



CHAFFEY COMMUNITY COLLEGE DISTRICT

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS PLAN

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Section I – EXPOSURE DETERMINATION

Chaffey Community College Occupational Exposure to Bloodborne Pathogens Program applies to all individuals with occupational exposure and/or those job classifications in which some employees have occupational exposure to blood (“human blood components, and products made from human blood”) or other potentially infectious materials {semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood, such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, such as emergency response; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV containing cell or tissue cultures, organ cultures, and HBV, HCV or HIV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HBV, HCV, or HIV}.

“Occupational exposure” is one of the key terms upon which the standard rests. It contains the criteria which trigger application of the hepatitis B vaccination requirement. It is defined as,

“Reasonably anticipated skin, eye, mucous membrane, or parenteral (e.g., puncturing or piercing) contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

Designated first aid providers who have occupational exposure must be offered the hepatitis B vaccine before they are exposed unless the following conditions are in place:

- a. The primary job assignment of such a designated first aid provider is not the rendering of first aid or other medical assistance, and
- b. Any first aid rendered by such person is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

The control plan will make provision of the hepatitis B vaccine to all unvaccinated first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials (regardless of whether an actual “exposure incident” as defined by the standard occurred) as well as the provision of appropriate post-exposure evaluation, prophylaxis, and follow-up for those employees who experience an “exposure incident.”

Employees who do not fall within the scope for this standard may experience a specific exposure incident at work that is unrelated to the performance of their job duties, i.e., “Good Samaritan” who voluntarily gives assistance to an injured co-worker or a member of the public. In such a case, Chaffey College will offer these individuals the same follow-up care.

Category I

CCR, Title 8, Section 5193 requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of operational protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. Please see Appendix A for a current listing of job classifications.

Category II

In addition, CCR, Title 8, Section 5193 requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure (see Appendix B).

The Director of Risk Management or his/her designee shall be responsible to ensure that the Chaffey College occupational exposure to blood or other potentially infectious materials control plan shall be reviewed and updated at least annually (every 12 months) and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, new or revised employee positions with occupational exposure, and to review the exposure incidents which occurred since the previous update. The review and update must reflect innovations in procedure and technological developments that eliminate or reduce exposure to bloodborne pathogens including but not limited to newly available medical devices, a periodic review that ensures that the exposure control plan remains current with the latest information and scientific knowledge, a review of the sharps log and evaluation of circumstances surrounding exposure incidents.

Section II – METHODOLOGY

A. Compliance Methods

Universal precautions shall be observed at Chaffey College in order to prevent contact with blood or other potentially infectious materials. According to this concept, all human blood and certain human body fluids are treated as if known to be infectious for HBV, HCV, HIV, and other bloodborne pathogens. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering & Work Practice Controls

Engineering controls (controls that isolate or remove the bloodborne pathogens hazard from the workplace) and work practice controls (controls that remove the likelihood of exposure by altering the manner in which a task is performed) will be utilized to eliminate or minimize exposure to employees at Chaffey College (refer to Appendix E). Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized (Appendix E).

Where engineering controls will reduce employee exposure either by removing, eliminating or isolating the hazard, they **MUST** be used. Significant improvements in technology are most evident in the growing market of safer medical devices that minimize, control or prevent exposure incidents. Ideally, the most effective way of removing the hazard of a contaminated needle is to eliminate the needle completely by converting to needleless systems. When this is not possible, removal of the hazard as soon as possible after contamination is required. This is best accomplished by using a sharp with engineered sharps injury protection, which shields the sharp from exposure as soon as it is withdrawn from the patient. Design features of sharps have the following characteristics:

- A fixed safety feature which provides a barrier between the hands and the needle after use; the safety feature should allow or require the worker's hands to remain behind the needle at all times.
- The safety feature is an integral part of the device and not an accessory.
- The safety feature is in effect before disassembly and remains in effect after disposal to protect users and trash handlers, and for environmental safety.
- The safety feature is as simple as possible and requiring little or no training to use effectively.

The controls will be examined and maintained or replaced annually by the supervisor or his/her designee of each department to ensure their effectiveness.

1. Hand washing

Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. CAL-OSHA requires that these facilities be readily accessible after incurring exposure. Hand washing facilities are located throughout each campus.

The supervisor or his/her designee shall ensure that after removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. The supervisor or his/her designee shall ensure that employees wash their hands and other skin with soap and water, or flush mucous membranes with water immediately, or as soon as feasible,

following contact of such body areas with blood or other potentially infectious materials.

2. Contaminated Equipment

The supervisor or his/her designee shall ensure that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. If contaminated, notification will be in accordance with the law (refer to Appendix C).

Shearing or breaking of contaminated sharps is completely prohibited by this paragraph. Bending, recapping, or removing contaminated needles is prohibited as a general practice. The practice of removing the needle from a used blood-drawing/phlebotomy device is rarely, if ever, required by a medical procedure. Because such devices involve the use of a double-ended needle, such removal clearly exposes employees to additional risk. Devices with needles must be used and immediately discarded after use, un-recapped, into accessible sharps containers.

Exceptions to this rule, applicable only if it can be demonstrated that there is no alternative for a specific medical or dental procedure include: Recapping must be performed using a mechanical device or forceps; or, properly performed one-hand-only scoop method (in which the hand holding the sharp is used to scoop up the cap from a flat surface) for recapping.

C. Personal Protective Equipment

Where there is occupational exposure, each department at Chaffey College shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE will be in appropriate sizes and accessible locations. In addition, hypoallergenic gloves, glove liner, powderless gloves, or other similar alternatives will be made available by department for those employees who are allergic to the gloves normally provided. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing shall be provided to employees in accordance with the procedures outlined in Appendix E. These procedures will identify the appropriate protective type of equipment required when performing tasks that involve blood or other potentially infectious materials (e.g., gloves, clinic jacket).

The supervisor or his/her designee shall ensure that the employee uses appropriate personal protective equipment, unless the supervisor shows that the employee temporarily and briefly declined to use personal protective equipment when under rare and extraordinary circumstances, and it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or posed an increased hazard to the safety of the worker or co-worker. When the employee or supervisor makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. Each department shall be responsible to ensure that masks in combination with eye protection devices are worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Chaffey College will be responsible also for cleaning, maintaining, and/or disposal of PPE. Home laundering will not be permitted. Employees wishing to wear, and maintain his/her own uniform, lab coat, etc., will don additional employer-handled and employer-controlled PPE when performing tasks where it is reasonable to anticipate exposure to blood or other potentially infectious materials.

D. Housekeeping

The work areas shall be maintained in a clean and sanitary condition. Each department is responsible for development, posting, and implementation of methods of decontamination based upon location, type of surface to be cleaned, type of soil present and appropriate disinfectant(s) to be used (refer to last paragraph), in accordance with this plan.

All contaminated equipment and environmental work surfaces shall be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

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

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

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

Appropriate disinfectants for Chaffey College include a diluted (10%) bleach solution or other CAL-OSHA-approved cleaner. Fresh solutions of diluted household bleach made up daily (every 24 hours) are considered appropriate for disinfection of environmental surfaces and for decontamination of sites following initial cleanup (i.e., wiping up) of spills of blood or other potentially infectious materials. Contact time for bleach is generally considered to be the time it takes the product to air dry.

E. Regulated Waste Disposal

All biohazardous material and sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and appropriately labeled as required by the Medical Waste Management Plan (Appendix H). The needle sheath on a self-sheathing needle is NOT to be considered a “waste container.” Self-sheathing needle products, even after activation, must be disposed of in a sharps container which conforms to the current safety requirements.

Any sharps which could puncture a primary container will be placed within a secondary container which is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. Duct tape may be used to secure a sharps container lid, but shall not be used in any circumstance as the lid. The sharps container will be located as close as feasible to where sharps are used or can be reasonably anticipated to be found.

Expired medication must be incinerated by licensed hazardous waste removal personnel, as required by the Medical Waste Management Plan, and must never be flushed or disposed of in the sewer system.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. When contaminated laundry is transported off-site to a second facility which does not utilize Standard Precautions in the handling of all laundry, the department generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded. The supervisor or his/her designee shall notify the off-site facility that the bags or containers which are labeled or color-coded contain contaminated laundry.

Section III – OCCUPATIONAL EXPOSURE HEPATITIS B VACCINE

All employees assigned to classifications that have been identified as having occupational exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine at a location/vendor predetermined by the District after the employee has received training in accordance with the law. This will be at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials, unless the employee has previously received the complete hepatitis B vaccination series and antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Employees who decline the Hepatitis B vaccine will sign a waiver which contains the specified CCR, Title 8, Section 5193 wording (Appendix C). Employees who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost (See Appendix F for declination forms).

Section IV – POST-EXPOSURE EVALUATION AND FOLLOW-UP

Post-exposure evaluation and follow-up shall be made available to **ALL** employees who have had an exposure incident.

When an employee incurs an exposure incident, the employee shall report the incident immediately to his/her immediate supervisor and follow appropriate protocol for reporting the exposure to the District to include, but not limited to, notifying *Company Nurse On Call®* at 1-888-375-0280.

Following a report of an exposure incident, the Director of Risk Management shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including documentation of the route(s) of exposure, the circumstances under which the exposure occurred, identification and documentation of the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law), collection and testing of blood for HBV, HCV and HIV serological status, post-exposure prophylaxis (when medically indicated, as recommended by the U.S. Public Health Service), counseling, and evaluation of reported illnesses. All previously vaccinated employees will be tested for immunity to Hepatitis B immediately following exposure.

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

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

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Section V – HEALTH CARE PROFESSIONAL RESPONSIBILITIES

A. Information Provided to the Health Care Professional

Company Nurse On Call® is the designated health care professional for employees at Chaffey College. The college shall ensure that *Company Nurse On Call*® is provided a copy of the CCR, Title 8, Section 5193.

The Office of Human Resources shall ensure that the health care professional evaluating an employee after an exposure incident is provided a copy of this regulation, a description of the exposed employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure and circumstances under which exposure occurred (as required by the law), results of the source individual's blood testing (if available), and all medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by the law.

B. Health Care Professional's Written Opinion

The employee shall be provided with a copy of the evaluating health care professional's written opinion within fifteen (15) days of the completion of the evaluation. The health care professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to: the employee having been informed of the results of the evaluation and the employee having been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Section VI – INFORMATION AND TRAINING

Employee Information

Labels

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport or ship blood or other potentially infectious materials as required by the Medical Waste Management Plan.

Signs

The college shall post signs at the entrance to all work areas in accordance to the law and as required by the Medical Waste Management Plan, which shall bear the biohazard symbol and the following legend in English and Spanish:

BIOHAZARDOUS WASTE SHARPS WASTE

Training

All employees with occupational exposure shall participate in a training program which shall be provided at no cost to the employee and during working hours. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place, and, at least annually thereafter.

General training will be conducted by a designated representative of Risk Management and online. Training for department specific procedures shall be conducted by a designated representative from the department and such training shall be performed on an annual basis. The person conducting the training shall be knowledgeable in the subject matter contained in the training program.

The department shall be responsible to notify the Director of Risk Management the date(s) annual training is conducted for each employee appointed to a classification identified as category I or category II under the plan. Departments shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. Training will be done in such a manner that the trainee will have the opportunity to ask and receive answers to questions where material is unfamiliar to them. As well, they will have direct access to a qualified trainer at this time.

Training for employees will include the following:

- ❑ Copy of the regulatory text of the CCR, Title 8, Section 5193 standard and an explanation of its contents
- ❑ General explanation of the epidemiology and symptoms of bloodborne diseases which must include HIV, HBV, and HCV.
- ❑ Explanation of the modes of transmission of bloodborne pathogens
- ❑ Explanation of the district's exposure control plan and the means by which the employee can obtain a copy of the written plan
- ❑ Control methods to be used at the facility to control exposure to blood or other potentially infectious materials
- ❑ Explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering control, work practices, and personal protective equipment.

(See Appendix E)

Section VII – RECORD KEEPING

As required by law, Chaffey College shall establish and maintain an accurate record for each employee with occupational exposure to bloodborne pathogens.

A. Medical Records

This record shall include the name and social security number of the employee, a copy of the employee's hepatitis B vaccinations and any medical records required by law relative to the employee's ability to receive vaccination, a copy of all results of examinations, medical testing, and follow-up procedures required by law, the employer's copy of the health care professional's written opinion as required by law, and a copy of the information provided to the health care professional as required by law.

B. Confidentiality

Chaffey College shall ensure that employee medical records required by law are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law. The custodian of these records shall be the Director of Risk Management. Records shall be maintained in the Office of Risk Management. Chaffey College shall maintain the records required by law for at least the duration of employment plus thirty (30) years in accordance with the law.

C. Training Records

Training records shall include the dates of the training sessions, the contents or a summary of the training sessions, the names and qualifications of persons conducting the training, and names and job titles of all persons attending the training sessions. Training records shall be maintained for three (3) years from the date on which the training occurred.

D. Logs

Chaffey College will maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps and will be maintained 5 years from the date the exposure incident occurred. This log will be kept separate from the log of injuries and illnesses. The log will include the type and brand of device involved in the incident, the department or work area where the exposure incident occurred and an explanation of how the incident occurred so that the intended evaluation of risk and device effectiveness can be accomplished (See Appendix F).

As of Jan 2002, all work-related injuries from needlesticks and cuts, lacerations, punctures and scratches from sharp objects contaminated with another person's blood or other potentially infectious materials, are to be recorded on the OSHA 300 as an injury. To protect the employee's privacy, the employee's name may not be entered on the OSHA 300. Chaffey College will keep a separate confidential list of the case numbers and employee names so they can update the cases or provide them if asked by the government. If the employee develops a bloodborne disease, the entry must be updated and recorded as an illness.

E. Availability

All records required to be maintained by law shall be made available to the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations and NIOSH for examination and copying upon request.

Section VIII – EVALUATION & REVIEW

The Director of Risk Management or his/her designee shall be responsible for annually reviewing the Occupational Exposure to Bloodborne Pathogens Control Plan, its effectiveness, and for updating the program as needed.

APPENDIX A

CATEGORY I – JOB CLASSIFICATIONS

CLASSIFICATIONS WITH OCCUPATIONAL EXPOSURE

Exposure determinations are based on an employee’s reasonable potential for occupational exposure to blood or OPIM. The following exposure determination and task assessments shall be made without regard to the use of personal protective equipment.

- **Category I:** Tasks that involve direct contact with blood, body fluids, or issues. All procedures, or other job-related tasks that involve an inherent potential for percutaneous, mucous membrane, or skin contact with blood or OPIM, are Category I tasks. The use of appropriate protective measures will be required for every employee engaged in Category I tasks.
- **Category II:** Tasks that involve no exposure to blood or OPIM, but may require performing unplanned Category I tasks. The normal work routine involves no contact with blood or OPIM, but contact may be required as a condition of employment. Appropriate protective measure shall be readily available for every employee engaged in Category II tasks.

Department	Job Classification	Category I	Category II	Tasks
Children’s Center	Director Teacher Apprentice Work Study Student		X	First Aid as needed
Community Services	Instructor, Phlebotomy Instructor, IV Therapy	X		First Aid as needed
Dental Assisting	Instructors	X		First Aid as needed
Physical Plant Management	Custodians Grounds Maintenance		X	
Physical Education /Athletics	Coaches Athletic Trainer Pool Maintenance Attendant Equipment Attendant	X		First Aid as needed
Public Safety	Officers	X		First Aid, CPR, Evidence Handling
Radiologic Technology	Instructors	X		First Aid as needed
Student Health Services	Director/Nurse Practitioner Nurses Certified Nurse Assistant Clinical Health Assistant Medical Assistant	X		First Aid as needed

APPENDIX B

CATEGORY II – JOB CLASSIFICATIONS

CLASSIFICATIONS WITH SOME OCCUPATIONAL EXPOSURE

CLASSIFICATIONS										
• Instructors, Life Sciences					• Instructional Assistants, Life Sciences & Chemistry					
TASKS/PROCEDURE CHART										
LEGEND: X=Routinely S=If soiling is likely	Work Practice						Personal Protective Equipment			
	Universal Precaution	Engineering Control	Handwashing	Decontam. Removal	Sharps	Reduce Splash	Gloves	Gown Plastic Apron	Mask	Eye Protect.
Venipuncture	X	X	X	X	X	X	X			X
Fingerstick	X	X	X	X	X	X	X			X
Collection & handling of feces/urine specimens	X	X	X	X		X	X			X
Spill cleanup: blood/body fluids	X	X	X	X		X	X	S		X
Handling & dissection of unpreserved cadavers or human organs	X	X	X	X	X	X	X	X		X

APPENDIX C

**California Code of Regulations
Title 8, Section 5193**

SCOPE AND APPLICATION:

This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section.

See attached Section 5193—Bloodborne Pathogens

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Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes

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§ 5193. Bloodborne Pathogens.

[Exposure Control Plan for Bloodborne Pathogens](#)
[A Best Practices Approach for Reducing Bloodborne Pathogens Exposure](#)
[Safe needle fact sheet](#)

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

EXCEPTION: This regulation does not apply to the construction industry.

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

“Biological Cabinet” means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

- (1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.
- (2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.
- (3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

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

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

“Chief” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

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

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

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

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” means either:

(1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or

(2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

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

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

“Licensed Healthcare Professional” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“Needle” or “Needle Device” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needleless System” means a device that does not utilize needles for:

- (1) The withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; and
- (3) Any other procedure involving the potential for an exposure incident.

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

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

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“OPIM” means other potentially infectious materials.

“Other Potentially Infectious Materials” means:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
 - (A) Cell, tissue, or organ cultures from humans or experimental animals;
 - (B) Blood, organs, or other tissues from experimental animals; or
 - (C) Culture medium or other solutions.

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

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

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

“Regulated Waste” means waste that is any of the following:

- (1) Liquid or semi-liquid blood or OPIM;
- (2) Contaminated items that:
 - (A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
 - (B) Are capable of releasing these materials when handled or compressed.
- (3) Contaminated sharps.
- (4) Pathological and microbiological wastes containing blood or OPIM.
- (5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

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

“Sharp” means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

“Sharps Injury” means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

“Sharps Injury Log” means a written or electronic record satisfying the requirements of subsection (c)(2).

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

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

“Work Practice Controls” means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);
2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;
3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).
4. An effective procedure for gathering the information required by the Sharps Injury Log.
5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;

NOTE: Frequency of use may be approximated by any reasonable and effective method.

6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;

7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and

8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;
- 2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
 - b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;
3. To include new or revised employee positions with occupational exposure;
4. To review and evaluate the exposure incidents which occurred since the previous update; and
5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Sharps Injury Log.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

- (A) Date and time of the exposure incident;
- (B) Type and brand of sharp involved in the exposure incident;
- (C) A description of the exposure incident which shall include:
 1. Job classification of the exposed employee;
 2. Department or work area where the exposure incident occurred;

3. The procedure that the exposed employee was performing at the time of the incident;
4. How the incident occurred;
5. The body part involved in the exposure incident;
6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

(3) Exposure Determination.

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

1. A list of all job classifications in which all employees in those job classifications have occupational exposure;
2. A list of job classifications in which some employees have occupational exposure; and
3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(3)(A)2. of this standard.

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

(d) Methods of Compliance.

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

(2) Engineering and Work Practice Controls -General Requirements.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

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

(C) Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness.

(D) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(3) Engineering and Work Practice Controls -Specific Requirements.

(A) Needleless Systems, Needle Devices and non-Needle Sharps.

1. Needleless Systems. Needleless systems shall be used for:

- a. Withdrawal of body fluids after initial venous or arterial access is established;
- b. Administration of medications or fluids; and
- c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:

- a. Withdrawal of body fluids;
- b. Accessing a vein or artery;
- c. Administration of medications or fluids; and
- d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

4. Exceptions. The following exceptions apply to the engineering controls required by subsections (d)(3)(A)1.-3.:

- a. Market Availability. The engineering control is not required if it is not available in the marketplace.
- b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented according to the procedure required by (c)(1)(B)7.
- c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.
- d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents

occurring in the employer's workplace.

(B) Prohibited Practices.

1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
2. Contaminated sharps shall not be bent, recapped, or removed from devices.

EXCEPTION: Contaminated sharps may be bent, recapped or removed from devices if: a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and b. The procedure is performed using a mechanical device or a one-handed technique.

3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
4. Disposable sharps shall not be reused.
5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
8. Mouth pipetting/suctioning of blood or OPIM is prohibited.
9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

(C) Requirements for Handling Contaminated Sharps.

1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
2. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection (d)(3)(D) as applicable.
3. At all time during the use of sharps, containers for contaminated sharps shall be:
 - a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
 - b. Maintained upright throughout use, where feasible; and
 - c. Replaced as necessary to avoid overfilling.

(D) Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:

- a. Rigid;
- b. Puncture resistant;
- c. Leakproof on the sides and bottom;
- d. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and
- e. Labeled in accordance with subsection (g)(1)(A)(2).

2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

(E) Regulated Waste.

1. General.

Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

2. Disposal of Sharps Containers.

When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:

- a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
- b. Placed in a secondary container if leakage is possible. The second container shall be:

i. Closable;

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

iii. Labeled according to subsection (g)(1)(A) of this section.

3. Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:

- a. Closable;
- b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
- c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

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

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

a. Closable.

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

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

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

(F) Handling Specimens of Blood or OPIM.

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

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

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

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

(G) Servicing or Shipping Contaminated Equipment.

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.

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

2. Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

- a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.
- b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.
- c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

- i. Location within the facility;
- ii. Type of surface or equipment to be treated;
- iii. Type of soil or contamination present; and
- iv. Tasks or procedures being performed in the area.

d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.

a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

- i. Surfaces become overtly contaminated;
- ii. There is a spill of blood or OPIM;
- iii. Procedures are completed; and
- iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.

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

c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(I) Hygiene.

1. Employers shall provide handwashing facilities which are readily accessible to employees.
2. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
3. Employers shall ensure that employees wash their hands immediately or as soon as feasible

after removal of gloves or other personal protective equipment.

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

(J) Laundry.

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

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

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

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

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

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

(4) Personal Protective Equipment.

(A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

NOTE: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.

(B) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.

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

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

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

(F) Removal.

1. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.
2. All personal protective equipment shall be removed prior to leaving the work area.
3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(G) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(4)(G)4.; and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:
 - a. Periodically reevaluate this policy;
 - b. Make gloves available to all employees who wish to use them for phlebotomy;
 - c. Not discourage the use of gloves for phlebotomy; and
 - d. Require that gloves be used for phlebotomy in the following circumstances:

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

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

iii. When the employee is receiving training in phlebotomy.

(H) Masks, Eye Protection, Face Shields, and Respirators.

1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.
2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.

NOTE: Surgical masks are not respirators.

(I) Gowns, Aprons, and Other Protective Body Clothing.

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of Section 3383.
2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of Section 3383.

(e) HIV, HBV and HCV Research Laboratories and Production Facilities.

(1) General.

This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV.

EXCEPTION: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

(2) Research laboratories and production facilities shall meet the following criteria:

(A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Section 118215.

(B) Special Practices.

1. Laboratory doors shall be kept closed when work involving HIV, HBV or HCV is in progress.
2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.
3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
4. When OPIM or infected animals are present in the work area or containment module, a hazard

warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (g)(1)(B) of this standard.

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

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

7. Special care shall be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.

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

9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

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

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

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

13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(C) Containment Equipment.

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

2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.

(3) HIV, HBV and HCV research laboratories shall meet the following criteria:

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

(B) An autoclave for decontamination of regulated waste shall be available.

NOTE: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(4) HIV, HBV and HCV production facilities shall meet the following criteria:

(A) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

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

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

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

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

NOTE: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(F) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV, HBV and HCV research laboratories and HIV, HBV and HCV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

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

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

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

has been demonstrated.

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

EXCEPTION: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:

a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.

i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.

B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).

ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.

b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.

c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

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

1. Made available at no cost to the employee;
2. Made available to the employee at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

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

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

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

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

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

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

(3) Post-exposure Evaluation and Follow-up.

Following a report of an exposure incident, the employer shall make immediately available to the exposed

employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

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

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

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

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

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

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

3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

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

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

1. A copy of this regulation;

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

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred,

as required by subsection (f)(3)(A);

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

5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

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

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

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

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

2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

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

(6) Medical Recordkeeping.

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

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.

NOTE: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:



BIOHAZARD

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE

as described in Health and Safety Code Sections 118275 through 118320.

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

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that

prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

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

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

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

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

(B) Signs.

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



BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

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

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;
2. At least annually thereafter.

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

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

(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

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

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

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;

11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;

12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and

14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

NOTE: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).

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

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall include:

1. The name and social security number of the employee;

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

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

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

5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4.

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

1. Kept confidential; and

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

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of

employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

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

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying.

(B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

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

(i) Appendix.

Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A - Hepatitis B Vaccine Declination

(MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or OPIM 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Note: Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.

HISTORY

1. New section filed 12-9-92; operative 1-11-93 (Register 92, No. 50).
2. Editorial correction of printing errors in subsections (c)(1)(A) and (d)(2)(C) (Register 93, No. 32).
3. Amendment of subsections (g)(1)(A)2. and (g)(1)(B)2. filed 2-5-97; operative 3-7-97 (Register 97, No. 6).
4. Amendment filed 1-22-99 as an emergency; effective 1-22-99 (Register 99, No. 4). The emergency regulation filed 1-22-99 shall remain in effect until the nonemergency regulation becomes operative or until August 1, 1999, whichever first occurs pursuant to Labor Code section 144.7(a).
5. Permanent adoption of 1-22-99 amendments, including further amendments, filed 7-30-99 pursuant to Labor Code section 144.7(a); operative 7-30-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 31).
6. Repealer of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection relettering, amendment of subsection (c)(2), new subsections (c)(2)(D)-(E) and amendment of subsections (d)(3)(B)2.Exception, (d)(3)(E)3.b., (d)(3)(H)1.b. and (d)(3)(H)2.a. filed 8-3-2001; operative 8-3-2001. Submitted to OAL for printing only. Exempt from OAL review pursuant to Labor Code section 142.3 (Register 2001, No. 31).
7. Change without regulatory effect providing more legible illustrations for biohazard symbols filed 3-2-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 10).
8. Editorial correction of subsection (g)(2)(E) (Register 2015, No. 37).

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APPENDIX D

Bloodborne Pathogen Definitions

Paragraph (b) of the Standard provides definitions and each should be thoroughly understood for proper applications. A partial list of words is set forth below:

Blood – human blood, human blood components, and products made from human blood or its components.

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

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

Contaminated Laundry – laundry which has been soiled with blood or other potentially infectious materials.

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

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

Engineering Controls – controls (e.g., sharps disposal containers, shelf-sheathing needles) that isolate or remove the hazard of blood borne pathogens from the work place.

Exposure Incident – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand Washing Facilities – an area that provides an adequate supply of running potable water, soap, and single use towels or hot air drying machines for hand washing.

Licensed Health Care Professional (HCP) – a person whose legally permitted scope of practice allows him or her to independently perform the activities required by section (f) of the Standard, Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

HBV – Hepatitis B Virus

HCV – Hepatitis C Virus

HIV – Human Immunodeficiency Virus

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

Other Potentially Infectious Materials

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

Parenteral – piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.

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

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

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

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

Universal Precautions – an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

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

Needle or Needle Device – a needle of any type, including, but not limited to, solid and hollow-bore needles.

Needleless System – a device that does not utilize needles for:

1. The withdrawal of body fluids after initial venous or arterial access is established.
2. The administration of medication or fluids; and

3. Any other procedure involving the potential for an exposure incident.

Sharps Injury – any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needle-sticks.

Sharps Injury Log – a written or electronic record satisfying the requirements of subsection (c) (2).

APPENDIX E

Basic Training Program

Goal:

Provide mandatory training to comply with the California Code of Regulations, Title 8, Section 5193 standards. These standards deal with occupational safety and health hazards from bloodborne pathogens and the responsibilities of the employer and health care workers.

Target Audience:

All employees appointed to classifications identified as category I or category II under the plan that have potential exposure to bloodborne pathogens or other potentially infectious materials.

Recordkeeping:

Training records will be kept by the Director of Risk Management or his/her designee, and the Chemical Hygiene Officer.

Objectives:

By conclusion of the training program, participants will be able to:

1. List the epidemiological symptoms of bloodborne diseases.
2. Describe the modes of transmission of bloodborne pathogens.
3. Outline Chaffey College's exposure control plan.
4. Recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials.
5. Describe the uses and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
6. Demonstrate an understanding of the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
7. Define Hepatitis B, its symptomology, and transmission.
8. Define "Recombivax" Hepatitis B Vaccine and discuss its uses and limitations.

A. WORK PLACE TRANSMISSION

HBV HCV HIV and other pathogens may be present in:

- Blood
- Torn or loose skin
- Semen and vaginal secretions
- Unfixed tissue or organs.

Bloodborne pathogens can cause infection by entering the body through:

- Open cuts
- Nicks
- Skin abrasions
- Dermatitis

- ❑ Acne
- ❑ The mucous membranes of your mouth, eyes or nose.

Special-education employees should take extra caution while working with severely disabled children. Some disabled children:

- ❑ May be more vulnerable to injury
- ❑ May have special medical needs
- ❑ Are more dependent on adults for personal care

Accidental Injury:

Infected accidentally with a sharp object that is contaminated. Sharps may be:

- ❑ Broken glass
- ❑ Sharp metal
- ❑ Needles
- ❑ Knives/scalpels
- ❑ Exposed ends of orthodontic wires
- ❑ Needles/blood drawing equipment

Indirect Transmission

Occurs when an object or surface contaminated with blood or other infectious materials are transferred:

- ❑ Eyes
- ❑ Nose
- ❑ Mouth
- ❑ Open skin

HBV can survive on environmental surfaces dried and at room temperatures for at least one week.

EXPOSURE CONTROL PLAN

OSHA's Bloodborne Pathogens Standard requires the District to create and make available to every employee an Exposure Control Plan (ECP). The ECP will:

- ❑ Identify the personnel covered by the standard
- ❑ Analyze the potential hazards of each job description
- ❑ Determine what measures will be taken to reduce the risk of exposure to bloodborne pathogens on the job

The keys to preventing infection are:

- ❑ Understanding the dangers one faces
- ❑ Knowing how to protect one's self

UNIVERSAL PRECAUTIONS

All people, blood, and most body fluids must be treated as potentially infectious. HBV, HCV and HIV infect people from:

- ❑ All age groups
- ❑ Every socioeconomic class
- ❑ Every state and territory
- ❑ Rural areas and inner cities

REDUCING YOUR RISK

Five major tactics reduce risk of exposure to bloodborne pathogens on the job:

- ❑ Engineering controls
- ❑ Work practice controls
- ❑ Personal protective equipment (PPE)
- ❑ Housekeeping
- ❑ Hepatitis B vaccine

ENGINEERING CONTROLS

- ❑ Appropriate containers for disposal of biohazard and/or sharps waste will be located in Student Health Services, Health Sciences, Athletics, Child Development Center, and most science labs.

WORK PRACTICE CONTROLS

- ❑ Employees shall always use precautions as they carry out their duties.
- ❑ Never pick up broken glass and/or sharps with bare hands. Always wear gloves, and use tongs, a broom and dustpan, or other remote device.
- ❑ Vomit or other semi-solid material must be cleaned up with a dust pan and scraper.
- ❑ Hand washing:
 - Hand washing prevents transferring contamination from hands to other areas of the body or surfaces which may be contacted later.
 - Every time gloves are removed, wash hands with non-abrasive soap and running water as soon as possible.
 - If skin or mucus membranes come in direct contact with blood, wash or flush the area with water as soon as possible.
 - Where hand washing facilities are not available, antiseptic hand cleanser or antiseptic towelettes will be provided. Use these as a temporary measure only. Wash hands with soap and running water as soon as possible.
- ❑ Practice good personal hygiene.
- ❑ Minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious material.
- ❑ Do not eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses where there is reasonable likelihood of occupational exposure.
- ❑ Don't keep food and drink in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- ❑ Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- ❑ Varies with the tasks and the degree of exposure you anticipate.
- ❑ Gloves (Disposable Latex/Nitrile) must be worn whenever:
 - Cleaning restrooms
 - Performing work on restroom plumbing

- Cleaning up bodily fluids
- Hand contact with blood or other potentially infectious material is reasonably anticipated
- ❑ Gowns, aprons or lab coats must be worn whenever:
 - Body contact with blood or other potentially infectious material is reasonably anticipated
- ❑ Face shields, protective eyewear or masks must be worn whenever:
 - Eye, nose or mouth contact with blood or other potentially infectious material is reasonably anticipated
- ❑ Mouthpieces, resuscitation bags or other ventilation devices must be used:
 - Whenever performing mouth-to-mouth resuscitation
 - By trained responders only
- ❑ Whenever faced with cleaning up blood or body fluids:
 - Wear appropriate PPE
 - Dispose of biohazard and/or sharps waste in appropriate containers
 - Disinfect spill area with a solution of one part bleach to ten parts water or other CAL-OSHA-approved cleaner
 - Disinfect mops and cleaning tools after the job is done
- ❑ PPE will be provided by the District at no cost to the employee

General Rules on PPE:

- Employees must be trained to use the equipment properly
- The equipment must fit properly, especially gloves
- All equipment must be free of physical flaws that could compromise safety
- Employees must use appropriate protective equipment each time a task is performed involving potentially infectious materials.
- Resuscitation devices: never use unprotected mouth to mouth resuscitation
- Gloves: replace disposable single-use gloves as soon as possible if they are:
 - Torn
 - Punctured
 - Contaminated
 - No longer offer effective barrier protection.

Gloves should be removed when contaminated or damaged, or immediately after finishing the task.

- With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand
- With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second
- Dispose of the entire bundle promptly
- Never touch the outside of the glove with bare skin
- Every time gloves are removed, employees must wash their hands with soap and running water as soon as possible

GOOD HOUSEKEEPING

General Housekeeping rules:

- All equipment and environmental working surfaces must be cleaned and decontaminated with a 10% bleach solution or other CAL-OSHA approved cleaner as soon as possible after contact with blood or other potentially infectious materials.
- Place contaminated sharps and other potentially infectious waste in labeled, leak-proof puncture-resistant containers, as required by the Medical Waste Management Plan, that are closable and easily accessible to those who use them. Infectious waste containers should not be allowed to overfill.
- Using appropriate PPE, handle contaminated laundry as little as possible and with minimal agitation. Place soiled laundry in labeled or color-coded leak-proof bags or containers without sorting or rinsing.
- Bins, pails, cans, and similar receptacles that are reused and have a reasonable likelihood for becoming contaminated with blood or other infectious materials shall be inspected and decontaminated on a regularly scheduled basis with a 10% bleach solution or other CAL-OSHA approved cleaner.

Read the labels: Watch for fluorescent orange-red labels, red bags and containers with a biohazard symbol.

POST EXPOSURE VACCINATION

If an employee is exposed to blood or other potentially infectious materials as part of their job, the district will make the hepatitis B vaccination available at no cost.

Administration of the vaccine should begin within 24 hours of exposure. It will be completed by three injections over a six-month period.

PLAY IT SAFE

If there is an exposure, report the incident to your supervisor and follow appropriate protocol for reporting the exposure to the District to include, but not limited to, notifying *Company Nurse On Call*® at 1-888-375-0280. If you consent, your employer will provide you with:

- A confidential medical evaluation
- Blood tests
- Post exposure preventive treatment if available
- Follow-up counseling

APPENDIX F

FORMS

Form #	Name of Form
1	Employee Exposure Report
2	Exposure Incident Report
3	Hepatitis B Vaccine Immunization Consent/Declination Form
4	Employee Training Record
5	Disinfectant and Cleaning Schedule
6	Sharps Injury Log

EMPLOYEE EXPOSURE REPORT

Employee Name: _____

Employee ID: _____ Phone: _____

Department: _____

Title: _____

Employee Email: _____

Supervisor's Name: _____

Accident Location: _____

Provide a description of exposed employee's duties as they relate to the exposure incident:
(Attach additional information, if necessary)

How did the accident occur? Please provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred: (Attach additional information, if necessary)

Employee Signature: _____

Print Name: _____ Date: _____

EXPOSURE INCIDENT REPORT

TO BE COMPLETED BY EMPLOYEE AND REVIEWED WITH THE SUPERVISOR

Employee name: _____ SS# _____

Job title: _____ Department: _____

Work telephone #: _____ Home telephone #: _____

Date of Exposure: _____ Time of Exposure: _____

Where did incident occur? _____

Type of incident (auto accident, contaminated needle stick; splash to exposed membrane or non-intact skin, etc.):

What were you exposed to?

- Blood Tears Feces Urine Saliva
 Vomitus Sputum Sweat Other _____

What part(s) of your body became exposed? Be specific: _____

Did you have any open cuts, sores or rashes that became exposed? Be specific: _____

How did exposure occur? Be specific: _____

Did you seek medical attention? Yes No

Where? _____ Date: _____

Transported to: _____ Transported by: _____

Suspected / Confirmed Disease: _____

Contacted Infection Control officer? Yes No

Date: _____ Time: _____

Employee signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

HEPATITIS B VACCINE IMMUNIZATION CONSENT FORM

I have been given a copy and have read, or have had explained to me, the information contained in the vaccine information statement about Hepatitis B and the Hepatitis B Vaccine and understand the benefits and the risks of Hepatitis B immunization. I understand that I must receive three doses of vaccine to develop immunity. However, as with any 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, hereby, request to be immunized with a three-part series of Hepatitis B Vaccine.

_____ Name of Person to Receive Vaccine (please print)	_____ Department/Area	_____ Telephone Number
_____ Job Title	<input type="checkbox"/> Classified	<input type="checkbox"/> Academic
_____ Signature of Person Receiving Vaccine	_____ Date	

HEPATITIS B VACCINE DECLINATION

_____ Name of Person Declining Vaccine (please print)	_____ Department/Area	_____ Telephone Number
_____ Job Title	<input type="checkbox"/> Classified	<input type="checkbox"/> Academic

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.

_____ Signature	_____ Date	_____ Supervisor/Witness	_____ Date
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Ref: Appendix C—Cal-OSHA Rule & Regulation Title 8

RETURN COMPLETED FORM TO OFFICE OF RISK MANAGEMENT, SSA/202

EMPLOYEE TRAINING RECORD

OCCUPATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS

Employee Name: _____ Date of Hire: _____

Job Title: _____ Date Assigned: _____

Initial Training

Annual Retraining

SUBJECT	DATE	TRAINER	EMP. SIGNATURE
A. The standard (BBP Plan)			
B. Epidemiology and symptoms of blood borne diseases			
C. Modes of transmission			
D. Recognizing potential exposures			
E. Use and limitations of exposure control methods			
F. Personal protective equipment (PPE)			
G. Selection of PPE			
H. Hepatitis B virus immunization			
I. Emergencies involving blood or other potentially infectious materials			
J. Exposure follow-up procedures			
K. Post exposure evaluation and follow-up			
L. Signs and labels			
M. Opportunity to ask questions			

DISINFECTANT AND CLEANING SCHEDULE

MONTH: _____, 20__

Building/Room: _____ Disinfectant: _____

DAY	SHARPS CONTAINER			BIOHAZARD TRASH			TBLE TPS/EQUIPMENT	
	CHECKED	CHANGED	INITIALS	CHECKED	CHANGED	INITIALS	CLEANED	INITIALS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
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12								
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SHARPS INJURY LOG

EXPOSURE INCIDENTS RELATED TO SHARPS ARE TO BE RECORDED WITHIN FOURTEEN (14) DAYS OF THE INCIDENT.

MONTH _____, YEAR _____

Employee Name

Date & Time of Exposure Incident

Job Classification

Department/area where exposure occurred

Type & Brand of Sharp

Body part involved in exposure incident

Procedure that the exposed employee was performing at the time of the incident: _____

Describe how the incident occurred: _____

Respond to the following statements:

1. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable.

2. If the sharp had no engineered sharps injury protection, the employee's opinion as to whether and how such a mechanism could have prevented the injury; and, the employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

APPENDIX G

Recombivax Hepatitis B Vaccine Handout

Recombivax-HB is noninfectious viral vaccine derived from hepatitis B surface antigen (Hbxag) produced by a recombinant strain of yeast (no human blood products are used to make this vaccine). It is indicated for immunization against infection caused by all known subtypes of hepatitis B virus, but does not provide protection caused by other agents such as hepatitis A, D, C, or E viruses or other viruses known to infect the liver. It is contraindicated in persons hypersensitive to yeast (those who have a severe, immediate allergic reaction to molds, especially yeast). It is recommended for all persons who are or will be at increased risk of infection with hepatitis B virus, i.e., health care workers and custodial staff who may be exposed to the virus via blood or other patient specimens.

Recombivax HB is generally well tolerated. No serious adverse reactions attributed to the vaccine have been reported during the course of clinical trials nor have any serious hypersensitivity reactions been reported. However, side effects such as redness, soreness and tenderness at injection site; fatigue/weakness; headache; fever (≥ 100 degrees F) and malaise are known to occur. Rash, nausea and joint pain have also been reported.

Since animal reproductive studies have not been conducted with Recombivax HB, it is not known whether it can cause fetal harm or affect reproduction capacity. Therefore, Recombivax HB should be given to a pregnant woman only if clearly needed. Additionally, it has not been determined whether this vaccine is excreted in human milk.

Vaccination consists of three injections according to the following schedule:

- 1st dose - elected date
- 2nd dose - 1 month later
- 3rd dose - 6 months after initial immunization

THE SERIES IS NOT CONSIDERED COMPLETE NOR IS OPTIMUM PROTECTION ACHIEVED UNTIL ALL 3 INJECTIONS HAVE BEEN RECEIVED.

Presently, the duration of protection effect is unknown and the need for booster doses is not yet defined, but as more information becomes available, the public will be informed.

Reference: Merck Sharp & Dohme

APPENDIX H

MEDICAL WASTE MANAGEMENT PLAN

Date: December 1, 2014
Generator Facility: Chaffey College – Rancho Cucamonga Campus
Site Address: 5885 Haven Avenue
City: Rancho Cucamonga
State: CA
Zip: 91737-3002
Telephone: 909-652-6000

Generator Facility: Chaffey College – Chino Campus
Site Address: 5897 College Park Avenue
City: Chino
State: CA
Zip: 91710-8241
Telephone: 909-652-8000

Generator Facility: Chaffey College – Fontana Campus
Site Address: 16855 Merrill Avenue
City: Fontana
State: CA
Zip: 92335-8626
Telephone: 909-652-7400

Person responsible for implementation of plan:

Name: Sam Gaddie
Title: Chemical Hygiene Officer
Telephone: 909-652-6425

Types of wastes generated:

- | | |
|---|---|
| X | Laboratory wastes – specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums. |
| X | Blood or body fluids – liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids. |
| X | Sharps – syringes, needles, blades, broken glass.
Contaminated animals – animal carcasses, body parts, bedding materials. |
| X | Surgical specimens – human or animal parts or tissues removed surgically or by autopsy. |

Isolation waste – waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due to highly communicable diseases. (*Centers for Disease Control, Biosafety Level 4*)*

Wastes contaminated with fixatives or chemotherapeutic agents.

Other (Specify):

Estimate of monthly quantity generated: 175 pounds.

*Biosafety Level 4 viruses and diseases are: Crimean-Congo hemorrhagic fever, Tick-borne encephalitis virus complex (*Absettarov, Hanzalova, Hypr, Kumlinge, Kyasanur Forest disease, Omsk hemorrhagic fever, and Russian Spring-Summer encephalitis*), Marburg disease, Ebola, Junin virus, Lassa fever virus, Machupo virus, Lujo, Dengue, Herpes B virus, H7N9, Nipah, Hendra, Middle-Eastern Respiratory Syndrome-Coronavirus, and hemorrhagic fever agents or viruses as yet identified.

Method of treatment performed on site:

	Incineration
X	Autoclave
	Microwave
	Other

Describe the following methods used for medical waste:

Segregation from other wastes: Medical/Biohazard Waste is segregated from all other wastes at the point of origin and during storage. Surgical specimen waste may be disposed of as solid waste.

Containment or packaging procedures: Biohazardous waste is contained in red biohazard bags, which meet the 165 gram dropped dart impact resistant test. The biohazard bags must be in rigid, properly labelled containers for storage, transportation, and delivery. The medical/biohazard waste containers are leak resistant, have tight-fitting lids and are clean and in good repair. Sharps waste is contained in rigid, puncture-resistant, leak-resistant sharps containers.

Labeling procedures: Biohazardous wastes are labeled “BIOHAZARD” with the international biohazard symbol. Sharps waste is labeled “Sharps Waste” with the international biohazard symbol. All biohazardous waste and sharps waste containers must include information about the site/location where the waste was generated.

Collection procedures: On the Rancho Cucamonga and Chino campuses, in areas other than the Microbiology Lab, generation of medical/biohazard waste is sporadic. This waste is collected by custodial staff and transported to the microbiology biohazard accumulation site in BL-111 (Rancho Cucamonga campus) or CHHC-103 (Chino campus). All biohazardous waste must be stored, transported, and delivered in rigid, properly labeled containers. As a routine operation, medical/biohazard waste containers are checked weekly by the Dean of Mathematics and Science; the

Dean of Health Sciences; the Dean of Kinesiology, Nutrition and Athletics; the Director of the Student Health Services; and the Director of the Child Development Center; or his/her designee. Within thirty days of the containers having medical/biohazard waste, Maintenance and Operations will be notified to transport the waste to the microbiology biohazard collection site in BL-111 (Rancho Cucamonga campus) or CHHC-103 (Chino campus). Biohazardous waste is then steam sterilized (autoclaved) within seven days if greater than twenty pounds or within thirty days if less than twenty pounds.

The biohazardous medical waste generated in the microbiology labs is collected in biohazard bags and treated by autoclaving when the bag is full or within seven days, whichever comes first.

All sharps waste is to be treated as biohazardous waste. The biohazardous waste sharps are collected in sharps containers and treated by steam sterilization (autoclaving) within 30 days of the container reaching full, after which the containers are disposed of as solid waste.

Collection of any medical/biohazard waste that might be generated by the Child Development Center, located on the Rancho Cucamonga campus, will follow the same containment, labelling and collection guide lines outlined above. Maintenance and Operations will be notified to transport the waste to the microbiology biohazard accumulation site in BL-111. As a routine operation, medical/biohazard waste containers are checked weekly by the Director of the Child Development Center or his/her designee.

Storage Methods (including duration and temperature controls): Biohazardous medical waste and sharps waste (after reaching capacity) are stored at room temperature for less than 7 days if greater than 20 pounds or less than 30 days if under 20 pounds. Only authorized individuals have access to the secure, storage areas. The areas are marked clearly with warning signs on the exterior door bearing the biohazard symbol and the following legend in English and Spanish “CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSONS KEEP OUT!” The signs are legible from 25 feet. The storage areas are not accessible to animals or destructive natural elements.

Disinfection procedures (containers, wastes, linen): The reusable biohazardous medical waste containers are decontaminated with a dilute bleach solution (10%) or other CAL-OSHA-approved cleaner after each use following the manufacture’s recommendations for disinfecting.

Treatment methods: Medical/biohazard waste from the microbiology program is treated via steam sterilization (autoclave) and then disposed of as solid waste. Sharps wastes is collected in sharps containers and treated by steam sterilization (autoclaving) within 30 days of the container reaching full, after which the containers are disposed of as solid waste.

All other waste from Health Sciences and from Athletics, as well as from Student Health Services and the Child Development Center is collected, transported and delivered in rigid, properly labelled containers and treated via steam sterilization (autoclave) within thirty days of collection and disposed of as solid waste.

Standard operating procedures are written and posted in BL-111 (Rancho Cucamonga campus), CHHC-103 (Chino campus), and FNAC-203 (Fontana campus) near the steam sterilizer and include the use of heat-sensitive tape on each bag. A spore indicator (*Bacillus sterothermophilus*) is used once per month by placing at the center of a load that is processed under standard conditions to confirm attainment of adequate sterilization conditions. The records for these tests are maintained in BL-111 (Rancho Cucamonga campus), CHHC-103 (Chino campus), and FNAC-203 (Fontana campus) for three years. A recording of each run showing attainment of 121 degrees Celsius for at least one-half hour is maintained for three years. STERIS, under the conditions of our maintenance contract, checks thermometers at least annually. Records of the calibration checks are maintained in BL-111 (Rancho Cucamonga campus), CHHC-103 (Chino campus), and FNAC-203 (Fontana campus) for three years.

In event of an Emergency (treatment system breaks down, hauler unable to pick up waste, spill, etc.): In the event of a biohazardous spill, all areas will clean and disinfect the infectious body fluid spills or biohazardous medical waste materials using a biohazardous decontamination kits approved by OSHA, CDC and NCCLS. All involved staff will receive biohazardous decontamination procedure training prior to beginning any work with exposure or potential exposure to biohazardous materials and /or waste.

The large autoclaves used at the Rancho Cucamonga and Chino campuses are under maintenance contracts with STERIS and receives regular maintenance. In the event of a breakdown, STERIS responds within two days and repairs the equipment. In the event of a total breakdown, a replacement machine will be purchased immediately and in the interim, medical waste will be picked up by Double Barrel Environmental (located at 121 Main Street, Riverside, CA 92501, 877-324-9628).

The small, table-top autoclave at the Fontana campus will be maintained in-house. In the event of a total breakdown, a replacement machine will be purchased immediately and in the interim, medical waste will be picked up by Double Barrel Environmental (located at 121 Main Street, Riverside, CA 92501, 877-324-9628).