



# **Exposure Control Plan**

Bloodborne Pathogens Standard

29 CFR Part 1910.1030

Long Lake Central School

20 School Lane

Long Lake, NY 12847

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# INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain Bloodborne Pathogens. It is estimated that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented a regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other bloodborne diseases. The Occupational Safety and Health Administration (OSHA) estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV and HBV. Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

Public Sectors Employers, you may contact the following State Labor Department Public

Employee Safety and Health District Offices:

|               |                |
|---------------|----------------|
| Albany        | (518) 457-5508 |
| Binghamton    | (607) 773-7236 |
| Buffalo       | (716) 847-7134 |
| Hempstead     | (516) 485-4408 |
| New York City | (718) 797-7671 |
| Rochester     | (716) 258-4570 |
| Syracuse      | (315) 479-3212 |
| Utica         | (315) 793-2316 |

## **OBJECTIVE**

The Long Lake Central School is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to Bloodborne Pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

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

**I.** Employee exposure determination

**II.** The procedures for evaluating the circumstances surrounding an exposure incident, and

**III.** The schedule and method for implementing the specific sections of the standards, include:

- Methods
- Hepatitis B vaccination and post-exposure follow-up
- Training and communication of hazards to employees
- Recordkeeping

# PROGRAM ADMINISTRATION

- The Superintendent is responsible for the implementation of the ECP. The Health, Safety, and Wellness Committee will maintain and review the written ECP at least annually and revise whenever necessary to include new or modified tasks and procedures.
- Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.
- The Operations Coordinator will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.
- The School Nurse will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.
- The Superintendent will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.
- The Superintendent/Nurse will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.) and labels are required by the standard. The Superintendent/Nurse will ensure that adequate supplies of the aforementioned equipment are available.

# EMPLOYEE EXPOSURE DETERMINATION

## I. EMPLOYEE EXPOSURE DETERMINATION

As part of the exposure determination section of our ECP, all LLCS employees have occupational exposure.

All exposure determinations were made without regard to the use of Personal Protective Equipment (PPE).

"Good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e., assisting a co-worker with nosebleed, giving CPR or first aid) are not included in the Bloodborne Standard. OSHA, however, encourages employers to offer Post-Exposure Evaluation and Follow-up in such cases.

## II. EFFECTIVE DATES-CODE OF FEDERAL REGULATIONS

- Bloodborne Pathogens Standard  
(Including Universal Precautions)  
March 6, 1992
- Exposure Control Plan  
May 5, 1992
- Recordkeeping  
June 4, 1992
- Information and Training  
June 4, 1994
- Methods of Compliance (Except Universal Precautions)  
July 6, 1992
- Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up  
July 6, 1992
- Labels and Signs  
July 6, 1992
- OSHA Needle Safety
- POC Testing Nurses Office

The methods of implementation of these elements of the Code are discussed in the subsequent pages of this Exposure Control Plan.

### III. METHODS OF IMPLEMENTATION AND CONTROL

#### 1.0 Universal Precautions

**1.1** As of March 6, 1992, all employees will utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other bloodborne pathogens (see Appendix A) and must be treated accordingly.

#### 2.0 Exposure Control Plan (ECP)

##### 2.1 Personnel Manual

**2.2** The Health, Safety, and Wellness Committee/Superintendent will also be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

#### 3.0 Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls we will use and where they will be used are listed below:

##### **TRAINING**

- First aid and body fluid clean up kits
- Wearing of personal protective equipment
- Appropriate disposal methods
- Reporting of incidents
- Available vaccination - pre and /or post-exposure

##### **ENGINEERING CONTROLS**

New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts.

Examples of engineering controls include, but are not limited to:

- Self-sheathing needles
- Puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass
- Mechanical needle recapping devices
- Bio-safety cabinets
- Ventilated laboratory hoods

Examples of work practice controls include, but are not limited to:

- Providing readily accessible hand washing facilities
- Washing hands immediately or as soon as feasible after removal of gloves
- At non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities measures, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible

- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
- Prohibiting the recapping or bending of needles
- Shearing or breaking contaminated needles is prohibited
- Labeling
- Equipment decontamination
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure
- Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present
- Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances
- Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping
- Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated
- Disposal of needles and sharps:
  - Dispose at the Alice Hyde Medical Center or Adirondack Medical Center
  - Red bags cannot enter regular waste stream or can incur major fines

## **PERSONAL PROTECTIVE EQUIPMENT**

### **4.0 Personal Protective Equipment (PPE)**

**4.1** Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by a Supervisor/Nurse in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task:

- Blood/body fluids---- gloves/goggles/protective clothing First aid gloves/goggles/protective clothing
- Performance of \*ADL's ----gloves/goggles/protective clothing
- Influenza-like illness -- --N95 Respirator (Refer to Respiratory Protection Program)
- First Aid-----gloves/goggles/protective clothing

\*Activities of daily living for special needs population

PPE items include:

- Gloves
- Gowns
- Face shields
- Masks
- Eye protection (splash-proof goggles, safety glasses with side shields)
- CPR mouthpieces

These items can be obtained through the Nurse's Office.

**4.2** As a general rule, all employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
- Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse or before disposal.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible.
- Repair and/or replacement of PPE will be at no cost to employees.

Body fluid clean-up kits will be located in each room/office.

Eye wash stations will be located in the Science, Technology, and Maintenance rooms.

Sharps containers will be located in Nurse's Office.

Refer to Appendix B for additional information on PPE.

## **TRAINING**

### **5.0 Training**

**5.1** All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive annual training. Training will include the epidemiology symptoms and transmission of bloodborne pathogen diseases.

In addition, the training program will cover, at a minimum, the following elements:

- Contents of Standard
- Epidemiology, Symptoms and Transmission of Bloodborne Diseases
- Exposure Control Plan
- Job Duties with Exposure
- Types of Engineering Control
- Personal Protective Equipment
- Hepatitis B Vaccination Program
- Emergency Procedures
- Post-Exposure Procedures
- Signs/Labels/(color coding)
- Question and Answer Session

The annual refresher sign-in sheets (Appendix C-1) will be kept with the employee's records in the Main Office.

**5.2** Students in an occupational education program that have an increased risk of exposure to bloodborne pathogens, such as the health occupations, should be given information on the prevention of transmission of bloodborne pathogens, either by LLCS or the partnering outside agency, such as a hospital. This training will be documented.

## **HEPATITIS B VACCINATION**

### **6.0 Hepatitis B Vaccination**

6.1 The Main Office will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. A general overview of these considerations is given in Appendix D for review. The Hepatitis B vaccination series will be made available at no cost, and during work hours to employees who have occupational exposure to blood or other potentially infectious materials unless:

- The employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical reasons prevent taking the vaccination; or
- The employee chooses not to participate

All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination (see Appendix D) will be kept in the Main Office in the employee's personnel file.

Appendix D-2 is an optional form that may be used to record the employee vaccination series information.

## **6.2 Highlights of Hepatitis B Vaccination - Other Requirements**

- Participation in pre-screening is not a prerequisite for receiving Hepatitis B vaccination
- Hepatitis B vaccination provided even if employee declines but later accepts treatment
- Employee must sign statement when declining HB vaccination
- Vaccination administered in accordance with United States Public Health Service (USPHS) recommended protocol
- HB vaccination booster doses must be available to employees if recommended by USPHS

# POST EXPOSURE EVALUATION

## **7.0 Post Exposure Evaluation and Follow-up and Procedures for Reporting, Documenting and Evaluating the Exposure**

**7.1** Should an exposure incident occur, contact supervisor/nurse immediately. Each exposure must be documented by the employee on an "Exposure Report Form" (see Appendix E-2). The nurse will add any additional information as needed.

An immediately available confidential medical evaluation and follow-up by a physician/nurse will be encouraged and made available. Documentation of exposure and how exposure occurred will be maintained. If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.

Original copies of these appendices will be maintained with employee's personnel file.

A nurse/supervisor will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

## HOUSEKEEPING

### 9.0 Housekeeping

**9.1** The Operations Coordinator has developed and implemented a schedule for cleaning and decontaminating work surfaces as indicated by the standard.

- Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- Remove and replace protective coverings when contaminated.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have likelihood for becoming contaminated. When contamination is visible, clean and decontaminates receptacles immediately, or as soon as feasible.
- Always use mechanical means such as tongs forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
- Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
- When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
- Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonable anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
- Never manually open, empty, or clean reusable contaminated sharps disposal containers. (see Appendix H - New York State Environmental Conservation Regulations)
- Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

## **9.2 Laundry (Disposable items used with exception of:)**

- The following contaminated articles will be laundered:
  - Bibs/clothing protection
  - Sheets
  - Towels
  - Wash cloths
- Laundering will be performed by classroom personnel at classroom laundry area.
- The following requirements must be met, with respect to contaminated laundry:
  - Handle contaminated laundry as little as possible and with a minimum of agitation.
  - Use appropriate personal protective equipment when handling contaminated laundry.
  - Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
  - Bag contaminated laundry at its location of use.
  - Never sort or rinse contaminated laundry in areas of its use.
  - When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i.e., aprons, mask, eye protection) shall be worn.

## **LABELING**

### **10.0 Labeling**

**10.1** The following labeling method(s) will be used at our facility.

- Red sharps containers

## **RECORDKEEPING**

### **11.0 Recordkeeping**

#### **11.1 Medical Records**

- Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20.
- The Superintendent is responsible for maintenance of the required medical records and they are kept at the Main Office.
- In addition to the requirements of 29 CFR 1910.20, the medical record will include:
  - The name and social security number of employee;
  - A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- All employee medical records will be kept confidential and will not be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by the standard or as may be required by law.
- Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.
- Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

#### **11.2 Training Records**

- Bloodborne pathogen training records will be maintained by the Main Office (see Appendix C-1).
- The training record shall include:
  - The dates of the training sessions;
  - The names and qualifications of persons conducting the training;
  - The names and job titles of all persons attending the training sessions.
- Training records will be maintained for a minimum of three (3) years from the date on which the training occurred, as per 1910.1030(h)(2)(ii) of the OSHA Bloodborne Pathogen Standard.
- Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

#### **11.3 Transfer of Records**

- If Long Lake Central School ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

## APPENDIX A

### DEFINITIONS

Before beginning a discussion of the standard there are several definitions that should be explained which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

- A. **Blood** - human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens** - pathogenic microorganisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), and Human Immunodeficiency Virus (HIV).
- C. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. **Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- E. **Occupational Exposure** - reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties
- F. **Other Potentially Infectious Materials (OPIM)**
  - 1. The following human body fluids:
    - a. semen
    - b. vaginal secretions
    - c. cerebrospinal fluid
    - d. synovial fluid
    - e. pleural fluid
    - f. pericardial fluid
    - g. peritoneal fluid
    - h. amniotic fluid
    - i. saliva in dental procedures
    - j. any body fluid visibly contaminated with blood
    - k. all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - 2. Any unfixed tissue organ (other than intact skin) from a human (living or dead)
  - 3. HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and
  - 4. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.
- G. **Regulated Waste** -
  - 1. Liquid or semi-liquid blood or other potentially infectious materials;
  - 2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
  - 3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
  - 4. Contaminated sharps; and
  - 5. Pathological and microbiological wastes containing blood or other potentially infectious materials.

## APPENDIX A-1

### **JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications in our facility where **all** employees will have reasonably anticipated exposure to human blood and other potentially infectious materials:

- JOB TITLE
  - Staff (all)

## APPENDIX B

### **BLOODBORNE PERSONAL PROTECTIVE EQUIPMENT**

#### **FACTS:**

##### **Equipment Cuts Risk**

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

Workers who have direct exposure to blood and other potentially infectious materials on their jobs run the risk of contracting bloodborne infections from hepatitis B virus (HBV), human immunodeficiency virus (HIV) which causes AIDS, and other pathogens. About 8,700 health care workers are infected with HBV, and 200 die from the infection. Although the risk of contracting AIDS through occupational exposure is much lower, wearing proper personal protective equipment can greatly reduce potential exposure to all bloodborne infections.

#### **SELECTING PPE**

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

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

If an employee is expected to have hand contact with blood or other potentially infectious materials or contaminated surfaces, he or she must wear gloves. Single use gloves cannot be washed or decontaminated for reuse. Utility gloves may be decontaminated if they are not cracking, peeling, tearing, puncturing, or deteriorating. If employees are allergic to standard gloves, the employer must provide hypo allergic gloves or similar alternatives.

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

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

## **AVOIDING CONTAMINATION**

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

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

## **EXCEPTION**

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

## **DECONTAMINATING AND DISPOSING OF PPE**

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

## **OTHER PROTECTIVE PRACTICES**

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

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

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3101, 200 Constitution Avenue, N.W., Washington, D.C. 20210 and from OSHA regional offices.

**APPENDIX C**

**LONG LAKE CENTRAL SCHOOL  
RIGHT-TO-KNOW AND BLOOD BORNE PATHOGENS**

**SIGN IN SHEET**

**LOCATION:**

**FACILITATOR:**

**DATE:**

**PRINT NAME**

**SIGNATURE**

**POSITION**

## APPENDIX D

### **BLOODBORNE Hepatitis B Vaccination**

#### **FACTS:**

##### **PROTECTION FOR YOU**

##### **WHAT IS HBV?**

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

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

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

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

##### **WHO NEEDS VACCINATION?**

The new OSHA standard covering bloodborne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials can be "reasonably anticipated." The requirements for vaccinations of those already on the job take effect July 6, 1992.

##### **WHAT DOES THE VACCINATION INVOLVE?**

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

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

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

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

**WHAT IF I DECLINE VACCINATION?**

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

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

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

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

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3101, 200 Constitution Avenue, N.W., Washington, D.C. 20210 and from OSHA regional offices.

## APPENDIX D-1 (1)

### **Hepatitis Vaccine**

**Immune Globulins:** formerly called immune serum globulin, ISG or Gamma Globulin; contains antibodies against Hepatitis A.

**Hepatitis B Immune Globulin (HBIG)** contains antibodies against Hepatitis B. This is an effective vaccine for preventing infection and disease before or after exposure to hepatitis viruses. Hepatitis B vaccine is also indicated for immunization against infection caused by all known subtypes of Hepatitis B virus. HBIG preferably should be given within 24 hours of exposure and not more than seven (7) days after exposure for best short-term protection.

### **Hepatitis B Vaccine**

1. Recombinant (Recombivax-HB Engerix B) is a vaccine developed by biochemical engineering using common baker's yeast and inactivated particles of the HBV antigen (virus). It does not contain any blood or blood products.

2. Immunization regime:

Recommended immunization schedule consists of three doses given in the deltoid muscle of the upper arm at specified time intervals as follows:

- First Dose: at elected date (or as soon as possible after exposure, preferably within 24 hours and not more than seven days after exposure).
- Second Dose: one month later
- Third Dose: six months after the first dose

It is recommended that all three doses be given in correct time sequence to induce maximum immune response providing long-term protective effects. Duration of protective effect is not specifically known at this time. At present, research has not defined the need for booster doses. Between 30%-50% of persons who develop adequate antibody after three doses of vaccine will lose detectable antibody within seven years, however, protection from infection and disease appears to persist. Blood tests are available that detect the presence of antibodies.

3. Side effects/adverse reactions:

Hepatitis vaccine is generally well tolerated. The most commonly reported reactions have been injection site soreness, redness, swelling or warmth, usually subsiding within 48 hours. There have been occasional reports of fever, fatigue, headache, nausea, dizziness, malaise, or rash. Report any unusual reactions immediately to a physician or health office. Use the emergency room for any serious reactions.

Vaccine can be purchased at state purchase contract prices. Contact your county department of health.

## APPENDIX D-1 (2)

### HEPATITIS B VACCINE

#### What You Need to Know

##### 1. Why get vaccinated?

- Hepatitis B is a serious disease
- The Hepatitis B Virus (HBV) can cause short-term (acute) illness that leads to:
  - loss of appetite - diarrhea and vomiting
  - tiredness - jaundice (yellow skin or eyes)
  - pain in muscles, joints, and stomach
- It can also cause long-term (chronic) illness that leads to:
  - liver damage (cirrhosis)
  - liver cancer
  - death
- About 1.25 million people in the U.S. have chronic HBV infection.
- Each year it is estimated that:
  - 80,000 people, mostly young adults, get infected with HBV
  - More than 11,000 people have to stay in the hospital because of Hepatitis B
  - 4,000 to 5,000 people die from chronic Hepatitis B
- Hepatitis B vaccine can prevent Hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

##### 2. How is Hepatitis B Virus spread?

- Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:
  - by having unprotected sex with an infected person
  - by sharing needles when injecting illegal drugs
  - by being stuck with a used needle on the job
  - during birth when the virus passes from an infected mother to her baby
- About 1/3 of people who are infected with Hepatitis B in the United States don't know how they got it.

##### 3. Who should get Hepatitis B vaccine and when?

- Everyone 18 years of age and younger
- Adults over 18 who are at risk
  - Adults at risk for HBV infection include:
    - people who have more than one sex partner in six months
    - men who have sex with other men
    - sex contacts of infected people
    - people who inject illegal drugs
    - health care and public safety workers who might be exposed to infected blood or body fluids
    - household contacts of persons with chronic HBV infection
    - hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

People should get three (3) doses of Hepatitis B vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

|             | Infant whose mother is infected with HBV | Infant whose mother is not infected with HBV          | Older child, adolescent, or adult |
|-------------|--|---|-----------------------------------|
| First Dose  | Within 12 hours of birth                 | Birth-2 months of age                                 | Any time                          |
| Second Dose | 1-2 months of age                        | 1-4 months of age (at least 1 month after first dose) | 1-2 months after first dose       |
| Third Dose  | 6 months of age                          | 6-18 months of age                                    | 4-6 months after first dose       |

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should not be given to infants under 6 months of age, because this could reduce long-term protection.

Adolescents 11 to 15 years of age may need only two doses of Hepatitis B vaccine, separated by 4-6 months. Ask your health care provider for details.

Hepatitis B vaccine may be given at the same time as other vaccines.

#### 4. Some people should not get Hepatitis B vaccine or should wait

- People should not get Hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of Hepatitis B vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting Hepatitis B vaccine.
- Ask your doctor or nurse for more information.

#### 5. What are the risks from Hepatitis B vaccine?

- A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.
- The risk of Hepatitis B vaccine causing serious harm, or death, is extremely small.
- Getting Hepatitis B vaccine is much safer than getting Hepatitis B disease.
- Most people who get Hepatitis B vaccine do not have any problems with it.
- Mild problems
  - soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents. And about 1 out of 3 adults)
  - mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)
- Severe problems
  - serious allergic reaction (very rare)

## **6. What if there is a moderate or severe reaction?**

- What should I look for?
  - Any unusual condition, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs may include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat or dizziness.
- What should I do?
  - Call a doctor or get the person to a doctor right away.
  - Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
  - Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

## **7. The National Vaccine Injury Compensation Program**

- In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.
- For details about the National Vaccine Injury Compensation program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/bhpr/vicp>

## **8. How can I learn more?**

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-2522 or 1-888-443-7232 (English)
  - Call 1-800-232-0233 (Español)
  - Visit the National Immunization program's website at <http://www.cdc.gov/nlp> or
  - CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>

## APPENDIX D-1 (3)

### INFECTION CONTROL ISSUES AND INFORMATION

#### **Where are these viruses found?**

- Blood, semen, and vaginal secretions are the most important body fluids involved
- Saliva may transmit HBV but not HIV
- Tears, urine and feces are not important in the transmission of Hepatitis B or HIV

#### **How is Hepatitis B and HIV spread?**

- Blood to blood contact: needle stick, contamination of open cuts with infected blood, needle sharing among injection drug users
- Sexual contact: unprotected sexual intercourse with an infected person
- Hepatitis B carrier mother to newborn at birth
- Blood splash to mucous membranes (eyes, nose, mouth)
- Hepatitis B may be spread through saliva (example-human bite)

#### **Is Hepatitis B different than Hepatitis A?**

- Hepatitis B is more dangerous
- Hepatitis A is spread by fecal matter (i.e. food service workers who do not practice good hygiene)
- Hepatitis B is spread by blood, semen, vaginal secretions, saliva

#### **Features of Hepatitis B**

- 2- to 6-month incubation period
- Virus may be in the blood for several weeks before symptoms appear and linger for several months
- 5-10% of infected adults become long term carriers
- Higher incidence of chronic liver disease and/or cancer of the liver
- Mortality rate: 1-2%

The Infection Control Program must include:

Assessing the risks of various employees to blood and body fluid transmitted diseases

#### **1. What occupational exposures put a worker at risk for Hepatitis B or HIB?**

Contact with blood or potentially infectious body fluids through:  
needlestick, broken or non-intact skin, absorption through mucous membranes of eyes, nose, or mouth. (The last two generally require copious amounts of blood)

#### **2. How does an employer determine who is at risk?**

- High risk – tasks that involve exposure to blood, body fluids, or tissues at least twice a month
- Low risk – tasks are not a condition of employment

- 3. Providing HBV pre-exposure vaccination for high risk. Are employers required to provide Hepatitis B vaccine?**
  - Yes. Pre-exposure vaccinations must be offered to high risk employees
  - All others must be trained to report incidents of exposure, undergo evaluation, and possibly be offered post exposure vaccination
- 4. Documentation of employee's consent or refusal to be vaccinated against Hepatitis B**
- 5. Timely and appropriate medical follow-up after an incident of exposure (ex: blood or body fluid incident documentation and post-exposure of Hepatitis B vaccination)**
- 6. What is an incident of exposure?**
  - An exposure is contact with blood or fluids that have the potential to be infectious through a needle stick, through broken or non-intact skin, or through the mucous membranes of the nose, mouth, or eyes
  - Workers should wash the affected area, report the incident to their supervisor, and be examined by a health professional for assessment and counseling
- 7. Counseling and resource referral for employees concerning issues regarding HBV and HIV. (These services should be provided by a licensed health professional.)**
- 8. Regulated medical waste procedures**
  - What constitutes regulated medical waste? Items saturated or dripping with human blood (should be red bagged), sharps and sharps containers
  - Who will take the waste? Physician, local hospital, or licensed medical waste hauler
  - Labeling, packaging, and reporting requirements
- 9. Training in varying degrees for all staff which covers:**
  - An overview of potentially infectious diseases and your infection control plan
  - Methods of disease transmission, signs, symptoms, etc., of HBV, HIV, and other bloodborne diseases
  - Standard operating procedures, including Universal Precautions and specific SOPs for high risk areas
  - Hands-on explanation of protective measures and equipment
  - Information about exposure incidents, reporting procedures, and medical monitoring

**APPENDIX D-2**

**Long Lake Central School  
Hepatitis B Immunization Record**

**CONFIDENTIAL**

EMPLOYEE NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

|             | Date | Given By |
|-------------|------|----------|
| First Dose  |      |          |
| Second Dose |      |          |
| Third Dose  |      |          |

ANTI-BODY TEST RESULTS (OPTIONAL) \_\_\_\_\_

NURSE SIGNATURE \_\_\_\_\_

**APPENDIX D-3**

**Long Lake Central School**

**HEPATITIS B VACCINATION**

**CONSENT FORM**

I understand the benefits and risks of hepatitis B vaccination. I understand that I must receive at least three intramuscular doses of vaccine in the arm over a six-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I do understand that anyone with a known **allergy to yeast** should not accept this vaccine.

Hepatitis B vaccine will be made available at no charge to employees having occupational blood exposure.

I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent.

I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts. In addition, I can withdraw from the vaccination regimen at any time.

I desire that my employer provide the required three (3) doses of Hepatitis B vaccine.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Last four digits of Social Security Number

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**APPENDIX D-4**

**Long Lake Central School**

**HEPATITIS B VACCINATION DECLINATION FORM**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

I understand that my consent or refusal to vaccination does not waive any right under my employment agreement.

\_\_\_\_\_ I refuse the administration of the three dose series of Hepatitis B Vaccine

\_\_\_\_\_

Print Name

\_\_\_\_\_

Last four digits of Social Security Number

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## **APPENDIX E**

### **BLOODBORNE Reporting Exposure**

#### **FACTS Incidents**

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

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

#### **WHY REPORT**

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

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

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

#### **MEDICAL EVALUATION AND FOLLOW-UP**

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

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

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

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

#### **WRITTEN OPINION**

In addition to counseling the employee, the health care provider will provide a written report to the employer. This report simply identifies whether hepatitis B vaccination was recommended for the exposed employee and whether or not the employee received vaccination. The health care provider also must note that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure to blood which requires further evaluation or treatment. Any added findings must be kept confidential.

#### **CONFIDENTIALITY**

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

**APPENDIX E-2**

**APPENDIX F**

**REQUEST FOR SOURCE OF INDIVIDUAL EVALUATION**

Dear (Emergency Room Medical Director, Infection Control Practitioner):

During a recent transport of a patient to your facility, one of our prehospital care providers was involved in an event which may have resulted in exposure to a Bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event please determine whether our prehospital care worker is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and identification of source individual" form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider. The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

## **APPENDIX G**

### **BLOODBORNE FACTS**

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

### **DECONTAMINATION**

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

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

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

Employees also must clean (1) when surfaces become obviously contaminated; (2) after any spill of blood or other potentially infectious materials; and (3) at the end of the work shift if contamination might have occurred. Thus, employees need not decontaminate the work area after each patient care procedure, but only after those that actually result in contamination.

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

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

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

## **REGULATED WASTE**

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

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

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

## **LAUNDRY**

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

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

## **RESEARCH FACILITIES**

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

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3101, 200 Constitution Avenue, N.W., Washington DC 20210 and from OSHA regional offices.

## **BLOODBORNE FACTS**

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

## **PROMPT DISPOSAL**

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

Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending, or removal is necessary, workers must use either a mechanical device or a one-handed technique. If recapping is

essential--for example, between multiple injections for the same patient--employees must avoid using both hands to recap. Employees might recap with a one-handed "scoop" technique, using the needle itself to pick up the cap, pushing cap and sharp together against a hard surface to ensure a tight fit. Or they might hold the cap with tongs or forceps to place it on the needle.

### **SHARPS CONTAINERS**

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

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

Containers need to be located as near to as feasible the area of use. In some cases, they may be placed on carts to prevent access to mentally disturbed or pediatric patients. Containers also should be available wherever sharps may be found, such as in laundries. The containers must be replaced routinely and not be overfilled, which can increase the risk of needlesticks or cuts.

### **HANDLING CONTAINERS**

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

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

## APPENDIX H

### **RESOURCE LIST**

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

1. Department of Health and Human Services  
Public Health Service  
Centers for Disease Control  
Atlanta, Georgia 30333
  
2. U.S. Public Health Service  
Public Affairs Office  
Hubert H. Humphrey Building  
Room 725 H  
200 Independence Avenue, SW
  
3. American Red Cross  
AIDS Education Office  
1730 Eighth Street, S.E.  
Suite 200  
Washington, D.C. 20003
  
4. AIDS Action Council  
729 Eighth Street, S.E.  
Suite 200  
Washington, D.C. 20003
  
5. Service Employees International Union  
Occupational Health and Safety Department  
1313 L Street, N.W.  
Washington, D.C. 20005
  
6. American Hospital Association  
840 North Lake Shore Drive  
Chicago, Illinois 60611

## **APPENDIX I**

### **THE MISSION**

The mission of the NYS DOSH is to assist employers in meeting today's occupational safety and health concerns. To help employers with this goal, we welcome feedback on this document so we can provide effective technical assistance.

If you have any comments or suggestions, please let us know by returning this sheet to:

Bloodborne Pathogens Coordinator  
NYS DOSH  
State Office Campus  
Building #12, Room 457  
Albany, New York 12240