows: A first aid incident has occurred if there is any blood or other potentially infectious material resulting from an accident or injury. The first aid provider need not have been exposed to the blood in order for the required hepatitis B prophylaxis to be offered. A first aid incident may be an employee exposure incident. The employer's evaluation of the report of the incident is the determining factor; i.e. did the employee get blood, as defined in the standard, or other potentially infectious materials on broken skin or mucous membranes.

Maritime, which is not defined within this subsection, but is an exempt industry.

The maritime industry consists of shipyards, marine terminals, and long shoring. Marine terminals are wharves, bulkheads, quays, piers, docks and other berthing locations adjacent storage or contiguous areas and structures associated with the primary movements of cargo or materials from vessels to shore and shore to vessel, including structures which are devoted to receiving, handling, holding, consolidation, loading or delivery of waterborne shipments and passengers and areas devoted to terminal or equipment maintenance.

Question. What constitutes "reasonably anticipated" within the definition of occupational exposure?

Answer. The term is "reasonably anticipated" is not defined in the regulation. It includes the potential for exposure as well as actual exposure. A lack of history of exposure among first aid personnel at a particular manufacturing site, for instance, does not preclude coverage. If an employee in a position is likely to be exposed at least once during a working lifetime, that position should be considered for coverage by the standard, since even a single exposure can result in transmission of a life threatening infection.

Question. What does Cal/OSHA mean by the term "regulated waste"?

Answer. The Bloodborne Pathogens Standard uses the term, "Regulated waste," to refer to the following categories of waste which require special handling at a minimum; (1) liquid or semi-liquid blood or other potentially infectious material (OPIM); (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or OPIM. See also (d)(4)(C).

A distinction should be made between contaminated waste and regulated waste. Regulated waste is red bagged and its storage and disposal is further governed by the Medical Waste Act.

Contaminated waste includes materials that may be soiled with blood during the course of their use but are not within the scope of regulated waste, as described above. Such items such as dental drapes, band aids, sanitary napkins and the like need not be disposed of as hazardous waste or medical waste and can be discarded as solid waste. It is recommended that contaminated waste be placed in containers which do not contain labeled red bags but rather other bags placed within the fixed container. This procedure allows employees to distinguish between this waste and regulated waste. A biohazard label on the fixed container warns individuals of the contaminated nature of the contents of these receptacles. Such containers could be utilized in general dentistry offices for discarding dental drapes and other disposable items that are outside the scope of the definition of regulated waste because they are not capable of releasing blood or OPIM during handling.

(c) Exposure Control [[Back to Table of Contents](#)]

(c)(1)(A) [[Back to Table of Contents](#)]

Question. What is an exposure control plan?

Answer. The exposure control plan is the employer's written program that outlines the protective measures an employer will take to eliminate or minimize employee exposure to blood and OPIM.

Question. Why must the exposure control plan be consistent with T8CCR 3203?

Answer. The Injury and Illness Prevention Program specifies that an effective program shall include procedures for evaluating workplace hazards. It should be noted also that these plans can be combined into a single document.

Question. Does the exposure control plan need to be a separate document?

Answer. No. The exposure control plan may be part of another document, such as the facility's Injury and Illness Prevention Program (T8CCR 3203) or health and safety manual, as long as all components are included. However, the plan must be accessible to employees. There must be a guiding document which states the overall policy and goals and references the elements of existing separate policies that comprise the plan. For small facilities, the plan's schedule and method of implementation of the standard may be an annotated copy of the final standard that states in one document when and how the provisions of the standard will be implemented. Larger facilities could develop a broad facility program, incorporating provisions from the standard that apply to their establishments.

Question What language must the Exposure Control Plan be in?

Answer. The exposure control plan need only be in English. However, the communication of the plan, as required by subsection (g)(2), requires training regarding the plan to be in the language of and at a educational and literacy level commensurate with that of the employees.

(c)(1)(B)

Question. What must the exposure control plan contain?

Answer. The exposure control plan, must contain at a minimum:

(c)(1)(B)1., the exposure determination which identifies job classifications and, in some cases, tasks and procedures where there is occupational exposure to blood and OPIM;

(c)(1)(B)2., a schedule of how and when other provisions of the standard will be implemented, including methods of compliance, HIV and HBV research laboratories and production facilities requirements, hepatitis B vaccination and post-exposure follow-up, communication of hazards to employees, and recordkeeping.

(c)(1)(B)3., the procedures for evaluating the circumstances surrounding an exposure incident.

(c)(1)(B)3.

Question. What should be included in the procedure for evaluating an exposure incident?

Answer. The procedure for evaluating an exposure incident shall include: (1) the engineering controls and work practices in place; (2) the protective equipment or clothing used at the time of the exposure incident; (3) an evaluation of the policies and "failures of control" at the time of the exposure incident.

Question. In the exposure control plan are employers required to list specific tasks that place the employee at risk for all Job classifications?

Answer. No. If all the employees within a specific job classification perform duties where occupational exposure occurs, then a list of specific tasks and procedures is not required for that job classification. However, the job classification, e.g., "nurse", must be listed in the plan's exposure determination and all employees within the job classification must be included under the requirements of the standard.

Question. Can tasks and procedures be grouped for certain job classifications?

Answer. Yes. Tasks and procedures that are closely related may be grouped. However, they must share a common activity, such as "vascular access procedures," or "handling of contaminated sharps."

(c)(1)(C)

Question. Must an employer provide an employee with a copy of the exposure control plan upon request?

Answer. A copy of the exposure control plan must be provided to the employee within 15 working days of the employee's request in accordance with the standard.

(c)(1)(D)

Question. How often must the exposure control plan be reviewed?

Answer. The standard requires an annual review of the exposure control plan. In addition, whenever changes in tasks, procedures, or employee positions affect or create the potential for new occupational exposure, the existing plan must be reviewed and updated accordingly.

Question. Is an exposure log, "needlestick log," specifically required?

Answer. No but compliance consistent with T8CCR 3203(C) and 5193(C)(1)(D) would be difficult without a record of exposure independent of medical records, accessible to and evaluated by health and safety personnel on a regular basis. Language was added to the standard requiring annual review of exposure incidents. If a log is maintained, the identity of exposed individuals in the log, and keeping the code identity confidential. This is best assured by using a code for permit review of the log by health and safety personnel, and keeping the code identity confidential. This would permit review of the log by health and safety personnel, and including employee representatives. See also subsection (h), Recordkeeping.

(c)(1)(E)

Question. The exposure control plan be available.

Answer. Treating all blood and other potentially infectious materials as if they are infectious. See (b) Definitions. NOTE: Under circumstances in which differentiation between body fluids is difficult or impossible, all body fluids shall be considered potential infectious materials. See subsections (b) and (d)(1).

Question. Can Body Substance Isolation (BSI) be adopted In place of Universal Precautions?

Answer. Yes. Body Substance Isolation is a control method that defines all body fluids and substances. BSI is an acceptable alternative to Universal Precautions, provided facilities utilizing BSI adhere to all other provisions of the standard.

(d) Methods of Compliance

(d)(1) General [Back to Q & A Table of Contents]

Question. What are Universal Precautions?

Answer. Treating all blood and other potentially infectious materials as if they are infectious. See (b) Definitions.

NOTE: Under circumstances in which differentiation between body fluids is difficult or impossible, all body fluids shall be considered potentially infectious materials. See subsections (b) and (d)(1).

(d)(2) Engineering Controls [Back to Table of Contents]

Question. What are engineering controls?

Answer. The term, "Engineering Controls", refers to controls, e.g., sharps disposal containers, needleless systems, self-sheathing needles, that isolate or remove the hazard of bloodborne pathogens from the workplace, and therefore, reduce the potential for employee exposure. See subsection (b),

Definitions.

Question. What are some examples of devices that could be used in lieu of needles or "open" or unprotected needles?

Answer. Some examples of devices which offer an alternative to using open needles include stop cocks (on-off switch) and needleless systems which can be used in place of unprotected needles to connect intravenous lines. Needle-protection systems offer an alternative to the use of unprotected needles.

Question. Are employers required to provide these needle devices?

Answer. The standard requires that engineering and work practice controls be used to eliminate or minimize employee exposure. While employers do not specifically have to institute the most sophisticated controls (such as the ones listed in the above question), it is the employer's responsibility to evaluate the effectiveness of existing controls and review the feasibility of instituting more advanced engineering controls.

(d)(2)(H)

Question. How should reusable sharps, e.g., large-bore needles, scalpels, saws, etc., be handled?

Answer. Reusable sharps must be placed in containers which are puncture resistant, leak proof on the sides and bottom, and properly labeled or color coded until they are reprocessed. Contaminated reusable sharps must not be stored or reprocessed in a manner that would require the employee to reach by hand into containers. See subsection (d)(2)(H).

Question. What about aerosols?

Answer. Surgical and dental power tools, lasers, and electrocautery devices may generate aerosols. However, data currently do not support mandatory use of engineering controls or respiratory protection for inhalation exposure to aerosols. Where such devices spray, or produce visible blood or OPIM, protection from such exposure is required. See (d)(1)(K).

(d)(2) Work Practice Controls

Question. Can employees of ambulance medical rescue services eat or drink inside the cab of the ambulance?

Answer. Employees are allowed to eat and drink in an ambulance cab only if the employer has implemented procedures to permit employees to wash up and change contaminated clothing prior to entering the ambulance cab. The employer must prohibit the consumption, handling, storage, and transport of food and drink in the rear of the vehicle, and has procedures to ensure that patients and contaminated materials remain within the patient treatment portion of the vehicle preferably behind a partition separating the two areas.

(d)(2)(C, D, E and F)

Question. What alternatives are acceptable if soap and running water are not available for hand washing?

Answer. Antiseptic hand cleaner in conjunction with clean cloth or paper towels or antiseptic towelettes are examples of acceptable alternatives to running water. However, when these types of alternatives are used, employees must wash their hands (or other affected areas) with soaps and running water as soon as feasible. This alternative would only be acceptable at worksites where soap and running water are not feasible.

(d)(2)(G)

Question. Is recapping of needles allowed and, if so, when?

Answer. Bending, recapping, or removing contaminated needles by hand is prohibited, except under certain circumstances. In those situations where bending, removal or recapping is required by a specific medical procedure or no alternative is feasible, recapping or needle-removal is permitted by some method other than the traditional two-handed procedure, e.g., a mechanical device or a one hand scoop method. For example, these actions may be necessary when performing blood gas

analyses; when inoculating a blood culture bottle; administering incremental doses of a medication to the same patient. An acceptable means of demonstrating that no alternative to bending, recapping, or removing contaminated needles is feasible or that such action is required by a specific medical procedure would be a written Justification included as part of the exposure control plan. This justification must state the basis for the employer's determination that no alternative is feasible, or must specify that a particular medical procedure requires deviation from the requirement of the standard, e.g., the bending of the needle and the use of forceps to accomplish this. Shearing or breaking contaminated needles is completely prohibited by the standard. See subsection (d)(2)(G)1.

Question. Can needles be bent?

Answer. Needles may be distorted only to achieve medical purposes, such as in surgery or anesthesiology. Such activities must be described in the exposure control plan; otherwise the practice is prohibited. .

(d)(2)(H)

Question. Must sharps containers be labeled?

Answer. Yes. Sharps container must be labeled. It is not sufficient that they be only color-coded, i.e. red. They must also be labeled. This requirement is consistent with the California Medical Waste Act.

(d)(2)(J)

Question. Can food, cosmetics and other such consumable or edible items be stored with medication in a refrigerator or freezer?

Answer. No personal use or edible items may be stored where other items covered by the standard are stored in the same refrigerator or freezer. Such items include blood samples, tissue samples etc. Refrigerators which contain medication or other substances stored for medical procedures are not subject to the restriction, e.g., challenge solutions for glucose tolerance tests.

Question. Are there restrictions on refrigerators that store medical waste?

Answer. Yes. Refrigerators used to store medical waste must be secure and not used for the storage of other materials.

(d)(2)(M)

Question. What are the labeling exemptions for specimens?

Answer. The labeling exemption, listed in section (d)(2)(M)l. of the regulation, applies to facilities that handle all specimens with Universal Precautions, provided the containers are recognizable as containing specimens. This exemption applies only while these specimens remain within the facility. Also, all employees who will have contact with the specimens must be trained to handle all specimens with Universal Precautions. If the specimens leave the facility, e.g., during transport, shipment, or disposal, a label or red color-coding is required.

Question. Do specimens have to be double-bagged?

Answer. Secondary containers or bags are only required by the bloodborne pathogen regulation if the primary container is contaminated on the outside. Also, if the bagged material could puncture the primary container, a secondary puncture-resistant container is required. All specimen containers, primary and secondary, must be closed, properly labeled or color-coded (except as described above) and must prevent leakage.

Question. Are employers required to decontaminate equipment prior to servicing or shipping?

Answer. The regulation requires that all equipment that may be contaminated must be examined and decontaminated as necessary prior to servicing or shipping. If complete decontamination is not feasible, the equipment must be labeled with the required biohazard label which also specifically identifies which portions of the equipment remain contaminated. In addition, the employer must ensure that this information is conveyed to the affected employees, the servicing representative, and the manufacturer, as appropriate, prior to handling, servicing, or shipping.

(d)(3) Personal Protective Equipment [Back to Table of Contents]

Question. What type of personal protective equipment (PPE) should employees in a dental office wear?

Answer. The standard requires that PPE be "appropriate". PPE will be considered "appropriate" only if it does not permit blood or OPIM to pass through employees' underlying garments, to reach the skin, eyes, mouth, or other mucous membranes under normal conditions of use. It must retain this capability. This allows the employer to select PPE based on the type of exposure and the quantity of blood or OPIM which can be reasonably anticipated to be encountered during performance of a task or procedure.

(d)(3)(B) and (d)(4)(B)

Question. What type of disinfectant can be used to decontaminate equipment or working surfaces which have come in contact with blood or OPIM?

Answer. EPA registered tuberculocidal disinfectants are appropriate for the cleaning of blood or OPIM. A solution of 5.25 percent sodium hypochlorite, (household bleach), diluted between 1:10 and 1:100 with water, is also acceptable for cleaning contaminated surfaces. Quaternary ammonium products are appropriate for use in general housekeeping procedures that do not involve the cleanup of contaminated items or surfaces. The particular disinfectant used, as well as the frequency with which it is used, will depend upon the circumstances in which a given housekeeping task occurs (i.e., location within the facility, type of surface to be cleaned, type of soil present, and tasks and procedures being performed). The employer's written schedule for cleaning and decontamination should identify such specifics on a task by task basis.

(d)(3)(C)

Question. Are gloves required during phlebotomy procedures?

Answer. Gloves must be worn by employees whenever any vascular access procedure is performed, including phlebotomy. However, there is an exemption for phlebotomist at volunteer blood donation centers. See also subsection (d)(3)(I)4 below. .

Question What are some alternatives when an employee is allergic to the gloves provided?

Answer. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives must be provided for employees who are allergic to the gloves that are normally provided.

(d)(3)(D and E)

Question Who is responsible for providing PPE?

Answer. The financial responsibility for repairing, replacing, cleaning, and disposing of PPE rests with the employer. The employer is not obligated under the Bloodborne Pathogens Standard to provide general work clothes or uniforms to employees, but is responsible for providing PPE. If laboratory jackets or uniforms are intended to protect the employee's body or clothing from contamination, they are PPE and must be provided by the employer.

Question. Are uniforms covered by the standard?

Answer. Ordinarily uniforms are not PPE and the maintenance of uniforms or other clothing are not addressed by the standard unless such items are designated by the employer as personal protective equipment within the scope of the standard. Only PPE is required to be maintained, laundered, repaired, and supplied by the employer. When a uniform is provided by the employer for the purpose of preventing contact with blood or OPIM, it becomes PPE and is subject to the requirements of the standard. The differentiation, identification and selection between uniforms and PPE is made by the employer as part of the Exposure Control Plan.

(d)(3)(G)

Question. Does protective clothing need to be removed before leaving the work area?

Answer. Yes. Cal/OSHA requires that personal protective equipment be removed prior to leaving the work area. While "work area" must be determined on a case-by-case basis, a work area is generally considered to be an area where work involving occupational exposure occurs or where the contamination of surfaces may occur.

(d)(3)(I) Gloves

Questions Do gloves increase the risk of needlesticks?

Answer. The available evidence indicates that gloves do not decrease tactile sensation or increase the risk of needlesticks. Recent research indicates that the amount of blood injected during a needlestick can be reduced up to 50% by gloves.

(d)(3)(I) 1

Question. When should gloves be changed?

Answer. Disposable gloves shall be replaced as soon as practical after they have become contaminated, or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. Hands must be washed after the removal of gloves used as PPE, whether or not the gloves are visibly contaminated.

Question. Are there any exceptions to the requirement to wear gloves?

Answer. Yes. Volunteer blood donation centers are the only instance where some flexibility is permitted and even then certain requirements

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

(d)(3)(I)4.a., periodically reevaluate this policy

(d)(3)(I)4.b., make gloves available to all employees who wish to use them for phlebotomy;

(d)(3)(I)4.c, not discourage the use of gloves for phlebotomy; and

(d)(3)(I)4.d., require that gloves be used for phlebotomy

(d)(3)(I)4.d.i., when the employee has cuts, scratches, or other breaks in the skin;

(d)(3)(I)4.d.ii., when the employee judges that hand contamination

with blood may occur, e.g., performing phlebotomy on an uncooperative source individual; or

(d)(3)(I)4.d.iii., when the employee is receiving training in phlebotomy.

Question. Are gloves required when giving an injection?

Answer. Gloves are not required to be worn when giving an injection as long as hand contact with blood or other potentially infectious materials is not reasonably anticipated and it is not a vascular access procedure.

(d)(3)(J)

Question. What type of eye protection do I need to wear when working with blood or OPIM?

Answer. The use of eye protection is based on the reasonable anticipation of exposure to the mucous membranes of the eye. Eye protection devices such as glasses with solid side shields, goggles, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and exposure to the eyes can be reasonably anticipated.

Question Are feminine hygiene products considered regulated waste?

Answer. Neither Cal/OSHA nor the Department of Health Services generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. The

intended function of products such as sanitary napkins is to absorb and contain blood. The absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood.

Cal/OSHA expects these products to be discarded into waste containers which are properly lined with plastic or wax paper bags. Such bags should protect the employees from physical contact with the contents.

At the same time, it is the employer's responsibility to determine the existence of regulated waste. This determination is not based on actual volume of blood, but rather on the potential to release blood when compacted in the waste container. If Cal/OSHA determines, on a case-by-case basis, that sufficient evidence of regulated waste exists, either through observation a pool of liquid in the bottom of a container, dried blood flaking off during handling, or based on employee interviews, citations may be issued.

(d)(4)(B)5. [Back to Table of Contents]

Question How shall reusable containers be handled?

Answer. 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.

(d)(4)(C) 1.c

Question How should disposable sharps containers be handled?

Answer. Each sharps container used to contain sharps for disposal must be labeled with the universal biohazard symbol and the word "biohazard." Sharps containers shall be maintained upright throughout use, replaced routinely, and not be allowed to overfill. The frequency and manner of determining replacement is an element of the Exposure Control Plan. When removing sharp containers from the area of use, the containers shall be:

(d)(4)(C)1.c.i., Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(d)(4)(C) 1.c.ii., Placed in a secondary container if leakage is possible. The second container shall be:

(d)(4)(C) 1.c.ii.A. Closable;

(d)(4)(C)l.c.ii.B. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(d)(4)(C)l.c.ii.C. Labeled according to subsection (g)(l)(i) of the standard.

(d)(4)(C) Regulated Waste

Question. Are human tissue or evidence secured in law enforcement situations viewed as contaminated waste, regulated waste or medical waste?

Answer. Materials intended for other uses, which have not entered the waste stream, are not regulated or medical waste. Examples include: placentae, material evidence for law enforcement purposes, and other forensic samples.

The classification of these materials as non-waste materials does not preclude the application of the standard to the protection of employees from harmful exposure to these materials. Indeed, the reference to "caked blood," as a potentially infectious material, was cited in relation to forensic samples in the preamble to the federal regulation. Cases were cited where samples containing large amounts of blood which might have the potential to yield infectious transmittable material during handling. However, once the item fulfills its use as for example, evidence in a law enforcement context and is going to be discarded, the item becomes regulated or medical waste, as appropriate.

Question. What type of container should be purchased to dispose of sharps?

Answer. Sharps containers are made from a variety of products from cardboard to plastic. As long as they meet the definition of a sharps container. i.e., containers must be closable, puncture resistant, leak proof on sides and bottom, and labeled, Cal/OSHA would consider them to be of an acceptable composition.

(d)(4)(C) 1 .b.

Question. Where should sharp containers be located?

Answer. Sharp containers must be easily accessible to employees and located

as close as feasible to the immediate area where sharps are used, e.g., patient care areas. Sharp containers must also be placed where sharps can be reasonably anticipated, e.g., laundries. In areas, such as correctional facilities and psychiatric units, there may be difficulty placing sharps containers in the immediate use area. If a mobile cart is used in these areas, an alternative would be to lock the sharps container in the cart.

(d)(4) (C) 2.

Question. How do I dispose of waste?

Answer. Disposal of all regulated waste shall be in accordance with applicable laws of the United States, States and Territories, political subdivisions of States and Territories. In California, the applicable law is called the California Medical Waste Act which is under the jurisdiction of the Department of Health Services and city or county designee. Note that San Diego County has unique requirements. The Department of Health Services regulates the storage and transporting of hazardous waste including medical waste.

Regulated waste shall be placed in containers, which are:

(d)(4)(C)2.a.i. closable;

(d)(4)(C)2.a.ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;

(d)(4)(C)2.a.iii. Labeled and color-coded in accordance with paragraph

(g)(1)(i) of the standard; and

(d)(4)(C)2.a.iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(d)(4)(C)2.b.i. Closable;

(d)(4)(C)2.b.ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping

(d)(4)(C)2.b.iii. Labeled and color-coded in accordance with paragraph

(g)(1)(A) of the standard; and

(d)(4)(C)2.b.iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Question Do I need to autoclave waste before disposal? What is the proper procedure to autoclave?

Answer. There is no specific requirement to autoclave waste before disposal, except as found in subsection (e) HIV and HBV Laboratories and Production Facilities, which requires that all regulated waste from such facilities must be either incinerated or decontaminated by a method, such as autoclaving, known to effectively destroy bloodborne pathogens. Note, research laboratories must have an autoclave available for decontamination of regulated waste while production facilities must have an autoclave available within or as near as possible to the work area, also for the decontamination of regulated waste.

An autoclave used for the decontamination of regulated waste must be approved by the Department of Health Services.

Question What about the disposal of medical chemotherapeutic that are contaminated?

Answer. Medical chemotherapeutic materials and devices are within the scope of the California Medical Waste Act (MWA) if they are contaminated, as defined in the standard. The MWA defines medical waste as waste which is generated or produced, as a result of the diagnosis, treatment or immunization of human beings. Materials or devices that have been treated so as to no longer be infectious would be treated as hazardous waste based on the hazardous properties of the residual chemotherapeutic agent. Medical chemotherapeutic materials that are not contaminated are considered hazardous waste, not BIOHAZARDOUS waste or medical waste.

(d)(4)(D) Laundry

Question Who is responsible for laundering PPE?

Answer. PPE must be laundered by the employer at the workplace or at a commercial laundry.

Question. Is a laundromat satisfactory for washing PPE?

Answer. A Laundromat, which is a commercial enterprise is a commercial laundry and is an acceptable site for treating contaminated laundry in the context of the regulation. Therefore, it is satisfactory for washing PPE. However, the responsibility and control of the items laundered in a Laundromat remains the responsibility of the employer. Employees performing such tasks are performing work directed by the employer.

Question. What does Cal/OSHA mean by the "contaminated laundry"?

Answer. Contaminated laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps. See subsection (b), Definitions, in the regulation.

Question. Are employees allowed to take their protective equipment home and launder it?

Answer. No. Employees are not permitted to take their protective equipment home and launder it. It is the responsibility of the employer to provide, launder, repair, replace, and dispose of personal protective equipment.

Question. Do employers have to buy a washer and dryer to clean employees' personal protective equipment?

Answer. There is no Cal/OSHA requirement stipulating that employers must purchase a washer and dryer to launder protective clothing. It is an option that employers may consider. Another option is to contract out the laundering of protective clothing. Finally, employers may choose to use disposable personal protective clothing and equipment.

Question. Are there guidelines to be followed when laundering personal protective equipment? What water temperature and detergent types are acceptable?

Answer. The decontamination and laundering of protective clothing should be handled by washing and drying the garments according to the clothing manufacturer's instructions.

(d)(4)(D) 1.

Question. How should contaminated laundry be handled?

Answer. Contaminated laundry shall be handled as little as possible with a minimum of agitation. (d)(4)(D)1.a., 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. Other requirements include:

(d)(4)(D)1.b., Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(A) of the 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.

(d)(4)(D)1.c., 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 or leakage of fluids to the exterior.

(d)(4)(D)2., The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment. (d)(4)(D)3., 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)(A) of the standard.

(d)(4)(D)3.

Question. What color coding is required for laundry bags?

Answer. The standard provides that the color coding of laundry bags for facilities which utilize Universal Precautions is not required. Color coding using a readily identifiable color to distinguish contaminated laundry from medical waste is acceptable for such facilities. Contaminated laundry which is not handled using Universal Precautions must be labeled.

(e) HIV and HBV Research Laboratories and Production Facilities
[Back to Table of Contents]

Question. Does the regulation apply to clinical or diagnostic laboratories?

Answer. The regulation does not apply if they are engaged solely in the analysis of blood, tissues, or organs. The regulation only applies to facilities engaged in the culture, production, concentration,

experimentation and manipulation of HIV and HBV.

Question. Are academic research laboratories included in the definition of a research laboratory under the standard?

Answer. Academic research laboratories are included in the definition of a research laboratory under the standard. A research laboratory produces or uses research laboratory scale amounts of HIV and HBV. Although research laboratories may not have the volume found in production facilities, they deal with solutions containing higher viral titers than those normally found in patients' blood.

Question. Is animal blood used in research covered under the laboratory section of the standard?

Answer. The standard covers animal blood only for those animals purposely infected with HIV or HBV. Although the standard does not apply to animal blood unless the animal has been purposely infected with HIV or HBV, persons handling animals or animal blood should follow general precautions as recommended by the Centers for Disease Control National Institutes of Health Publication, Biosafety in Microbiological and Biomedical Laboratories (Publication No. 88-8395)].

Question. What rooms or work areas require Biohazard Signs?

Answer. Biohazard signs are required only for rooms or work areas in facilities doing HIV or HBV production or research unless otherwise required by T8CCR 6003. See also (g)(1)(B) of the regulation. Hazard warning signs shall be displayed on all access doors to OPIM or where infected animals are present in work areas.

(f) Hepatitis B Vaccination and Post-exposure Follow-up Procedures
[Back to Table of Contents]

Question. Can the hepatitis B vaccination be made a condition of employment?

Answer. Cal/OSHA cannot make HBV vaccination a condition of employment.

Question. What is the course of action by an employer when the HBV Vaccination series is interrupted?

Answer. If there is an interruption in the HBV vaccination series of three injections the employer needs to make a determination if series must be reinitiated, continued or whether a declination must be documented. The

latter is subject to the restrictions of the standard. All HBV prophylaxis is at no cost to the employee. The employer is required to provide the training and opportunity for immunization. Where immunization is declined, documentation of the declination is mandatory.

(f)(1)(A) [Back to Table of Contents]

Question.. We have employees who are designated to render first aid. Are they covered by the standard?

Answer. Yes, employees who are designated as responsible for rendering first aid or medical assistance as part of their job duties, are covered by the protections of the standard. Employees, who administer first aid as a collateral duty to their routine work assignments, are not required to be offered the pre-exposure hepatitis B vaccination. Only those designated first aid providers who provide first aid as a primary job duty must be provided pre-exposure HBV vaccination. Such employees fall within the scope of the exemption provided in subsection (f)(1)(A). The Exception does not apply to anyone in the list of facilities, which were discussed above in the Scope and Application, subsection (a), unless specifically contraindicated by their job description.

All first aid providers, who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must have the vaccine made available to them as soon as possible but in no event later than 24 hours after the exposure incident. If an exposure incident, as defined in the standard has taken place, other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

Question. Are employees, who render first aid as a "good Samaritan," not as part of their job duties covered by the regulation?

Answer. No. Only employees whose job duties require them to render first aid, are covered by the regulation. The standard does not preclude an employer from offering first aid training to their employees, covered by the regulation.

Question. Is it permissible for a physician-employer to provide "a confidential medical evaluation" to his or her own employee following an exposure incident? This would also extend to a company, corporate or contract medical services.

Answer. Yes.

First of all, no limitations on physician-employers exist with regard to the offer of hepatitis B vaccination. With regard to post-exposure evaluation, the boundary between employer and health care professional may be blurred in a medical setting in which, for example, the physician is both the employer and the evaluating health care professional. In such cases, the compliance personnel shall ensure that requirements for consent and confidentiality have been followed. Employees of physicians should be accorded the same medical evaluation benefits as employees of non-physicians, i.e., to receive post-exposure medical evaluation from a physician who is not their employer. Since the regulation permits the physician-employer to perform post exposure evaluation and follow-up on his or her employees, a potential conflict of interest does exist between the health care provider role and the employer role. As a result of this conflict, an employee may feel coerced into giving consent to his employer to the provision of post-exposure evaluation and follow-up by his or her employer. Further, the conflict may threaten the employee's interests in maintaining privacy.

Cal/OSHA is concerned that to require that physician-employers, capable of providing timely post-exposure evaluation and follow-up to their employees furnish their employees post-exposure medical evaluation by another physician might, in some circumstances, impede the prompt delivery of post exposure treatment. Barring a physician-employer from providing post exposure medical evaluation to his or her own employees who are desirous of expeditious care may frustrate the very purpose of the post-exposure evaluation, i.e., the timely delivery of post-exposure follow-up.

(f)(1)(A and B) and (f)(2)(A) [[Back to Table of Contents](#)]

Question. Who must be offered the hepatitis B vaccination?

Answer. The hepatitis B vaccination series must be made available to all employees who have occupational exposure. The employer does not have to make the hepatitis B vaccination available to employees who have previously received the vaccination series, who are already immune as their antibody tests reveal, or who are prohibited from receiving the vaccine for medical reasons.

(f)(1)(B) 1.

Question. Whose responsibility is it to pay for the hepatitis B vaccine?

Answer. The responsibility lies with the employer to make the hepatitis B vaccine and vaccination, including post-exposure evaluation and follow-up, available at no cost to the employees.

(f)(1)(B)4 and (f)(2)(E)

Question. What are the current CDC recommendations?

Answer. The recommendations of the Centers for Disease Control are as follows: Screening is recommended but not required by the standard. Intradermal hepatitis B vaccination is not permitted. HIV screening following an exposure incident are to be provided at multiple intervals currently up to one year. Screening on stored blood must be performed within 90 days. Required. Persons apprised that prophylaxis for HBV is contraindicated, need only sign the declination form in Appendix A without providing causal statement to the employer for the declination.

(f)(2)(A)

Question. When should the hepatitis B vaccination be offered to employees?

Answer. The hepatitis B vaccination must be made available within 10 working days of initial assignment, after appropriate training has been completed unless the Exception for collateral duty first aid providers is applicable. See subsection (f)(1)(A). This includes arranging for the administration of the first dose of the series. In addition, a discussion of the vaccination requirements of designated first aid providers is provided below.

(f)(2)(B)

Question. Can screening be required to determine the presence of hepatitis B antibody? Post screening?

Answer. No. The employer cannot require an employee to take a prescreening or post vaccination serological test. An employer may, however, decide to make pre-screening available at no cost to the employee. Routine post-vaccination serological testing is not currently recommended by the CDC unless an employee has had an exposure incident, and then it is also to be offered at no cost to the employee.

(f)(2)(c)

Question. If an employee declines the hepatitis B vaccination, can the employer make up a declination form?

Answer. If an employee declines the hepatitis B vaccination, the employer must ensure that the employee signs a hepatitis B vaccine declination.

The declinations wording must be identical to that found in Appendix A of the standard. A photocopy of the Appendix may be used as a declination form, or the words can be typed or written onto a separate document.

(f)(2)(D)

Question. Can employees refuse the vaccination?

Answer. Yes. Employees have the right to refuse the hepatitis B vaccine and any post exposure evaluation and follow-up. It is important to note; however, the employee needs to be properly informed of the benefits of the vaccination and post exposure evaluation through training. The employee also has the right to decide to take the vaccination at a later date if he or she so chooses. The employer must make the vaccination available at that time.

(f)(2)(E)

Question. Is a routine booster dose of hepatitis B vaccine beyond the series of three injections required?

Answer. Because the U. S. Public Health Service (USPHS) does not recommend routine booster doses of hepatitis B vaccine, they are not required at this time. However, if a routine booster dose of hepatitis B vaccine is recommended by the USPHS at a future date, such booster doses must be made available at no cost to those eligible employees with occupational exposure.

(f)(3)(B) 1. [Back to Table of Contents]

Question. What serological testing must be done on the source individual?

Answer. The employer must identify and document the source individual if known, unless the employer can establish that identification is not feasible or is prohibited by state or local law. The source individual's blood must be tested as soon as feasible, after consent is obtained, in order to determine HIV and HBV infectivity. The information on the source individual's HIV and HBV testing must be provided to the evaluating health care professional. Also, the results of the testing must be

provided to the exposed employee. The exposed employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectivity status of the source individual.

Question. What if consent cannot be obtained from the source individual?

Answer. If consent cannot be obtained and is required by state law, the employer must document in writing that 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.

(f)(3)(C)1.

Question. When is the exposed employee's blood tested?

Answer. After consent is obtained, the exposed employee's blood is collected and tested as soon as feasible for HIV and HBV infectivity status. If the employee consents to the follow-up evaluation after an exposure incident, but does not give consent for HIV serological testing, the blood sample must be preserved for 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested for HIV, testing must be done as soon as feasible.

(f)(3)(D and E),.

Question. What type of counseling is required following an exposure incident?

Answer. The standard requires that post-exposure counseling be given to employees following an exposure incident. Counseling should include USPHS recommendations for prevention and transmission of HIV infection.

These recommendations include refraining from blood, semen, or organ donation; abstaining from sexual intercourse or using measures to prevent HIV transmission during sexual intercourse; and refraining from breast feeding infants during the follow-up period. In addition, counseling must be made available regardless of the employee's decision to accept serological testing.

(f)(3)(E).

Question. Who provides counseling for personnel involved in an exposure incident?

Answer. The employer is required to provide counseling. Counseling shall be provided by a trained counselor. The regulation does not stipulate the qualifications or license requirements of the counselor. The counseling can be done by the employee's supervisor or the doctor that administers treatment unless the employee elects to be "treated" by an employer who is also the health care provider. Under the latter circumstances employee confidentiality is the basis for the language of the exception, which is provided in the proposed regulation.

(f)(4)(B) 1. [Back to Table of Contents]

Question. What information must the employer provide to the health care professional following an exposure incident?

Answer. The health care professional must be provided with:

(f)(4) (B)1 ., a copy of the standard,

(f)(4)(B)2., a description of the employee's duties as they relate to the exposure incident;

(f)(4)(B)3., documentation of the route(s) and circumstances of the exposure;

(f)(4)(B)4., the results of the source individual's blood testing, if available; and

(f)(4)(B)5., all medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.

If the employer is also a health care provider and the employee elects a different health care provider, as the post exposure evaluating physician, then the health care provider-employer is responsible for providing the material described in subsection (f)(4)(B).

(f)(5)(A) [Back to Table of Contents]

Question. What information does the health care professional provide to the employer following an exposure incident?

Answer. The health care professional's written opinion for hepatitis B is limited to whether hepatitis B vaccination is indicated and if the employee received the vaccination.

(f)(5)(B), The written opinion for post-exposure evaluation must include

information

(f)(5)(B)1., that the employee has been informed of the results of the evaluation and

(f)(5)(B)2, told about any medical conditions resulting from exposure that may further require evaluation and treatment.

(f)(5)(C), All other findings or diagnoses must be kept confidential and not included in the written report. The employer must obtain and provide to the employee a copy of the evaluating health care professional's written opinion, which contains the material cited above, within 15 days of completion of the evaluation.

(g) Communication of Hazard to Employees [[Back to Table of Contents](#)]

Question. When are labels required?

Answer. Labels are required on the following: Regulated waste (When regulated waste is red-bagged, the bag must be labeled; Sharps containers); Laundry bags (unless Universal Precautions are observed as required by subsection (d)(4)(D)l.b.); Refrigerators and freezers that are used to store blood or OPIM; Bags or containers used to store, dispose of, transport, or ship blood or OPIM, e.g., specimen containers; Contaminated equipment which is to be serviced or shipped

Question. What are the required colors for labels?

Answer. The background must be fluorescent orange or orange-red or predominantly so, with symbols and lettering in a contrasting color. Orange or orange-red labels are not required on red bags (See subsection (g)(1)(A)5. The label must be either an integral part of the container or affixed as close as feasible to the container by a string, wire, adhesive, or other method to prevent its loss or unintentional removal.

Question. Can there be substitutes for the labels on red bags or sharps containers?

Answer. No. Red bags must be labeled. Sharps containers must be labeled.

Question. What are the exceptions to the labeling requirement?

Answer. Labels are not required as described in the following exceptions to the requirements of the standard:

(d)(4)(D)1.b. Laundry bags or containers, containing contaminated laundry, may be marked with an alternative label or color-coded provided the facility uses Universal Precautions for handling all soiled laundry and the alternative marking permits all employees to recognize the containers as requiring compliance with Universal Precautions. If contaminated laundry is sent off site for cleaning to a facility which does not use Universal Precautions in the handling of all soiled laundry, it must be placed in a bag or container which is red in color or labeled with the biohazard label described above.

(d)(2)(M) . Specimen containers, if the facility uses Universal Precautions when handling all specimens, the containers are recognizable as containing specimens, and the containers remain within the facility.

(g)(1)(A)6. Containers of blood, blood components, and blood products bearing an FDA required label that have been released for transfusion or other clinical uses.

(g)(1)(A)7. Individual containers of blood or OPIM that are placed in secondary labeled containers during storage, transport, shipment, or disposal.

(g)(1)(A)9. Regulated waste that has been decontaminated.

See the following question regarding alternate DOT labeling.

Question. Does Cal/OSHA accept Department of Transportation's (DOT) labels for waste and specimens which will be shipped or transported?

Answer. The labeling requirements do not preempt either the U. S. Postal Service labeling requirements (39 CFR Part 111) or the Department of Transportation's Hazardous Materials Regulations (49 CFR Parts 171-181).

DOT labeling is required on some transport containers i.e., those containing "known infectious substances". It is not required on all containers for which T8CCR 5193 requires the biohazard label. Where there is an overlap between the Cal/OSHA mandated label and the DOT-required label, the DOT label will be considered acceptable on the outside of the transport container provided the Cal/OSHA mandated label appears on any internal containers which may be present. Containers serving as collection receptacles within a facility must bear the Cal/OSHA label since these are not covered by the DOT requirements.

(g)(2) Training [[Back to Table of Contents](#)]

Question. Is a trained individual required to perform the training required by the standard?

Answer. A trained individual must be provided during the training session required by the bloodborne pathogens standard. Where programmed, audiovisual or interactive material is used, an opportunity for interactive questions and Answers with the person conducting the training is required. The trainer must be familiar with the applicability of the regulation to the workplace for which the training is being conducted.

Question. If a physician is an employee of a corporation or partnership must he or she be trained to comply with the regulation?

Answer. If the physician is an independent agent or partner of a medical group, he or she is not an employee and is not required to follow regulations relating to their personal safety. A physician or other person may not however, take an action that would endanger others.

Question. Which employees must be trained?

Answer. All employees with occupational exposure must receive initial and annual training.

Question. Are collated duty first aid personnel or other assigned emergency response personnel required to be trained?

Answer. Persons with emergency response job duties with potential occupational exposure must receive the training required by the standard.

Question. Are coaches and playground personnel required to be trained?

Answer. If coaches, playground aid etc. have collateral duty first aid responsibilities they must receive the training required by the standard.

Question. Should part-time and temporary employees be trained?

Answer. Part-time and temporary employees are covered as employees by the regulation and are also to be trained on company time.

Question. Who has the responsibility for training workers employed by agencies which provide personnel nurses to other employers, such as hospitals?

Answer. Cal/OSHA considers personnel providers, who send their own

employees to work at other facilities, to be employers whose employees may be exposed to hazards. Since personnel providers maintain a continuing relationship with their employees, but another employer (your client) creates and controls the hazard, there is a shared responsibility for assuring that your employees are protected from workplace hazards. The client employer has the primary responsibility for such protection, but the personnel provider likewise has a responsibility under the Occupational Safety and Health Act.

In the context of Cal/OSHA's standard on Bloodborne Pathogens, the personnel provider would be required to provide the general training outlined in the standard., The client employer would be responsible for providing site specific training.

The contract between the personnel provider and the client should clearly describe the training responsibilities of both parties in order to ensure that all training requirements of the standard are met.

(g)(2)(D)

Question. What are the qualifications that a person must possess in order to conduct employee training regarding bloodborne pathogens?

Answer. The person conducting the training is required to 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. The trainer must demonstrate expertise in the area of occupational hazards of bloodborne pathogens.

Question. Where can information be obtained for conducting training on the Bloodborne Pathogens Standard?

Answer. Cal/OSHA Consultation Service has available brochures, fact sheets, model plans, videotape and a list of resources available to assist employers and employees in the implementation of the Bloodborne Pathogens Standard. Single copies of the written materials can be obtained by writing the Cal/OSHA Consultation Service at 455 Golden Gate Avenue, San Francisco, CA 94102 or calling (415) 703-4050.

Information is also available from Federal OSHA as follows. OSHA's Office of Information and Consumer Affairs (OICA) has developed brochures, fact sheets, and videotapes on the standard. Single copies of the brochure and fact sheets can be obtained by writing OSHA Publications, 200 Constitution Avenue, NW, Room N3101, Washington, DC 20210 or by calling (202) 219-8148. The videotape is available through the National audiovisual Center and the number is (301) 7631896. All information

available through OICA should be used as a supplement to the employer's training program. Other sources of information include local Area and Regional OSHA Offices at 71 Stevenson Street, San Francisco, CA 94105. In addition, each Regional Office has a Bloodborne Pathogens Coordinator who answers compliance and related questions on the standard. The Coordinator, for Region IX, Ms: Miller can be reached at (415) 744-7110.

Question. Who are examples of knowledgeable persons who could conduct training on the bloodborne standard?

Answer. Examples of healthcare professionals who may be capable of providing training include physicians, infection control practitioners, hospital epidemiologist, nurse practitioners, health educators, registered nurses and others. Non-health care professionals include industrial hygienists, epidemiologists or professional trainers, provided that they can demonstrate evidence of specialized training in the area of bloodborne pathogens.

Question. Does the hospital have a responsibility for training the healthcare providers, such as physicians, or any other independent contractors who are not employees of the hospital?

Answer. The hospital has a responsibility to apprise the controlling employer of the hazards of the hospital as they impact the contractual work. Where the hospital is a controlling employer of a contract employee, the hospital must gain assurance that the employees under the hospital's jurisdiction have been trained.

(h) Recordkeeping [Back to Table of Contents]

(h)(1)(A) [Back to Table of Contents]

Question. Who is the custodian of the medical records required by the Standard?

Answer. The employer is responsible for the establishment and maintenance of medical records required by the standard. However, these records may be kept off site at the location of the healthcare provider.

(h)(1)(B)

Question. What is contained in the medical record?

Answer. The medical record includes the following:

(h)(1)(B)1. name and social security number of the employee;

(h)(1)(B)2. 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 the vaccination;

(h)(1)(B)3. copies of all results of examinations, medical testing! and the follow-up procedures;

(h)(1)(B)4. copies of the healthcare professional's written opinion; and

(h)(1)(B)5. a copy of the information provided to the healthcare professional.

(h)(1)(D)

Question. How long must the medical records be kept?

Answer Medical Records must be kept for the duration of employment plus 30 years. NIOSH must be contacted prior to disposal [see subsection (h)(4)].

(h)(2)(A) [Back to Table of Contents]

Question. What is included in the training?

Answer. The training record contains the following:

(h) (2) (A)1. the dates of the training;

(h)(2)(A)2. the contents of the training;

(h) (2)(A)3. the names and job titles of all persons attending the training, and

(h)(2)(A)4. the names and qualifications of the persons conducting the training.

(h)(2)(B)

Question. How long must the training be?

Answer. Training records must be kept for 3 years from the training date.

Cal/OSHA 200 Recordkeeping Log

Question. What entries on the Cal/OSHA 200, Log and Summary of Occupational Injuries and Illnesses are required pursuant to the bloodborne pathogen regulation?

Answer. Log all exposure incidents on the Cal/OSHA 200 because medical treatment must be offered. If the incident results in a diagnosis of HIV or HBV seroconversion, the serological status of the employee is not recorded on the Cal/OSHA 200 log. If a case of seroconversion is known, it is recorded on the 200 as an injury "needlestick," for example, rather than "seroconversion". Should lost time be recorded it would be an addition to the initial report of the exposure incident record. No personal identifiers should be used to record seroconversion (Health and Safety Code Chapter 1.11).

Question. What are the Cal/OSHA 200 for employers with 10 or fewer employees?

Answer. No Cal/OSHA 200 is required. Some type of log must be maintained to update the exposure control plan. See preceding Question and answer.

(i) Effective Date [Back to Table of Contents]

(i)(1)

Question. What is the effective date of the standard?

Answer. January 8, 1993

(i)(2 to 4)

Question. Are there any phase in dates?

Answer. Yes. The phase-in dates are as follows:

(i)(2). By March 9, 1993 the Exposure Control Plan, (c)(1), must be in place.

(i)(3). By April 8, 1993 the Information and Training, subsection (g)(2) and Recordkeeping, (h), must be completed.

(i)(3). By May 8, 1993 all portions of the regulation are required to be in place. These include the remaining subsections; Engineering Controls,

subsection (d)(2); Work practice Controls, subsection (d)(2); Personal Protective Equipment, subsection (d)(3); Housekeeping, subsection (d)(4); Production facilities, subsection (e); Research facilities, subsection (e); Labels, subsection (g)(1); and Signs, subsection (g)(1).

Appendix [Back to Table of Contents]

Question. Can the Appendix statement regarding the declination of hepatitis B vaccination be modified?

Answer. The statements regarding the declination of the hepatitis B vaccination cannot be modified. It may be included as part of other such acknowledgments that the employer utilizes to ensure the safety and health of employees.

CALIFORNIA MEDICAL WASTE ACT

[Back to Table of Contents]

Chapter 6.1, Health & Safety Code

San Diego County has differing and additional medical waste requirements and ordinances and should be consulted directly for compliance with the specific requirements of that jurisdiction.

Medical waste, in red bags may, be retained for 7 days at room temperature. The time frame begins with addition of the first medical waste to the bag.

Sharps containers storage requirements are also 7 days, however, the time frame is imposed upon closure. In San Diego sharps containers have a maximum life of 6 months from start of use/

Medical waste can be stored refrigerated at 0° or 32° F. It must be maintained in a dedicated, secure and labeled, lockable, unit. Storage is limited to 90 days under these conditions.

Autoclaves need only be registered with the Medical Waste Division of the Department of Health Service if they are utilized for the sterilization of medical waste. Autoclaves utilized for sterilization of medical waste can be utilized for the sterilization of reusable items.

The Department of Health Services does not approve sharps containers; containers need to meet the description provided in the standard (Health and Safety Code Section 25026.2).

Sharps containers cannot be utilized for the disposal of biohazardous

waste.

Double red bags are required in San Diego. However, a clear second bag may be utilized for autoclaved waste

Medical waste storage must be secure storage and must have appropriate signs in English and Spanish. Signs permitted prior to the passage of the Medical Waste Act, Infectious Waste, is permitted for the "life" of the signs.

The transportation of medical waste including sharps must be in accordance with the Medical Waste Act, which requires permitting of the transport.

SB 1070. Patient Protection Act of 1991. [[Back to Table of Contents](#)]

The California Legislature passed the Patient Protection Act of 1991 to ensure that California residents are protected against bloodborne pathogens when under going medical and dental procedures. The Act mandates the healthcare licensing boards to adopt new regulations making the licensee's "failure to adequately protect patients from the transmission of bloodborne pathogens", unprofessional conduct, and subject to disciplinary action. Since the professional licensing boards have enforcement jurisdiction, the Act is outside of the scope of Cal/OSHA's Bloodborne Pathogens Standard. All Cal/OSHA recommendations for referral to healthcare licensing boards are subject to review by the Chief of the Division.

The Act also directed the Department of Health Services (DHS) to develop recommendations to prevent the transmission of bloodborne diseases for the department and licensing boards. DHS established a special committee to investigate and make the recommendations. The committee's recommendations included the following:

Stressed the use of universal precautions by Healthcare Workers (HCW's), and the education, training, and proficiency testing of HCW' in infection control procedures.

Recommended voluntary testing of HCW's for HIV and HBV antibodies.

Recommended voluntary restrictions of practice by HCW's and a statewide expert review panel to assist HCW's in determining appropriate precautions or restrictions for their practice. Rejected the theory of exposure-prone procedures since none have been demonstrated and did not call for the restriction of practice based on HIV status alone.

Recommended notification of patients when any bodily fluid of a HCW (regardless of antibody status) comes in contact with a patient's mucous membranes or subcutaneously.

Recommended immunization of all HCW's for HBV and other infectious diseases where appropriate. Preferably this would be done while the HCW is in training and before they are seeing patients.

Recommended that all HCW's be required to have continuing education on bloodborne pathogens as a condition of their license renewal.

The conclusion of the recommendations of DHS is that license boards will be required to introduce license acquisition and retention requirements pursuant to DHS's recommendations.

Section 3 [Back to Table of Contents]
Bloodborne Pathogens "Sample" Exposure Control Plan

TABLE OF CONTENTS

- A. Purpose
- B. Exposure Determination
- C. Implementation Schedule and Methodology
 - 1. Compliance Methods
 - 2. Needles
 - 3. Containers for REUSABLE Sharps
 - 4. Work Area Restrictions
 - 5. Specimens
 - 6. Contaminated Equipment
 - 7. Personal Protective Equipment
 - PPE Provisions
 - PPE Use
 - PPE Accessibility
 - PPE Cleaning, Laundering and Disposal
 - Gloves
 - Eye and Face Protection
 - Additional Protection

- 8. Housekeeping
- 9. Regulated Waste Disposal

- Disposable Sharps
 - Other Regulated Waste

- 10. Laundry Procedures
- 11. Hepatitis B Vaccine and Post-exposure Evaluation and Follow-up

- General
 - Hepatitis B Vaccination
 - Post Exposure Evaluation and Follow-up
 - Information Provided to Healthcare Professional
 - Healthcare Professional's Written Opinion

- 12. Labels and Signs
- 13. Information and Training
- 14. Recordkeeping

- Medical Records
 - Training Records
 - Availability
 - Transfer of Records

- 15. Evaluation and Review
- 16. Outside Contractors

Appendix A, Employee Letter of Declination of Hepatitis B Vaccine

Appendix B, Labeling Chart

Appendix C, Biohazard Label

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: _____

Date of Preparation _____

In accordance with the Cal/OSHA Bloodborne Pathogens Standard, the following exposure control plan has been developed:

A. Purpose[Back to Table of Contents]

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Comply with the Cal/OSHA Bloodborne Pathogens Standard, CCR - T8 5193.

B. Exposure Determination[Back to Table of Contents]

The State of California (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

(List job classifications)

In addition, Cal/OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or Other Potentially Infectious Materials (OPIM), or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows (or place in appendix):

Job Classification Task/Procedure

_____	_____
_____	_____
_____	_____

C. Implementation Methodology [Back to Table of Contents]

Cal/OSHA also requires that this plan include the methods of implementation for the various requirements of the standard. The following complies with this requirement.

1. Compliance Methods [Back to Table of Contents]

Universal precautions will be observed at this facility in order to prevent contact with blood or Other Potentially Infectious Materials (OPIM). All blood will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized too eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized: (list controls, such as sharps containers, biosafety cabinets, etc.)

The above controls will be examined and maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: (list schedule such as daily, once/week. etc. as well as list who had the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department, etc.)

The above controls will be examined and maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: (list schedule such as daily, once/week, etc., as well as list who had the responsibility to review the effectiveness of the individual controls such as the supervisor for each department, etc.)

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. Cal/OSHA requires that these facilities be readily accessible after incurring exposure. (If hand washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. These alternatives are used then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible hand washing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.

_____ insert name of position/person, e.g. supervisors) shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

_____ (insert name position/person, e.g. supervisors) shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

2. Contaminated Needles and Sharps[Back to Table of Contents]

Contaminated needles and other contaminated sharps shall not be sheared or purposely broken. Cal/OSHA allows recapping, bending or removal of contaminated needles only when the medical procedure requires it and no alternative is feasible. If such action is required then it must be done by the use of a mechanical device or a one-handed technique. At this facility bending, recapping or removal is only permitted for the following procedures: (List the procedures and also list the mechanical device to be used or alternately if one-handed technique will be used.)

3. Containers for REUSABLE Sharps [Back to Table of Contents]

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate containers. At this facility the containers for reusable sharps are puncture resistant, labeled with a biohazard label and are leak proof. (Employers should list here where reusable sharps containers are located, who has responsibility for removing sharps from containers, manner of removal and how often the containers will be checked to remove the sharps.)

4. Work Area Restrictions [Back to Table of Contents]

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

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

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other Potentially infectious materials. Methods which will be employed at this facility to accomplish this are: (List methods, such as covers on centrifuges, usage of dental dams if appropriate, etc.)

5. Specimens [Back to Table of Contents]

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

The container used for this purpose will be properly labeled or color coded and closed prior to storage transport or shipping. Employers should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. (If the employer chooses to use this exemption then it should be stated here. _____).

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container. Secondary containers shall meet all they requirements for primary containers.

6. Contaminated Equipment[Back to Table of Contents]

_____ (insert name of position/person) is responsible for ensuring that the equipment which has 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 decontamination of the equipment is not feasible.

7. Personal Protective Equipment[Back to Table of Contents]

PPE Provision[Back to Table of Contents]

_____ (insert name of position/person) responsible for ensuring that the following provisions are met.

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based of the anticipated exposure to blood or other potentially infectious materials.

The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under the normal conditions of use and for the duration of time which the protective equipment will be used. (Indicate how clothing will be provided to employees, e.g. who has responsibility for distribution. You could also list which procedures would require the protective clothing and the recommended type of protection required. This could also be listed as an appendix to this program.)

PPE Use

_____ (insert name of position/person) shall ensure that the employee uses appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE 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 healthcare or posed an increased hazard to the safety of the worker or coworker.