

CHAPTER 40 - BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM

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CHAPTER 40 BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM

A. INTRODUCTION

1. The Smithsonian Institution (SI) is committed to preventing occupational human bloodborne pathogen (BBP) exposure through a comprehensive facility-based program in accordance with the Occupational Safety and Health Administration (OSHA) [29 Code of Federal Regulations \(CFR\) Standard 1910.1030](#) and SD 221.
2. This Chapter applies to all Smithsonian personnel who may be exposed to human bloodborne pathogens through contact with blood, body fluids, and other infectious tissues or materials during their assigned tasks. Included will be:
 - OPS first aid responders
 - Health care professionals
 - NMNH personnel who participate in human autopsies

B. CHAPTER-SPECIFIC ROLES AND RESPONSIBILITIES

1. **Safety Coordinator** shall:
 - a. Draft a comprehensive exposure control plan for their unique facility with parameters assuring compliance with 29 CFR 1910.1030 and SD 221, with technical assistance from the Office of Safety, Health, and Environmental Management (OSHEM) as needed.
 - b. Coordinate initial and annual BBP training for affected employees.
 - c. Assist supervisors with employee initial emergency room (ER) treatment per 29 CFR 1910.1030.
 - d. Serving as the designated exposure control coordinator and in conjunction with OSHEM, lead the investigation of an exposure incident and monitor the facility's unhealthy conditions.
 - e. Ensure investigation findings are addressed and corrected in a timely manner to prevent reoccurrence.
 - f. Secure and function as Coordinating Officer Technical Review (COTR) for medical waste vendor for facility.
2. **Supervisors** shall:
 - a. Enroll all employees whose job descriptions may involve a potential exposure to blood and body fluids (High Risk) in the BBP training program through the facility safety coordinator to OSHEM.

- b. Ensure that enrolled employees receive initial training within 10 days of hire and subsequent training annually.
 - c. Provide appropriate personal protective equipment (PPE) for routine and clean-up tasks, train employees in its proper use, and ensure that PPE is worn correctly and that sufficient quantities of replacement protective devices are available.
 - d. Ensure that PPE supply cabinet is adequately identified and accessible.
 - e. Report names of new or transferred personnel to the facility safety coordinator via e-mail with a copy to OSHEM within 5 days.
 - f. Report exposure to safety coordinator and immediately initiate the exposure control plan including Office of Workmen's Compensation Program paperwork.
 - g. For a definite, known exposure, see [Attachment #1](#): Exposure Incident Employee Instructions for immediate first aid followed by immediate transport to the nearest ER with a CA 16: Authorization for Examination and/or Treatment. **TREATMENT FOR EXPOSURE IS BEST IF STARTED WITHIN 2 HOURS AFTER EXPOSURE.** Initiate notification of the facility safety coordinator after the employee is on route to the ER. Start reporting in the Automated Incident Reporting System (AIRS).
3. **Employees** shall:
- a. Have their PPE in proper size and working order, readily accessible at all times.
 - b. Use PPE barrier devices when performing all duties with a potential for exposure to blood and body fluids including arrest and search procedures as well as Cardio-pulmonary resuscitation (CPR), first aid administration and blood spill clean-up.
 - c. Inspect and maintain PPE barrier devices. When damaged, notify supervisor for replacement.
 - d. If you have a suspected exposure to blood or other potentially infectious materials, immediately wash the area with soap and water, flush splashes to the nose, mouth or skin thoroughly with water and/or irrigate eyes with clean water, saline or sterile irrigant. Report the incident to your supervisor right away. Immediately notify supervisor of a potential exposure during a bloodborne pathogen incident. Report for follow up as instructed by supervisor and facility safety coordinator.
 - e. Participate in initial and annual bloodborne pathogen training.
 - f. Be offered the Hepatitis B Series and adhere to injection scheduled when initiated. When previously administered, provide

documentation of past Hepatitis B injections and/or last adequate titer.

4. **Office of Safety, Health, and Environmental Management (OSHEM)** shall:

- a. Provide a BBP Plan template and review facility exposure control plans for comprehensive completion.
- b. When conducting surveys, assess and recommend those engineering and administrative controls that could be used to prevent accidents and injuries resulting in exposure to blood and body fluids.
- c. Monitor for program compliance when conducting METRs. (refer to [Chapter 5, "Safety Assessments, Log of Deficiencies and Corrective Action Plans"](#), of this Manual.)
- d. Offer initial training for employees in the program within 10 days of hire and provide annual training.
- e. Conduct general awareness training for employees on universal precautions.
- f. Maintain Hepatitis B vaccination, accidental exposure, and training records in a confidential electronic medical record.

C. HAZARD IDENTIFICATION. All Smithsonian personnel who may be exposed to blood and other potentially infectious materials during their assigned tasks must be included in the facility's exposure control plan. Because of the nature of their job descriptions, some personnel are at increased risk of exposure to bloodborne pathogens.

1. Employee Identification

- a. **High Risk** personnel are at risk for potential to Bloodborne Pathogens (blood, body fluids, or tissues). Their job descriptions routinely include activities with inherent potential exposure to mucous membranes or skin contact with blood, body fluids, or tissues, or to spills/splashes from them.
- b. These personnel are required to have initial training within 10 days of hire and annual training. OSHEM will offer the training and subsequently offer the Hepatitis B vaccine. These persons are identified as:
 - (1) Health Care Professionals
 - (2) OPS staff rendering first aid and police officers.
 - (3) Lab staff handling BBP contaminated specimens

- (4) Personnel who participate in human autopsies and forensics
- (5) Personnel who handle known BBP infectious tissue.

2. Hepatitis B Vaccination Request and Declination.

At the conclusion of the initial BBP training, OSHEM will offer Hepatitis B vaccinations to all High Risk SI personnel. These personnel will be required to sign a consent form for administration of the vaccine or a declination form if they have had the series completed before, or decline to get the vaccine. Those who have had the vaccine at a previous job will be required to provide documentation of the series completion and/or an adequate titer. After a series is initiated, OSHEM will give the employee a listing of subsequent dates to schedule their last two appointments.

3. Exposure Assessment Table.

Source of Exposure	Source Status	Recipient Status	Exposure Status
Blood, body fluids or tissues	Non Pathogenic	Uncompromised	No exposure
Blood, body fluids or tissues	Pathogenic	No penetration through clothing	No exposure
Blood, body fluids or tissues	Pathogenic	Intact Skin	No exposure
Blood, body fluids or tissues	Pathogenic	Needlestick	Exposure
Blood, body fluids or tissues	Pathogenic	Contact with eyes	Exposure
Blood, body fluids or tissues	Pathogenic	Contact with open wounds	Exposure
Blood, body fluids or tissues	Pathogenic	Ingestion	Exposure
Blood, body fluids or tissues	Pathogenic	Inhalation	Exposure

- a. When an exposure has occurred, immediate referral of the individual to the nearest ER is mandated.
- b. Download Attachments # 1 – 5. Have employee and supervisor complete their components and send with patient to hospital. Keep copies to submit to OHSD. Provide immediate transport to the ER for evaluation and treatment.

- c. Notify OSHEM's Occupational Health Services Center of the referral to the ER. Provide immediate transport to the ER for employee evaluation and treatment.

D. HAZARD CONTROL

1. **Engineering and/or administrative controls** must be implemented to eliminate the chance for contamination from blood or body fluid spills or other possible contaminants. Spill equipment cabinets must be clearly marked and readily accessible.
2. **Personal protective equipment**, such as gloves, must be used during hazardous duties. Goggles, NIOSH N95 masks, aprons, and shoe covers must be available and utilized according to the degree of contamination. For large spills, additional equipment, including tyvek suits, can be retrieved from the supplemental spill lockers. Refer to Chapter 17, "Personal Protective Equipment" of this manual, for further guidance.
3. **Caution signs or tape** will be used to rope off any spill to prevent accidental exposure to employees and visitors.

E. EXPOSURE CONTROL PLAN. Each facility is responsible for developing their own BBP Exposure Control Plan to eliminate or minimize employee exposure. (See BBP Plan Template, [Attachment # 6.](#)) The plan must cover at least the following elements: The above elements are referenced in more detail in the OSHA Bloodborne Standard, CFR 29 1910.1030 as follows:

1. Definition of terms, 1910.1030 (b)
2. Determination of exposures inherent to that facility made without regard to the use of PPE, 1910.1030 (c) (2).
 - a. develop a list of High Risk employees from current job descriptions
 - b. develop a list of tasks and procedures in which occupational exposure occurs.
3. Determine schedule and methods of implementation for facility compliance such as requiring universal precautions for contact with all blood and body fluids, 1910.10.30 (d) and adherence to proper handwashing technique and facilities, 1910.1030 (d) (2)(iii). Use of proper sharps containers and disposal techniques, 1910.1030(d)(2)(vii) and (d) (4) (iii) (A).
4. Utilization of certified laboratories for HIV and HBV testing, 1910.1030(e). (Referral to ER or OSHEM satisfies this requirement.)

5. Hepatitis B Vaccination, post-exposure vaccination and follow-up, 1910.1030 (f). (Administration by OSHEM satisfies this).
6. Communication of hazards to employees
7. Recordkeeping
8. Procedure for evaluation of exposure incidents
9. Document adherence to Engineering and Work Practice Controls to eliminate or minimize exposure followed by PPE for remaining occupational exposures, 1910.1030 (d) (2). Utilize those performing the task to identify, evaluate and select PPE, (1910.1030 (d) (2) (i)
10. Document commitment to good housekeeping practices, 1910.1030(d) (4).
11. Procedure for Plan review or update to include:
 - a. annually or upon establishment of new or modified tasks or procedures
 - b. incorporate change in technology or equipment to eliminate or reduce exposure
12. The Safety Coordinator should forward a copy of his facility's plan to OSHEM OHS Bloodborne Pathogen Compliance Team for review and recommendations. A copy should also be readily accessible to all facility program participants.

F. TRAINING

1. Supervisors shall ensure each employee enrolled in the BBP Program receives training in accordance with the OSHA Bloodborne Pathogen Standard, including the following topics:
 - a. What are bloodborne pathogens?
 - b. How are they transmitted?
 - c. How can you protect yourself against them, universal precautions/PPE to use?
 - d. Required training?
 - e. What to do if you think you were exposed: follow up lab work, counseling, and abstinence?
 - f. Employee responsibilities concerning BBP at work?
2. Supervisors shall periodically reinforce the training provided to ensure that employees are wearing, storing and cleaning the assigned PPE properly, abiding by all caution signs and utilizing established controls and work practices.

G. RECORDS AND REPORTS

1. A written training certification record for all staff enrolled in the BBP Program shall be documented in the OSHEM Employee's Electronic Medical Record.
2. The supervisor shall maintain an accurate record of all employees initial and annual BBP Training.
3. Safety Coordinators will maintain a copy of the training roster.

H. REFERENCES

1. OSHA 29 CFR 1910.1030.
2. Smithsonian Directive 221 revised effective January 25, 2007.

Exposure Incident Employee Instructions

Medical evaluation of a suspected exposure to blood or other potentially infectious materials should be made within one or two hours of the exposure. The effectiveness of treatment for prevention of illness is greatest if administered shortly after the exposure.

Please complete the exposure packet paperwork, leave a copy with your supervisor and take the forms with you to your medical evaluation.

- Employee Statement – You are to complete this form because you have experienced an actual or potential exposure to blood or other potentially infectious material. An evaluation of this exposure is required by the Bloodborne Pathogen Standard of OSHA. Complete all the information requested. Take this form with you when you go to your medical evaluation. Leave a completed copy with your supervisor and send a copy to Occupational Health Services.
- CA 1 – initiate AIRS.
- CA 16 – have your supervisor fill out and sign; take this form with you to your medical evaluation.
- Please take the health care provider instructions and report form to your medical evaluation for the healthcare provider to complete.

Go to an Emergency Room. The treatments for exposure work best if started within 2 hours of an exposure. Take the paperwork with you.

If you did not contact Occupational Health Services prior to your initial medical evaluation, please notify Occupational Health Services at (202) 633-7990 at your earliest convenience. Upon return to work, follow up with Occupational Health Service and bring any paperwork received from the Emergency Room or Physician.

Exposure Incident Information Management Checklist

Documents and forms to be provided to health care professionals:

- Copy of OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030).
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051
- Copy of employee statement (Attachment #3)
- Attachment #4 Exposure Incident Health Care Provider Instructions
- Attachment #5 Health Care Provider Report of BBP Incident Evaluation
- Completed Department of Labor form CA-16, Authorization for Evaluation and Testing*

Employee Statement

Today's Date: _____

Name: _____

Job Title: _____ Work Location: _____

Work Phone: _____ Supervisor: _____

Hepatitis B Vaccine Status: _____

Date of Last Tetanus Booster: _____

Date of Exposure: _____ Time: _____ am/pm (circle one)

OHS Notification Date: _____ Time: _____ am/pm (circle one)

Route of exposure (e.g. needlestick, knife cut, splash): _____

Source of exposure, if known:

Name: _____ Phone: _____

Location where exposure occurred: _____

Description of incident, including type of infectious material(s) to which you were exposed and the circumstances of the exposure:

(Please continue on reverse side and add additional pages, if necessary)

Exposure Incident Health Care Provider Instructions

This employee is referred for your evaluation of an exposure incident to blood or other potentially infectious materials. This evaluation must be performed in a manner consistent with the provisions of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030), a copy of which is attached. It is also available at <http://www.gpoaccess.gov/cfr/index.html>.

The following points in the OSHA standard deserve close attention:

- Blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (in dental procedures), and any body fluid visibly contaminated with blood are considered infectious
- Blood should be collected from the employee as soon as feasible after consent is obtained and must be tested for Hepatitis B, Hepatitis C and HIV status
- If the employee gives consent for baseline blood collections, but not for HIV serological testing at the time of collection, the blood sample must be stored for 90 days. If the employee elects to have the baseline sample tested within 90 days of the exposure incident, such testing should be performed
- Post exposure prophylaxis should be administered according to U.S. Public Health Service Guidelines (available through <http://www.cdc.gov>). Optimal use of these guidelines requires knowledge of HIV, Hepatitis B, and Hepatitis C status of the source person and of the exposed individual.
- **OSHA requires that you submit a report of the post exposure evaluation. A form is attached for this purpose.**

Please return completed forms with documentation of any lab results, treatments or vaccines to Occupational Health Services (OHS). OHS will conduct follow up care and testing. Please call (202) 633-7990 with any questions.

Occupational Health Services
Smithsonian Institution
750 9th St. NW, Suite C100
MRC 985, PO Box 37012
Washington, DC 20013-7012
Attn: Bloodborne Pathogen Compliance Team

**Health Care Provider Report Bloodborne Pathogen
Incident Post Exposure Evaluation**

Employee Name: _____

Date of Incident: _____

Date of Health Care Facility Visit: _____

Health Care Facility Address: _____

Health Care Facility Telephone: _____

As required by the OSHA Bloodborne Pathogen Standard:

_____ The employee named above has been informed of the results of the post exposure medical evaluation.

_____ The employee named above has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

_____ Hepatitis B vaccination is _____ / is not _____ indicated.
Date first dose given: _____

(Printed or Typed Name of Health Care Provider)

(Signature of Health Care Provider) (Date)

Please forward a copy of this completed form in an envelope marked *Confidential* within 15 days of the evaluation to:

Occupational Health Services
Smithsonian Institution
750 9th St. NW, Suite C100
MRC 985, PO Box 37012
Washington, DC 20013-7012
Attn: Bloodborne Pathogen Compliance Team

For copies of forms and further information, please call Occupational Health Services at (202) 633-7990.

Use this to develop a step-by –step response plan for your specific custodial staff, lab, fieldwork team, shop, or security office.

Fill in the [] with appropriate notations for your situation; edit the tables and work practice recommendations to fit specific directions to your staff.

**[FACILITY NAME / OFFICE]
CONTROL PLAN FOR EXPOSURES TO BLOOD-BORNE
PATHOGENS**

Reviewed annually by: _____ Date _____

Plan kept in _____

[ex: Building Manager’s Office, Departmental/Lab Office, Security Office]

In order to protect staff against health hazards caused by exposure to blood and body fluids containing blood-borne pathogens (BBP), the (Facility / Office) has established the following guidelines. These guidelines are an update of SD221, “Exposure Control Plan for Bloodborne Pathogens”, as administered through the Office of Safety, Health and Environmental Management (OSHEM), Occupational Health Services Division.

Definition of Terms – see 29 CFR 1910.1030(b).

Who Is Covered By the BBP Program?

The Bloodborne Pathogen Program (BBP) will no longer refer to categories of employees for the program. The High Risk employee is the only designation that we will refer to. There will no longer be categories 1, 2, and 3.

- a. Personnel at **High Risk** for potential to Bloodborne Pathogens exposures (Blood, body fluids, or tissues) are covered by the Bloodborne Pathogen Exposure Control Program. Their job descriptions routinely include activities with inherent potential blood exposure to mucous membranes or skin contact with blood, tissues, or to spills/splashes from them. Staff assigned specific duties written in their job descriptions which correlate with these potential exposures are to receive training in Bloodborne Pathogens and Universal Precautions, and are to be offered the complete series of Hepatitis B Vaccinations. (Consult your Facility Safety Coordinator for scheduling).
- b. Personnel at **High Risk** are required to have initial training within 10 days of hire and annual BBP refresher training. OSHEM/Occupational Health Services Division will offer the training and subsequently offer the Hepatitis B Vaccination (HBV) series. The employee must sign either the consent form

prior to the administration of the HBV and/or the declination form if they do not agree to have the vaccine. See the chart below for employees currently identified as **High Risk** personnel.

[Supervisor: Cut & Paste the appropriate job descriptions that pertain to your work site, based on determinations made by you, your Safety Coordinator, and the OHS BBP Program Manager (s)]

Based on extensive research, and review of federal guidelines, OSHEM's /OSHD BBP committee has determined that the SI Blood borne Pathogen Program should reflect OSHA requirements that place employees in the legally required Blood Borne Pathogens (BBP) program which consists of annual training and immunization against Hepatitis B.

The list of employees to be in BBP has been reduced based on the criteria listed below. The Safety Coordinator will still have the freedom to send other employees he/she feels would benefit from the BBP training to training sessions. These employees will not be tracked and recorded, nor will they be offered Hepatitis – B immunizations. **The BBP team in Occupational Health Services is always available to consult with the Safety Coordinator about which job categories might benefit from the information given in BBP training sessions.**

This stricter compliance to the legal requirements of BBP is based on OSHA's on line Q&A clarifications that state:


- Contact with raw human sewerage does **not** per se put an employee in BBP
- Giving mouth to mouth resuscitation (CPR) with or without PPE does **not** put one in BBP (OPS)

NOT INCLUDED for required participation in BBP are:

- Housekeeping
- Plumbers
- Shops
- Horticulture

Included will be:

- OPS first aid responders
- NMNH personnel who participate in human autopsies
- Being a first aid responder as part of one's job description **does** put one in BBP (OPS)
- Healthcare Professionals

 The Smithsonian Institution provides post exposure follow –up to any worker who experiences a documented exposure incident, at no cost

to the worker. This includes conducting laboratory tests, providing confidential medical evaluation, identifying, and testing the source individual, if feasible; testing the exposed employee's blood, performing post exposure prophylaxis, offering counseling, and evaluating reported illnesses.

Employees Designated as High Risk	TRAINING FREQUENCY	HEPATITIS B VACCINE ?
<p><u>High Risk</u> [most common examples: Health Care Professionals, OPS first aid responders and police officers, lab staff handling BBP contaminated specimens, NMNH personnel who participate in human autopsies]</p>	<p>Within 10 working days of assignment and annually thereafter.</p>	<p>To be offered to all High Risk Workers after initial training. For staff who have had an exposure incident.</p>

Where Are Personal Protective Equipment (PPE) and Basic Supplies Stored ?

- The following personal protective supplies, disposal bags, and cleaning materials are stored in : []
- Biological waste disposal bags are to be tightly sealed (goose-necked closures), labeled with [] and stored in [] for proper disposal.
- [name] is to be immediately notified to arrange for proper disposal.
- The closest safety shower or eye wash to the work site is/are: []

Who Should You Notify If You Have Been Exposed and What is the Procedure?

- ✚ When an exposure has occurred, **immediate** referral of the individual to the nearest Emergency Room is mandated. Medical evaluation of a suspected exposure to blood or other potentially infectious materials should optimally be made within one or two hours of the exposure. Make certain that your supervisor is notified and if assistance is needed regarding immediate assessments, contact Occupational Health services during normal duty hours at (202) 633-7990.
- ✚ Download several sets of Attachments #1 through 5 **before** there is an exposure incident to be kept on hand. When possible have **employee**

and **supervisor** complete their components and **send with patient to hospital**. Keep copies to submit to OHSD for follow up as needed.

- ✚ **Complete the exposure packet paperwork (Attachment 1-5)**, leave a copy with your supervisor and take the forms with you to your medical evaluation.
 - **Employee statement** - An evaluation of this exposure is required by OSHA. Complete all the information requested. Leave a copy with your supervisor and a copy to be sent to OHSD.
 - **CA 1** – initiate in AIRS.
 - **CA 16** - have your supervisor fill out and sign; take this form with you to your medical evaluation.
 - Please take the health care provider instructions and report form to your medical evaluation for the healthcare provider to complete.

- ✚ **Go to an emergency room or physician of your choice. The treatments for exposure work best if started within hours of an exposure. Take the paperwork with you. If you did not contact Occupational Health Services Division (OHSD) prior to your initial medical evaluation, please notify them at (202) 633-7990 at your earliest convenience.**

- ✚ **Upon return to work follow up with Occupational Health Services and bring any paperwork received from the Emergency Room or Physician.**

Personal Protective Equipment Checklist

[Cut & Paste sections that apply to your department and/or job duties; this chart is from App. B, SD221]

To reduce the risk of exposure, personnel are required to use personal protective equipment that is provided in appropriate sizes at no cost to them. Safe practices are to be followed:

- Regularly inspect, repair, or replace protective equipment as necessary
- Remove garments penetrated by blood or potentially infectious materials as soon as feasible and always before leaving the work area; discard in biohazard waste disposal bag.
- Discard single-use gloves, masks, disposable coverings after use.
- Discard utility gloves when they show signs of deterioration.
- Decontaminate re-usable equipment after use.

Facilities Maintenance Workers/Waste Handlers

Use "Universal Precautions" at all times. See the following guidelines.

TASK	Gloves	Coat/ Apron	Mask	Eye Protect- ion	Cap/ Hood	Utility Glove s	Mechanical Devices
Cleaning spills		X	X	X	X	X	Shoe covers
Decontaminating work areas	X*					X	
Cleaning bins, pails, cans						X	
Broken glass						X	Dust pan, tongs, or broom
Handling contaminated uniforms or clothes	X*					X	
Waste disposal				X		X	
Lost/found items	X*					X	

* can use disposable or utility gloves

Laboratory Personnel (who may handle human specimens or BBP contaminated specimens)

Always use "Universal Precautions."

TASK	Gloves	Coat/ Apron	Mask	Eye Protect- ion	Cap/ Hood	Utility Gloves	Mechanical Devices
Handling evidence	X	X					
Handling tissue/bones	X	X					
Handling blood/body fluids	X	X	X	X			
Decontaminating work areas	X	X				X	
Cleaning bins, pails, cans	X	X				X	
Waste disposal	X	X					

Law Enforcement/ Public Safety Officers

Designated "High Risk"

TASK	Gloves	Coat/ Apron	Mask	Eye Protect- ion	Cap/ Hood	Utility Gloves	Mechanical Devices
First Aid	X						
CPR	X		X				
Searching suspects	X						
Handling evidence	X						
Fights and assaults	X						
Lost/found items	X						

Pipefitters / Maintenance Mechanics (who may be assigned tasks below)

TASK	Gloves	Coat/ Apron	Mask	Eye Protect- ion	Cap/ Hood	Utility Gloves	Mechanical Devices
Sewage ejector pit: 1. daily maint.	X	X	X	X		X	Shoe covers or rubber boots
2. emergency maint.	X	X	X	X		X	Shoe covers or rubber boots
Decontamination of equip.	X	X					
Overflow cleanup	X	X				X	Shoe covers or rubber boots
Toilet install/removal						X	
Clear blocked drains	X	X		X		X	
Handling contaminated uniforms or clothes	X						

Voluntary First Aid Providers

Designated "High Risk"

TASK	Gloves	Coat / Apron	Mask	Eye Protect- ion	Cap / Hood	Utility Gloves	Mechanical Devices
First Aid	X						
CPR	X		X				

Laundry/Lost and Found Personnel

Category II

TASK	Gloves	Coat/ Apron	Mask	Eye Protect- ion	Cap/ Hood	Utility Gloves	Mechanical Devices
Handling laundry						X	
Lost and found						X	

WORK PRACTICES CONTROLS - detailed description

[Cut & Paste, or reword, sections that apply to your department and/or job duties; these section are directly from SD221]

Inspections:

- safety officers will inspect biological safety cabinets annually and document
- supervisors will inspect sharps containers daily
- supervisors will check supplies of antimicrobial soap daily and ensure the availability of sinks with non-abrasive soap for hand washing

Staff will:

- not eat, drink, smoke, apply cosmetics, store food or drink, or handle contact lenses in areas where potentially infectious materials are present
not use mouth pipetting techniques
- properly label containers used for storage, transport, or shipping of regulated waste

- perform procedures involving blood or other potentially infectious materials in a manner that minimizes spraying, splashing, and splattering

Hand & Skin Washing. Supervisors must ensure that hand-washing facilities are accessible. If they are not, a non-abrasive, antiseptic hand cleaner and paper towels must be provided.

As soon as feasible after exposure or after removing protective equipment, staff must:

- wash hands and skin in running water after using non-abrasive, antiseptic cleaner
- flush eyes and face using clear running water for at least 15 minutes after contact with blood or other potentially infectious materials

Disposable Sharps. In handling sharps, staff shall not bend, recap, or break contaminated needles by hand. Sharps containers should not be reusable.

Used sharps should be placed as soon as feasible in containers that are

- puncture resistant with leak-proof sides and bottoms
- labeled or color-coded to indicate a biohazard
- kept upright throughout their use, replaced as needed, and not allowed to overfill
- closed prior to moving to avoid spilling contents
- located as close as feasible to places where sharps are used or likely to be encountered. All health units and offices of OPS and building managers have containers for contaminated sharps

Housekeeping.

Surfaces/Locations to be Cleaned	How to Clean & Disinfect	What Chemicals to Use

- use cleaning products that are EPA-approved antimicrobials effective against HIV/HBV and tuberculosis bacteria
- clean and decontaminate equipment, surfaces, and protective coverings after contact with blood or other potentially infectious materials

Refuse Handling.

- Inspect and decontaminate [using] on a regular basis, or as soon as visibly contaminated, those refuse receptacles that are reasonably likely to be contaminated with blood or other potentially infectious materials
- use mechanical means, such as tongs or a dustpan and brush, rather than hands, to clean up contaminated and broken glassware

Labels/Signs. The Institution uses biohazard labels to warn personnel of the possibility of exposure to bloodborne pathogens. The following items are labeled:

- portions of equipment that are contaminated
- containers of regulated waste
- refrigerator/freezers containing blood or other potentially infectious materials
- sharps disposal containers and contaminated evidence containers
- other containers used to store, transport, or ship blood and other infectious materials
- laundry bags and containers used for contaminated items

Contaminated Clothing & Uniforms.

- bag or containerize contaminated laundry at site it was used, in leak-resistant containers with the biohazard label.
- NEVER wear contaminated uniforms or clothing home!
- handle contaminated laundry with as little agitation as possible; do not sort or rinse contaminated laundry where it was used; wear gloves
- put biohazard label on containers with contaminated laundry that is shipped offsite

Equipment Decontamination. Equipment contaminated with blood or other potentially infectious materials must be decontaminated with [] prior to shipping or servicing.

Regulated Waste. The Institution discards regulated waste according to federal, state, and local requirements.

- place regulated waste in closable containers that prevent spillage during transport and handling; label "Biohazard". If exterior of bag is contaminated, place in double-bag, again with Biohazard label.
- [Call _____ to arrange for pick up of waste] or [Place waste bags in Biohazard Waste Storage Area _____ for disposal].