Pasco County Schools

Providing a world-class education for all students

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Bloodborne Pathogens Exposure Control Plan

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INTRODUCTION

The Bloodborne Pathogens Exposure Control Plan written by the District School Board of Pasco County (DSBPC) is designed to limit occupational exposure to blood and other potentially infectious materials (OPIM) in compliance with the guidelines established by the Florida Department of Health 64E-16 Administrative Code, the Occupational Safety and Health Administrations (OSHA) Bloodborne Pathogen Standard 29 CFR 1910.1030, and the Department of Transportation 49 CFR. The Plan must be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee job classifications with occupational exposure.

EXPLANATIONS AND DEFINITIONS

To avoid any misunderstanding of terms used in this plan the following definitions and explanations are given.

Body fluids: Those fluids which have the potential to harbor pathogens, such as HIV and Hepatitis. These include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, *(fluid from the brain or spinal cord)* synovial, (*fluid secreted by membranes in joint cavities)* pleural, *(liquid in lining around the chest cavity)* peritoneal, *(liquid in lining around the abdominal cavity* pericardial (*membranous sac enclosing the heart)* and amniotic fluids, *(a watery fluid in which an embryo(baby) is suspended).*

Note: **Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomit are not considered biomedical waste unless <u>visibly</u> contaminated with blood.**

Biomedical waste generator: A facility that produces biomedical waste. The term includes hospitals skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, health maintenance organizations, surgical clinics, medical buildings, physician's offices, laboratories, veterinary clinics and funeral homes.

Note: **The school itself is not a biomedical waste generator. However, if the school has a clinic then the clinic may be a waste generator. This means that waste materials generated at the clinic may be treated as biomedical waste as appropriate whereas, materials generated within the school may not.**

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

Universal Precautions "Universal Precautions" is the name that the Centers for Disease Control and Prevention (CDC) uses to describe a very aggressive plan that treats all blood and body fluids as a possible source of contamination and infection.

Note: **The DSBPC observes "Universal Precautions". All blood or OPIM is considered infectious**

regardless of the perceived status of the source individual. Remember, blood and other infectious material excludes some body fluids. (See note under body fluids on previous page.)

GLOSSARY

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

Bloodborne Pathogens Microorganisms that are present in human blood and that can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated An item or surface marked by the presence or the reasonably anticipated presence of blood or OPIM..

Contaminated Laundry Laundry that has been soiled with blood or OPIM or that may contain sharps.

Contaminated Sharps Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of 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 for handling, use, or disposal. *(V4* cup of bleach per gallon of tap water).

Disinfectants/Antiseptics Antiseptics and disinfectants are used throughout the school in a variety of ways. Antiseptics are chemical germicides formulated for use on skin or tissue. Disinfectants are agents that inactivate viruses, bacteria, and fungi on surfaces. Hospital disinfectants used are registered by the Environmental Protection Agency (EPA) and are classified as high, intermediate, or low-level depending on their ability to kill germs.

The following are examples only and do not exclude other uses:

Antiseptic	Laboratory Use
Alcohol	Phlebotomy
Chlorahexidine gluconate	Handwashing
Para-chloro-meta-xylenol	Handwashing
lodophores	Blood donor collection
Disinfectant	Laboratory Use
Quaternary ammonias	Cleaning floors/walls
Bleach	Cleaning countertops
Gluteraldehyde	Disinfecting rubber tubing

Engineering Controls Devices or equipment for isolating or removing hazards from the workplace.

Exposure Incident A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from an employee performing his/her duties.

Handwashing Facilities Locations that provide an adequate supply of running potable water, soap, and single-use towels or hot-air drying machines.

HBV	Abbreviation for Hepatitis B virus.
HIV	**Abbreviation for** Human Immunodeficiency Virus.
Licensed Health Care Professional	A person whose legally permitted scope of practice allows him/her to independently perform the activities required for hepatitis B vaccination and post-exposure evaluation and follow-up.
Occupational Exposure	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from employees performing their duties.
Other Potentially Infectious Materials (OPIM)	The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures; menstrual blood, and any body fluid that is visibly contaminated with blood; and any unfixed tissue or organ (other than intact skin) from a human (living or dead).
Parenteral	Exposure occurring as a result of piercing the skin barrier (e.g., subcutaneous, intramuscular, intravenous routes) through such events as needlesticks, bites, cuts, and abrasions.
Personal Protection Equipment	Specialized clothing or equipment worn by an employee to protect against a hazard.
Regulated Waste	Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.
Source Individual	Any individual whose blood or OPIM may be a source of occupational exposure to the employee.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Universal Precautions	An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Work Practice Controls	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (e.g., prohibiting recapping of needles by a two-handed technique).

1 PURPOSE

1.1 The purpose of the Bloodborne Pathogen Exposure Control Plan is to ensure that all employees who have occupational exposure to bloodborne pathogens are informed of the potential hazards and are provided with the training and equipment necessary to minimize or eliminate their exposure.

1.2 These objectives will be accomplished through a comprehensive Exposure Control Plan which shall include an exposure determination for each job classification, labeling procedures, medical evaluations, recordkeeping and employee training. This program is designed to comply with the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030 and Florida statute Chapter 64E-16.

2 SCOPE

2.1 The Bloodborne Pathogens Exposure Control Plan applies to all employees who have the potential for exposure to blood or other potentially infectious body fluid in the course of their assigned duties. This plan does not apply to employees performing "Good Samaritan" assistance to co-workers, students, or other visitors entering DSBPC property.

2.2 Occupational exposure means REASONABLY ANTICIPATED contact with blood or OPIMs that may result from the performance of employment-related duties. The DSBPC lists in Appendix D of this Exposure Control Plan job classifications that are considered to be occupationally exposed employees, even if only a portion of the employees in some classifications has exposure. This determination has been made without regard to frequency or the use of personal protective equipment (i.e., employees are considered to be exposed even it they wear personal protective equipment).

3 ASSIGNMENT OF RESPONSIBILITIES

3.1 Program Administration

3.1.1 The program is managed by the Facilities Operations & Safety Manager in conjunction with the Supervisor of Student Health Services and the Office for Human Resources and Educator Quality . Under this plan the following duties are assigned the Facilities Operations & Safety Manager, the Supervisor of Student Services, school administrators and employees.

3.2 Facilities Operations & Safety Manager

3.2.1 Distribute copies of the Exposure Control Plan to each school facility as required. Since electronic access to the plan is an acceptable alternative according to OSHA, the district's plan can be found on the district's website.

3.2.2 Review and up-date the Exposure Control Plan annually or as necessary.

3.2.3 Maintain a waste control program to include the disposal of all bloodborne pathogen waste from each school facility.

3.3 Supervisor of Student Services (Health)

3.3.1 Ensure implementation of the Exposure Control Plan for school clinics.

3.3.2 Be informed of all exposure incidents.

3.3.5 Maintain ~~medical and~~ training records.

3.3.7 Organize employee training.

3.4 Office for Human Resources and Educator Quality

3.4.1 Audit program annually report findings to the Facilities Operations & Safety Manager

3.4.2 Maintain files of exposure incidents and follow up reports.

3.4.3 Administer and implement a hepatitis B vaccination program.

3.5 Facility Administrator

3.5.1 Each facility administrator has the primary responsibility for implementing the Exposure Control Plan for their location. Their responsibilities will be to;

3.5.2 Coordinate with the Supervisor of Student Services to implement the Exposure Control Plan at their location.

3.5.3 Ensure that a copy of the Exposure control plan (or access to electronic version) is available for review by affected employees.

3.5.4 Make sure that clinic areas are kept in a clean and sanitary condition.

3.5.5 Make available and ready for use protective clothing within the clinic area.

3.5.6 Arrange with the Supervisor of Student Services the training of new employees.

3.5.7 Report to the Supervisor of Student Services all exposure incidents.

3.5.8 Organize with the Districts biohazardous waste contractor the handling and collection arrangements for the disposal of biomedical waste.

3.6 Employee

3.6.1 Each employee who has been listed as occupationally exposed by the District has the following responsibilities in the Exposure Control Plan:

3.6.2 Be aware of the location of a copy of the Exposure Control Plan (electronic access).

3.6.3 Comply with the precautions established for the tasks being performed, such as work practices, engineering controls and protective equipment outlined in the Exposure Control Plan.

3.6.4 Inform the facility administrator immediately after exposure incidents occur.

3.6.5 Report any non-compliance with the Exposure Control Plan to the facility administrator, or Supervisor of Student Services.

4 ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

4.1 General

4.1.1 The facility administrator will ensure that a copy of the OSHA Bloodborne Pathogens standard (29 CFR 1910-1030) a copy of the Florida Department of Health Chapter 64-E16 and a copy of this Exposure Control Plan are readily available to all listed occupationally exposed employees during their working day.

4.2 Occupational Exposure Determinations

4.2.1 The list of occupationally exposed employees (See Appendix D) is based on the potential for exposure to blood or OPIM during the course of their assigned duties. The following considerations were used to evaluate exposures to blood and OPIM without regard for the use of protective clothing:

4.2.2 Job duties involving the performance of medical or dental procedures that may involve contact with blood or OPIM.

4.2.3 Job duties requiring the handling and packaging of bio-medical waste.

4.2.4 Contact with severely handicapped children.

4.2.5 Maintenance duties of carpenters, plumbers, flooring, sewer and waste water employees.

4.2.6 Custodial duties involving the clean-up or handling of blood and OPIM.

4.3 Re-evaluation of Exposure Determinations

4.3.1 An annual review of the exposure determinations will be made by the Supervisor of Student Services, or at any time there is a change in tasks or procedures which may affect occupational exposure. In the event there is a change in the exposure determination the Supervisor of Student Services must document the change and submit the changes to the Facilities Operations & Safety Manager for inclusion and updating of the Exposure Control Plan.

4.4 Exposure Prevention

4.4.1 Due to the fact that specific equipment and procedures may warrant their own explicit exposure prevention methods, the following procedures are universal in their approach and should be used in conjunction with other industry recommended practices and procedures.

4.4.2 The DSBPC has chosen to incorporate the CDC universal precautions approach to control employee exposure. Under this concept all human blood and body fluids are treated as if known to be infectious for bloodborne pathogens including human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

5 WORK PRACTICES AND PROCEDURES

5.1 General

5.1.1 To ensure the success of the Exposure Control Plan, some general work practices and procedures have been established together with a list of prohibited activities. These work practices and procedures must be followed by all employees covered by the plan whenever performing tasks or procedures that have the potential for exposure to blood or OPIM.

5.2 Hand Washing

5.2.1 After any contact with blood or OPIM employees must wash their hands thoroughly.

5.2.2 Hand washing facilities are available to employees who incur exposure to blood or OPIM at the following locations:

Restrooms	School Clinics
InD Classrooms	Custodian work room
Media Center	Cafeteria and other locations specific to each facility

5.2.3 When the provision of hand washing facilities is not feasible, (i.e. track and field locations) the DSBPC's Exposure Control Plan requires the use of 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 water as soon as possible.

5.2.4 Employees must wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

5.3 Soiled gloves and other disposable items

5.3.1 Soiled gloves and other materials contaminated or used in the clean-up of blood or OPIMs must be placed into a leak proof bag or container as soon as is practical after contamination. The bag or container should be sealed and immediately placed into the waste collection box supplied by the DSBPC's bio-medical waste contractor.

5.4 Clean-up of contaminated surfaces

5.4.1 In cases where surfaces become contaminated with blood or OPIM due to an accident or the treatment of a wound, they must be cleaned as soon as is reasonably practical following the incident. A cleaning product containing a neutral detergent and a germicide (either a phenolic or quaternary ammonium type) agent that destroys microorganisms shall be used. The DSBPC provides products that meet this criteria.

5.4.2 The cleaning effort must be thorough and the person performing the work must be protected through the use of protective clothing and equipment. At a minimum cleaning, involving blood or OPIM will require the use of gloves and eye protection.

5.4.3 All clean-up procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering, and the generation of droplets of these substances.

5.4.4 Waste materials generated by the clean-up effort will be placed into impermeable plastic bags. These bags can be of any size. Zip-lock sandwich bags may be used for small amounts of waste. For larger amounts the red bags as supplied by the District's Biomedical waste disposal contractor should be used. Whatever size bag is used it must be immediately taken and deposited into the waste disposal container supplied by the Districts Biomedical waste contractor.

5.4.5 This container will be located in the school clinic or a closet close to the clinic. The school nurse, clinic assistant or plant manager will know the exact location. Failure to place the waste into this container may result in a violation of the packaging and labeling requirements of the regulations.

In the interests of hygiene and odor control all bags must be sealed before being placed into the waste container.

5.5 Prohibited Activities

5.5.1 Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in school clinics or work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens. Food and drinks shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benches in school clinics or where blood or OPIM are present.

5.5.2 No employee shall engage in the shearing or breaking of contaminated needles.

5.5.3 No employee shall engage in the bending recapping or removing contaminated needles or other contaminated sharps from the disposal container.

5.5.4 No employee shall place hands into the sharps container.

5.5.5 Broken glass or glassware which may be contaminated shall not be picked up directly with the hands, or gloved hands. It shall be cleaned up using mechanical means.

5.5.6 No employee shall leave a clinic area wearing contaminated protective clothing or equipment.

6 ENGINEERING CONTROLS

6.1 General

6.1.1 To reduce the possible exposure to blood and OPIM engineering controls will be provided wherever practicable. The following control measures will be provided when feasible to minimize employee exposure:

6.1.2 Sharps containers that are puncture resistant will be maintained at each clinic or facility. *(These containers are available through the District's Biomedical waste disposal contractor.)*

6.1.3 During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used. The sharps container must be maintained in an upright position at all times, replaced routinely, and not allowed to overfill.

6.1.4 Disinfectant cleaners will be supplied that contain a neutral detergent and a germicide (either a phenolic or quaternary ammonium type) for the decontamination of surfaces soiled with blood or OPIM.

6.1.5 Antiseptic hand cleaners will be provided at all hand washing facilities for use by employees in this program.

6.1.6 Splashguards will be provided as necessary when handling specimens or performing procedures with the potential for splashing.

6.1.7 Cabinets or biological containment devices shall be used when needed to minimize the potential for exposure.

7 PROTECTIVE EQUIPMENT

7.1 General

7.1.1 When there is occupational exposure, the DSBPC 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. Additional supplies or equipment will be provided as necessary.

7.1.2 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.

7.1.3 The facility administrator will ensure that the employee uses appropriate personal protective equipment unless the facility administrator 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.

7.1.4 The facility administrator, school nurse, clinic assistant, or the plant manager will 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.

7.1.5 The DSBPC shall dispose of personal protective equipment required by this standard in an appropriate manner. The District will repair or replace personal protective equipment as needed to maintain its effectiveness at no cost to the employee.

7.1.6 If an employee’s personal garment(s) is penetrated by blood or OPIM, the garment(s) shall be remove immediately or as soon as feasible.

7.1.7 All personal protective clothing and equipment shall be removed prior to leaving the area where the potential for exposure existed. When personal protective clothing and equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

7.1.8 Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM, mucous membranes, non-intact skin and when handling or touching contaminated items or surfaces.

7.1.9 Goggles, glasses or face shields will be provided to all employees covered by this Exposure Control Plan when the potential for exposure through splashing or the splattering of blood or OPIM exists.

7.1.10 Face shields (mouth guards) will be available to all trained first aid responders for use during the administration of cardiopulmonary resuscitation (CPR).

8 HOUSEKEEPING

8.1 Responsibility

8.1.1 Housekeeping is a joint responsibility within the boundaries of the School clinic. The school

nurse, or clinic assistant being responsible for ensuring that the decontamination of blood or OPIM generated by their activities within the clinic, is accomplished as soon as possible after contamination and prior to any cleaning by maintenance or custodial staff. The custodial staff being responsible for the general cleaning of the clinic area.

8.1.2 However, in the event of a serious accident or injury, and the clinic or several surfaces within an area become contaminated, all trained employees including the custodial staff will utilize appropriate clean-up procedures to effectively decontaminate the area. Clean-up under these circumstances will be under the direction of the school nurse, clinic assistant or facility administrator

8.1.3 Each school nurse, clinic assistant or facility administrator shall ensure that the clinic is maintained in a clean and sanitary condition. Work areas within the clinic must be cleaned at least once a week or after finishing certain tasks. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.

8.1.4 A schedule for general housekeeping and the routine disinfecting of surfaces and equipment is variable with each school clinic and will therefore require resolution between the school nurse, clinic assistant or facility administrator and the school plant manager.

8.1.5 Absorbent paper, plastic wrap or other materials used to cover equipment and surfaces, shall be replaced after each use or as soon as practicable after becoming soiled.

9 LAUNDRY

9.1 All protective clothing and garments supplied under this Exposure Control Plan will be of the disposable type.

10 WARNING LABELS

10.1 The Supervisor of Student Services, the school nurse, clinic assistant, facility administrator and/or the Plant Manager shall ensure that all containers used for the collection of regulated waste, contaminated sharps, or other containers used to store, transport or ship blood or items contaminated with blood or OPIM is labeled with the Biohazard label as shown in section 10.5.

10.2 The labels used shall be fluorescent red-orange or predominantly so with symbols and lettering in a contrasting color.

10.3 The labels shall be attached in such a way as to prevent their loss or removal.

10.4 Individual containers of waste need not be labeled with the biohazard label as long as they are placed in a labeled container for storage shipment or disposal.

10.5 A biohazard label must be placed on the outside of a closet door holding blood or OPIM.

11 WASTE HANDLING AND DISPOSAL

11.1 Only those employees who have been trained according to the requirement of this plan and governed by the Exposure Control Plan are permitted to handle biomedical regulated waste.

11.2 All containers supplied by the Districts Biomedical waste contractor must be located in a designated space that is under the control of the school nurse, clinic assistant, or plant manager.

11.3 When waste containers are stored in areas other than in the school clinic, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign must comply with the requirements of the OSHA standard paragraph (g)(1)(ii)

11.4 Biomedical waste must be kept separate from other waste streams. Failure to do so may result in the waste being managed and disposed of under more stringent requirements than would normally be required for that waste. Biomedical waste mixed with hazardous waste, as defined in Rule 62-730 Florida Administrative Code (FAC) will be managed and disposed of as hazardous waste. Any solid waste, which is neither hazardous nor radioactive in character, but has been mixed with biomedical waste will be managed as biomedical waste in accordance with the requirements of the Department of Health Chapter 64E-16 (FAC).

11.5 Biohazardous waste must not be stored for more than 30 days. The 30-day clock starts when the first item is placed into the waste bag. In order to meet the thirty-day limit, the DSBPC has made arrangements with a Florida Department of Health registered biomedical waste disposal contractor to collect and dispose of the waste.

11.6 The disposal company contracted by the District will pick-up the waste from each school when notified or through a standing order schedule. This service may be be performed on a monthly basis. If a standing order has not been arranged, a faxed request must be sent to the District Safety Manager.

11.7 The fax request should be sent as soon as saturated waste materials have been placed into the disposal box. This will allow the disposal company to schedule a pick-up within the 30-day requirement.

11.8 When the biomedical waste disposal company arrives to pick-up the biomedical waste, either the school nurse, clinic assistant, plant manager, or their designee must sign a waste shipment manifest. This is a legal document and a copy must be filed and maintained in the biomedical waste disposal records. These manifests are required to be maintained for a period of 3 years.

11.9 The DSBPC has contracted with the biomedical waste disposal contractor to provide sharps containers and infectious waste boxes and liners meeting the requirements of this Exposure Control Plan to all designated school clinics and facilities for their disposal needs.

12 RECORDKEEPING

12.1 The Office For Human Resources and Educator Quality will establish and maintain an accurate record for each employee with occupational exposure and covered by this Exposure Control Plan in accordance with 29 CFR 1910.20.

12.2 This record shall include: employee name; employee social security number; 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 required vaccination; a copy of all results of examinations, medical testing, and follow-up procedures; the DSBPC’s copy of the healthcare professional's written opinion; and a copy of the information provided to the healthcare professional.

12.3 The Office for Human Resources and Educator Quality will ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the recordkeeping section of the OSHA standard 29 CFR 1910.1030 or as required by law.

12.4 The Office for Human Resources and Educator Quality shall maintain the medical records required for at least the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.20.

12.5 The Safety Manager will establish a file for all waste manifests and certificates of destruction documenting the disposal of the biomedical waste from school clinics. Waste manifests and certificates of destruction for regulated waste shall be maintained for a minimum of three years from the date of destruction.

12.6 A training record will be established for all employees with occupational exposure potential as required by this Exposure Control Plan. Training records shall be maintained for three years from the date on which the training occurred.

12.7 Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to the Director of the National Institute for Occupational Safety and Health, and to the Assistant Secretary Of Labor for Occupational Safety and Health in accordance with 29 CFR 1910.20.

12.8 Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, in accordance with 29 CFR 1910.20.

12.9 A record of occupational exposure shall be recorded on the OSHA Log and Summary of Occupational Injuries and Illnesses (OSHA 200) as an injury if it:

- Results in an injury that involves loss of consciousness, job transfer or restriction of work.
- Results in the recommendation of treatment beyond first aid (such as the hepatitis B vaccination).
- Results in a diagnosis of seroconversion.

13 INFORMATION

13.1 Occupationally exposed employees who are governed by this Exposure Control Plan will be informed of the OSHA Bloodborne Pathogens 29 CFR 1910-1030 standard, the Florida Department of Health Code Chapter 64E-16, the written Exposure Control Plan and the training requirements established by these regulations and this plan.

13.2 Upon initial employment each employee will be informed of the exposure determination for their job classification and any tasks, which have the potential for exposure to blood or OPIM prior to assignment to perform these tasks.

13.3 Each employee will be informed of the location and availability of the written Exposure Control Plan, the name of the facility administrator or designee, and the location of all supplies and protective clothing and equipment available to handle blood or OPIM.

13.4 All occupationally exposed employees governed by this Exposure Control Plan will be provide information regarding the hepatitis B vaccine and vaccination series available to them free of charge.

14 TRAINING

14.1 The Supervisor of Student Services shall ensure that all employees with occupational exposure participate in a training program which will be provided at no cost to the employee and during working hours. Annual training for all employees shall be provided within one year of their previous training. The Supervisor of Student Services will arrange to 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.

14.2 Training material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. Agenda and/or materials presented to training participants include:

- an accessible copy of the bloodborne pathogen standard and an explanation of its contents;
- a general explanation of the epidemiology and symptoms of bloodborne diseases;
- an explanation of the modes of transmission of bloodborne pathogens;
- an explanation of the DSBPC *Exposure Control*
- an explanation of the appropriate methods for recognizing procedures and other activities that may involve exposure to blood and OPIM;
- an explanation of the use and limitations of methods that will prevent or reduce the likelihood ofexposure. This includes the appropriate use of personal protective equipment and proper work practices.
- information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment or other contaminated items;
- an explanation of the rationale for selection of personal protection equipment;
- information on the HBV vaccine, its efficacy, safety, method of administration, benefits and provision at no cost to the employee;
- information on the management of emergencies associated with bloodborne pathogens including persons to contact and precautions;
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- information on the post-exposure evaluation and follow-up that is provided;
- an explanation of the signs and labels and/or color coding of biohazards;

14.3 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 specific workplace that the training will address.

15 MEDICAL AND EXPOSURE MONITORING

15.1 Hepatitis B Vaccination

15.1.1 Hepatitis B vaccination shall be offered at no cost to employees identified as at-risk for occupational exposure to bloodborne pathogens.

15.1.2 Vaccine refusal shall be documented by the employee signing the Hepatitis B Declination statement. The statement shall be maintained in the employee’s personnel file. Refusal of the vaccine is not final and the employee may request vaccination at any time in the future.

15.1.3 Individuals with occupational exposure to bloodborne pathogens should receive a 3-does series of Hepatitis B vaccine at 0-, 1-, and 6- month intervals.

15.1.4 The hepatitis B vaccine program is the responsibility of the Office for Human Resources and Educator Quality.

15.2 Exposure Incident

15.2.1 An exposure incident is defined in this Exposure Control Plan as a specific eye, mucous membrane, or non-intact skin contact with blood or OPIM that results from the performance of the employees duties. The following procedures will be implemented immediately after an exposure incident:

15.2.2 Wound and skin exposures shall be immediately and thoroughly washed with soap and water. Eye and mucous membrane exposures shall be rinsed in running water for 15 minutes.

15.2.3 Notify the site administrator, school nurse, or clinic assistant immediately.

15.2.4 Site administrator is responsible for notifying Workman's Comp and completing the exposure incident report. (See Appendix A)

15.2.5 Return exposure incident report to the Office for Human Resources and Educator Quality to initiate post-exposure evaluation and follow-up.

15.3 Post- Exposure Evaluation and Follow-Up

15.3.1 Following a report of an exposure incident of an employee covered by this Exposure Control Plan, the DSBPC will make immediately available to the exposed employee a confidential medical evaluation and follow-up which will include documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred; and identification and documentation of the source individual, unless the DSBPC can establish that identification is infeasible or prohibited by state or local law.

15.3.2 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 DSBPC shall establish that legally required consent cannot be obtained.

15.3.4 When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.

15.3.5 When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV or 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 identify and infectious status of the source individual.

15.3.6 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 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.~~ **The exposed employee will be referred for occupational exposure medical follow up. If the exposure would require immediate prophylaxis for the occupational exposure, the employee will be referred to the emergency department. If the exposure would not require immediate prophylaxis then they will be referred to CareHere facility or Workers' Compensation provider for occupational exposure management.**

~~**15.3.7**~~

15.3.8 When medically indicated, the employee will be offered post-exposure prophylaxis **(Antivirals,** Hepatitis vaccine **and HBIG if indicated by medical provider).** Counseling concerning precautions to take during the post-incident period shall be made available to the employee along with information on symptoms for and the need to report any related experiences to appropriate personnel.

16 INFORMATION PROVIDED TO HEALTH CARE PROFESSIONALS

16.1 The HREQ department will ensure that the health care professional responsible for administering the hepatitis B vaccine is provided with a copy of the OSHA Bloodborne Pathogens standard (29 CFR 1910-1030)

16.2 The HREQ department will ensure that the health care professional evaluating employees after an exposure incident is provided with the following information.

- a copy of the OSHA Bloodborne Pathogens standard (29 CFR 1910-1030)
- a copy of the employees exposure determination prepared as part of this Exposure Control Plan.
- a copy of the exposure incident report.
- results of the source individual's blood testing (if known/available).
- exposed employees Hepatitis vaccination status.

17 HEALTH CARE PROFESSIONALS WRITTEN OPINION

17.1 The HREQ shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation. 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. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

that the employee has been informed of the results of the evaluation;
and that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
That baseline and post-exposure blood work will be required for occupational follow up

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

17.3 All medical opinions shall be filed in the employees ~~personnel~~ occupational Workers' Compensation medical file. A written medical opinion may be obtained for the following items.

An employees hepatitis B vaccination status.

A post exposure evaluation and follow-up which shall include:

- that the employee has been informed of the results of the evaluation
- that the employee has been informed about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.
- That baseline and post-exposure blood work will be required for occupational follow up

18 PROGRAM REVIEW

18.1 The Safety Manager shall periodically check compliance with the Exposure Control Plan by inspecting the facility clinic area and observing the effectiveness and use of the universal precautions, adequacy of supplies and personnel protective equipment, waste handling/disposal procedures and housekeeping. The results of the review will be documented on the Bloodborne Compliance Assessment Form.

Appendix A

District School Board of Pasco County

Hepatitis B Vaccine Consent and Declination Form

NO APPOINTMENT NECESSARY

You may go to any one of the Health and Wellness Centers (HWC) listed below to receive the Hepatitis B vaccine.

Land O Lakes HWC	**Centennial HWC**	**Gulf HWC**
20360 Gator Lane Bldg 4	38503 Centennial Road	5117 Madison Street
Land O' Lakes, FL 34638	Dade City, FL 33525	New Port Richey, FL 34652

Employee Name:	
School:	
Position:	
Date of birth:	
SSN:	

Hepatitis B Vaccination: Consent

I have received information and/or training regarding Hepatitis B infection. I have had an opportunity to ask questions about the disease and vaccine and understand the benefits and risks of Hepatitis B vaccination. I understand that I must receive at least three (3) doses of the vaccine over a 6-month period for full antibody conversion or protection. The District School Board of Pasco County offers the Hepatitis B vaccination to employees with occupational exposure to blood or other potentially infectious materials at no cost. I understand that it is my responsibility to visit one of the Health and Wellness Centers to receive the vaccination at no cost to me.

_____ _____

Employee Signature Date

Hepatitis B Vaccination Record		
Date dose #1 was given	Date dose #2 was given	Date dose #3 was given

Hepatitis B Vaccination: Waiver

I have completed the Hepatitis B series of vaccinations. Date Completed: _____

_____ _____

Employee Signature Date

Hepatitis B Vaccination: Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given this opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself; However, I decline the Hepatitis B vaccine 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 material the Hepatitis B vaccine, and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Employee Signature Date

SCHOOL NURSE USE ONLY

The above-named employee has been identified as "at risk" to occupational exposure to blood or other potentially infectious materials. This voucher authorizes all three doses of the HEP B vaccine in the series at no cost to the employee.

_____ _____

School Nurse Signature Date

DISTRICT SCHOOL BOARD OF PASCO COUNTY
Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Employee Exposure Incident Report

(Bloodborne Pathogens 29 CFR 1910.1030)

Date of Exposure: _____

Date Reported: _____

Employee Name: _____

Social Security Number: _____

Location: _____

Type of Exposure: _____
_____
_____

Source Individual: _____

School Board Employee: Yes/No

Protective Clothing Worn at Time of Incident: _____

Controls in Place at Time of Incident: _____

Action Taken After Incident: _____
_____
_____

Witnesses: _____

Witnesses: _____

Employee Signature: _____

Date: _____

All sections must be filled out. Where not applicable write Not Applicable.

/

Bloodborne Pathogens 29 CFR 1910.1030
Program Compliance Assessment

Exposure Control Plan	YES	NO
Is the Plan available to all employees	☐	☐
Are the exposure determinations being followed at this location	☐	☐
Are copies of the regulations and this Plan made available if requested.	☐	☐
Is good housekeeping being maintained	☐	☐
Recordkeeping		
Are the medical records complete	☐	☐
Are the training records complete	☐	☐
Is the training of employees current	☐	☐
Are waste manifests complete	☐	☐
Compliance		
Is personnel protective equipment available	☐	☐
Are hand washing facilities available	☐	☐
Are blood spills cleaned-up in a timely manner	☐	☐
Is there evidence of food or drink in exposed areas	☐	☐
Are items properly labeled	☐	☐
Are engineering controls effective	☐	☐
Are needles and other sharps stored correctly	☐	☐
Waste Disposal		
Are sharps containers available	☐	☐
Are they being used	☐	☐
Are waste disposal boxes available	☐	☐
Are disposal containers in the clinic lined with red bags	☐	☐
Are red bags available	☐	☐
Are waste manifests being filed	☐	☐
Are all waste containers, bags, and boxes labeled	☐	☐

Comments _____

_____

_____

_____

_____

These checks of the exposure Plan have been made by: _____

Signature

_____ _____

Date Print Name

Appendix B

OSHA Regulation

- Standard Number: 29 CFR 1910.1030
- Standard Title: Bloodborne pathogens.
- SubPart Number: Z
- SubPart Title: Toxic and Hazardous Substances

(a)

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

(b)

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

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

"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) and human immunodeficiency virus (HIV).

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or OPIMs,

"Contaminated" means the presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

"Contaminated Laundry" means laundry which has been soiled with blood or OPIMs or may contain sharps.

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

"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.

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

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

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIMs 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.
"Licensed Healthcare Professional" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIMs that may result from the performance of an employee's duties.

"OPIMs" 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 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); and (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 animals infected with HIV or HBV.

"Parenteral" 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 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 or HBV.

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

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

"Source Individual" means any individual, living or dead, whose blood or OPIMs 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" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"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, and other bloodborne pathogens.

"Work Practice Controls" means 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).

(c)

Exposure Control.

(c)(l)

Exposure Control Plan.

(c)(l)(i)

Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(c) (1)(ii)

The Exposure Control Plan shall contain at least the following elements:

(c)(l)(ii)(A)

The exposure determination required by paragraph (c)(2),

..1910.1030(c)(l)(ii)(B)

(c)(1)(ii)(B)

The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV 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, and

(c)(l)(ii)(C)

The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(c)(l)(iii)

Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(c)(l)(iv)

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(c)(l)(v)

The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(c)(2)

Exposure Determination.

(c)(2)(i)

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

(c)(2)(i)(A)

A list of all job classifications in which all employees in those job classifications have occupational exposure;

..1910.1030(c)(2)(i)(B)

(c)(2)(i)(B)

A list of job classifications in which some employees have occupational exposure, and

(c)(2)(i)(C)

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 paragraph (c)(2)(i)(B) of this standard.

(c)(2)(ii)

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

(d)

Methods of Compliance.

(d)(l)

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

(d)(2)

Engineering and Work Practice Controls.

(d)(2)(i)

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

..1910.1030(d)(2)(ii)

(d)(2)(ii)

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

(d)(2)(iii)

Employers shall provide handwashing facilities which are readily accessible to employees.

(d)(2)(iv)

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.

(d)(2)(v)

Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(d)(2)(vi)

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 OPIMs.

(d)(2)(vii)

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

..1910.1030(d)(2)(vii)(A)

(d)(2)(vii)(A)

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(d)(2)(vi.)(B)

Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(d)(2)(viii)

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(d)(2)(viii)(A)

puncture resistant;

(d)(2)(viii)(B)

labeled or color-coded in accordance with this standard;

(d)(2)(viii)(C)

leakproof on the sides and bottom; and

(d)(2)(viii)(D)

in accordance with the requirements set forth in paragraph d)(4)(ii)(E) for reusable sharps.

(d)(2)(ix)

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.

(d)(2)(x)

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter-tops or bench tops where blood or OPIMs are present.

..1910.1030(d)(2)(xi)

(d)(2)(xi)

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

(d)(2)(xii)

Mouth pipetting/suctioning of blood or OPIMs is prohibited.

(d)(2)(xiii)

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

(d)(2)(xiii)(A)

The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(l)(i) 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 paragraph (g)(l)(i) is required when such specimens/containers leave the facility.

(d)(2)(xiii)(B)

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

..1910.1030(d)(2)(xiii)(C)

(d)(2)(xiii)(C)

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.

(d)(2)(xiv)

Equipment which may become contaminated with blood or OPIMs 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.

(d)(2)(xiv)(A)

A readily observable label in accordance with paragraph (g)(l)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(d)(2)(xiv)(B)

The employer shall ensure that this information is 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.

1910.1030(d)(3)

(d)(3)

Personal Protective Equipment.

(d)(3)(i)

Provision. When there is occupational exposure, the employer shallprovide, 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 OPIMs 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.

(d)(3)(ii)

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 judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(d)(3)(iii)

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)(3)(iv)

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

.1910.1030(d)(3)(v)

(d)(3)(v)

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

(d)(3)(vi)

If a garment(s) is penetrated by blood or OPIMs, the garment(s) shall be removed immediately or as soon as feasible.

(d)(3)(vii)

All personal protective equipment shall be removed prior to leaving the work area.

(d)(3)(viii)

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(d)(3)(ix)

Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIMs, mucous membranes, and non-
intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(d)(3)(ix)(A)

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.

..1910.1030(d)(3)(ix)(B)

(d)(3)(ix)(B)

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(d)(3)(ix)(C)

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.

(d)(3)(ix)(D)

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

(d)(3)(ix)(D)(l)

Periodically reevaluate this policy;

(d)(3)(ix)(D)(2)

Make gloves available to all employees who wish to use them for phlebotomy;

(d)(3)(ix)(D)(3)

Not discourage the use of gloves for phlebotomy; and

(d)(3)(ix)(D)(4)

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.

..1910.1030(d)(3)(x)

(d)(3)(x)

Masks, Eye Protection, and Face Shields. 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 OPIMs may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(d)(3)(xi)

Gowns, Aprons, and Other Protective Body Clothing. 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.

(d)(3)(xii)

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).

(d)(4)

Housekeeping.

(d)(4)(i)

General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(d)(4)(ii)

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIMs.

..1910.1030(d)(4)(ii)(A)

(d)(4)(ii)(A)

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly
contaminated or after any spill of blood or OPIMs; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(d)(4)(ii)(B)

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.

(d)(4)(ii)(C)

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

(d)(4)(ii)(D)

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.

(d)(4)(ii)(E)

Reusable sharps that are contaminated with blood or OPIMs 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.

(d)(4)(iii)

Regulated Waste.

..1910.1030(d)(4)(iii)(A)

(d)(4)(iii)(A)

Contaminated Sharps Discarding and Containment.

(d)(4)(Hi)(A)(l)

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

[a] Closable;

[b] Puncture resistant;

[c] Leakproof on sides and bottom; and

[d] Labeled or color-coded in accordance with paragraph (g)(l)(i) of this standard.

(d)(4)(iii)(A)(2)

During use, 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; and

[c] Replaced routinely and not be allowed to overfill.

(d)(4)(iii)(A)(3)

When moving containers of contaminated sharps from the area of use, the containers shall be:

[a] Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

[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 or color-coded according to paragraph (g)(l)(i) of this standard.

(d)(4)(iii)(A)(4)

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(d)(4)(iii)(B)

Other Regulated Waste Containment.

(d)(4)(iii)(B)(l)

Regulated waste shall be placed in containers which are:

[a] Closable;

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

[c] Labeled or color-coded in accordance with paragraph (g)(l)(i) of this standard; and

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

(d)(4)(iii)(B)(2)

If outside contamination of the regulated waste container 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 or color-coded in accordance with paragraph (g)(l)(i) of this standard; and

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

(d)(4)(iii)(C)

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

..1910.1030(d)(4)(iv)

(d)(4)(iv)

Laundry.

(d)C4)(iv)(A)

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

(d)(4)(iv)(A)(l)

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.

(d)(4)(iv)(A)(2)

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(l)(i) 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.

(d)(4)(iv)(A)(3)

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of 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.

(d)(4)(iv)(B)

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

..1910.1030(d)(4)(iv)(C)

(d)(4)(iv)(C)

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

(e)

HIV and HBV Research Laboratories and Production Facilities.

(e)(l)

This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(e)(2)

Research laboratories and production facilities shall meet the following criteria:

(e)(2)(i)

Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)

Special Practices

(e)(2)(ii)(A)

Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

..1910.1030(e)(2)(ii)(B)

(e)(2)(H)(B)

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.

(e)(2)(ii)(C)

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.

(e)(2)(ii)(D)

When OPIMs 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 paragraph (g)(l)(ii) of this standard.

(e)(2)(ii)(E)

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

(e)(2)(ii)(F)

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.

..1910.1030(e)(2)(U)(G)

(e)(2)(ii)(G)

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

(e)(2)(ii)(H)

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

(e)(2)(ii)(I)

Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency paniculate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(e)(2)(ii)(J)

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 OPIMs. 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.

(e)(2)(ii)(K)

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.

..1910.1030(e)(2)(H)(L)

(e)(2)(ii)(L)

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

(e)(2)(ii)(M)

A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(e)(2)(iii)

Containment Equipment.

(e)(2)(iii)(A)

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 OPIMs that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(e)(2)(iii)(B)

Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

..1910.1030(e)(3)(i)

(e)(3)(i)

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

(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

(e)(4)

HIV and HBV production facilities shall meet the following criteria:

(e)(4)(i)

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.

(e)(4)(H)

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.

..1910.1030(e)(4)(iii)

(e)(4)(iii)

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.

(e)(4)(iv)

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

(e)(4)(v)

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

(e)(4)(vi)

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).

(e)(5)

Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f)

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

..1910.1030(f)(l)

(f)(1)

General.

(f)(l)(i)

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 to all employees who have had an exposure incident.

(f)(l)(ii)

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:

(f)(l)(ii)(A)

Made available at no cost to the employee;

(f)(l)(ii)(B)

Made available to the employee at a reasonable time and place;

(f)(l)(ii)(C)

Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(f)(l)(ii)(D)

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 paragraph (f).

(f)(l)(iii)

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

..1910.1030(f)(2)

(f)(2)

Hepatitis B Vaccination.

(f)(2)(i)

Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) 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.

(f)(2)(ii)

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

(f)(2)(iii)

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.

(f)(2)(iv)

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

(f)(2)(v)

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)(l)(ii).

(f)(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:

(f)(3)(i)

Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

..1910.1030(f)(3)(ii)

(f)(3)(ii)

Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(f)(3)(ii)(A)

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV 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.

(f)(3)(ii)(B)

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

(f)(3)(ii)(C)

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.

(f)(3)(iii)

Collection and testing of blood for HBV and HIV serological status;

(f)(3)(iii)(A)

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

..1910.1030(f)(3)(iii)(B)

(f)(3)(iii)(B)

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.

(f)(3)(iv)

Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; (f)(3)(v)

Counseling; and (f)(3)(vi)

Evaluation of reported illnesses.

(f)(4)

Information Provided to the Healthcare Professional.

(f)(4)(i)

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

(f)(4)(ii)

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

(f)(4)(ii)(A)

A copy of this regulation;

(f)(4)(ii)(B)

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

(f)(4)(ii)(C)

Documentation of the route(s) of exposure and circumstances under which exposure occurred;

..1910.1030(f)(4)(ii)(D)

(f)(4)(ii)(D)

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

(f)(4)(ii)(E)

All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(f)(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.

(f)(5)(i)

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.

(f)(5)(ii)

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

(f)(5)(ii)(A)

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

(f)(5)(ii)(B)

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

..1910.1030(f)(5)(iii)

(f)(5)(iii)

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

(f)(6)

Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(l) of this section.

(g)

Communication of Hazards to Employees.

(g)(l)

Labels and Signs.

(g)(1)(i)

Labels.

(g)(l)(i)(A)

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 OPIMs, except as provided in paragraph (g)(l)(i)(E), (F) and (G).

(g)(i)(1)(B)

Labels required by this section shall include the following legend:

BIOHAZARD

(g)(i)(i)(c)

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

(g)(l)(i)(D)

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

..1910.1030(g)(l)(i)(E)

(g)(l)(i)(E)

Red bags or red containers may be substituted for labels.

(g)(1(i)(F)

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 paragraph (g).

(g)(l)(i)(G)

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

(g)(l)(i)(H)

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

(g)(1)(i)(I)

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

(g)(1)(ii)

Signs.

(g)(l)(ii)(A)

The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV 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.)

..1910.1030(g)(l)(ii)(B)

(g)(1)(ii)(B)

These signs shall be fluorescent orange-red or predominantly so/with lettering and symbols in a contrasting color.

(g)(2)

Information and Training.

(g)(2)(i)

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.

(g)(2)(ii)

Training shall be provided as follows:

(g)(2)(ii)(A)

At the time of initial assignment to tasks where occupational exposure may take place;

(g)(2)(ii)(B)

Within 90 days after the effective date of the standard; and

(g)(2)(ii)(C)

At least annually thereafter.

(g)(2)(iii)

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.

(g)(2)(iv)

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

..1910.1030(g)(2)(v)

(g)(2)(v)

Employers 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.

(g)(2)(vi)

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

(g)(2)(vii)

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

(g)(2)(vii)(A)

An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(g)(2)(vii)(E)

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs;

..1910.1030(g)(2)(vii)(F)

(g)(2)(vii)(F)

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(g)(2)(vii)(G)

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I)

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;

(g)(2)(ii)(C)

At least annually thereafter.

(g)(2)(iii)

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.

(g)(2)(iv)

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

..1910.1030(g)(2)(v)

(g)(2)(v)

Employers 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.

(g)(2)(vi)

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

(g)(2)(vii)

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

(g)(2)(vii)(A)

An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(g)(2)(vii)(E)

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs;

..1910.1030(g)(2)(vii)(F)

(g)(2)(vii)(F)

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(g)(2)(vii)(G)

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I)

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;

(g)(2)(vii)(3)

Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs;

(g)(2)(vii)(K)

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(g)(2)(vii)(L)

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

..1910.1030(g)(2)(vii)(M)

(g)(2)(vii)(M)

An explanation of the signs and labels and/or color coding required by paragraph (g)(l); and

(g)(2)(vii)(N)

An opportunity for interactive questions and answers with the person conducting the training session.

(g)(2)(viii)

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.

(g)(2)(ix)

Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(g)(2)(ix)(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 or HBV.

(g)(2)(ix)(B)

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

..l910.1030(g)(2)(ix)(C)

(g)(2)(iix)(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.

(h)

Recordkeeping.

(h)(l)

Medical Records.

(h)(l)(i)

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(h)(l)(ii)

This record shall include:

(h)(l)(ii)(A)

The name and social security number of the employee;

(h)(l)(ii)(B)

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 paragraph (f)(2);

(h)(l)(ii)(C)

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

(h)(l)(ii)(D)

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

..1910.1030(h)(l)(ii)(E)

(h)(l)(ii)(E)

A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(h)(l)(iii)

Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(l) are:

(h)(l)(iii)(A)

Kept confidential; and

(h)(l)(iii)(B)

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.

(h)(l)(iv)

The employer shall maintain the records required by paragraph (h)

(h)(2)

Training Records.

(h)(2)(1)

Training records shall include the following information:

(h)(2)(i)(A)

The dates of the training sessions;

(h)(2)(i)(B)

The contents or a summary of the training sessions;

(h)(2)(i)(C)

The names and qualifications of persons conducting the training;

..l910.1030(h)(2)(i)(D)

(h)(2)(i)(D)

The names and job titles of all persons attending the training sessions.

(h)(2)(ii)

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

(h)(3)

Availability.

(h)(3)(i)

The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(h)(3)(ii)

Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(h)(3)(iii)

Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

..1910.1030(h)(4)

(h)(4)

Transfer of Records.

(h)(4)(i)

The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(h)(4)(ii)

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 the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(I)

Dates.

(I)(1)

Effective Date. The standard shall become effective on March 6, 1992. .....

(I)(2)

The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(I)(3)

Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(I)(4)

Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992. [56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

Appendix C

CHAPTER 64E-16 BIOMEDICAL WASTE

64E-16.001 General.

(1) This rule prescribes minimum sanitary practices relating to the management of biomedical waste, including segregation, handling, labeling, storage, transport, and treatment. This rule applies to all facilities that generate, transport, store, or treat biomedical waste to ensure that the waste is properly handled to protect public health. Further, this rule prescribes minimum standards for permitting biomedical waste generators, storage facilities and treatment facilities, and for registering biomedical waste transporters.

(2) This chapter does not apply to biomedical waste incinerators. This chapter does not apply to linen incinerators. This chapter does not apply to linen that is to be laundered and re-used. Further, this chapter does not apply to dead bodies that are disposed of by a person licensed under the provisions of Chapter 470, F.S., or to the transport of bodies, parts of bodies, or tissue specimens in furtherance of lawful examination, investigation, or autopsy conducted pursuant to Section 406.11, F.S. Specimens or samples collected for laboratory testing or use in medical research or teaching are not considered biomedical waste until such time as the material is discarded.

(3) The Department of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate biomedical waste incineration and biomedical waste disposal.

(4) Health care providers shall inform their home user clients verbally and in writing of the recommended method for handling biomedical waste generated in the home setting. Health care providers who deliver in-home medical services shall remove or have removed by a registered biomedical waste transporter all biomedical waste generated during the performance of these services.

(5) Home users should segregate and package their biomedical waste in a manner that reduces the chance of exposure to the public.

(6) Inspections, permitting and enforcement of emergency medical services that generate biomedical waste shall be performed by the Bureau of Emergency Medical Services.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History–New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97, Formerly 10D-104.001.

64E-16.002 Definitions.

For the purpose of this chapter, the following words and phrases shall have the meanings indicated:

(1) American Society for Testing Materials, also referred to as ASTM – A technical society with headquarters located at 100 Barr Harbor Drive, West Conshohocken, Pennsylvania, 19428-2959, which publishes national standards for the testing and quality assurance of materials.

(2) Biomedical waste – Any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:

(a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.

(b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.

(3) Biomedical waste generator – A facility or person that produces biomedical waste. The term includes hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, health maintenance organizations, surgical clinics, medical buildings, physicians' offices, laboratories, veterinary clinics and funeral homes.

(a) Mobile health care units, such as bloodmobiles, that are part of a stationary biomedical waste generator, are not considered individual biomedical waste generators.

(b) Funeral homes that do not practice embalming are not considered biomedical waste generators.

(4) Body fluids – Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

(5) Contaminated – Soiled by any biomedical waste.
(6) Decontamination – The process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.
(7) Department – The Department of Health or its representative county health department.
(8) Disinfection – A process which results in a minimum Log 6 kill against the vegetative organisms listed in Table 1, and a minimum Log 4 kill against *Bacillus stearothermophilus* spores utilizing steam or a minimum Log 4 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.
(9) Facility – All contiguous land, structures, and other appurtenances which are owned, operated, and licensed as a single entity which may consist of several generating, treatment, or storage units.
(10) Hazardous waste – Those materials defined in Chapter 62-730, F.A.C.
(11) Health Care Provider – Any person who provides medical care or personal services, as that term is defined in Section 400.402, F.S., to another individual.
(12) Home User – An individual who generates biomedical waste as a result of self-care or care by a family member or other non health care provider.
(13) Leak resistant – Prevents liquid from escaping to the environment in the upright position.
(14) Outer container – Any rigid type container used to enclose packages of biomedical waste.
(15) Packages – Any material that completely envelops biomedical waste. This includes red bags, sharps containers and outer containers.
(16) Person – Any individual, partnership, corporation, association, or public body engaged in the generation, storage, transport, or treatment of biomedical waste.
(17) Point of origin – The room or area where the biomedical waste is generated.
(18) Public sharps collection program – A cooperative program designed as a non-profit community service to assist the home user in the safe disposal of discarded sharps.
(19) Puncture resistant – Able to withstand punctures from contained sharps during normal usage and handling.
(20) Restricted – The use of any measure, such as a lock, sign, or location, to prevent unauthorized entry.
(21) Saturated – Soaked to capacity.
(22) Sealed – Free from openings that allow the passage of liquids.
(23) Sharps – Objects capable of puncturing, lacerating, or otherwise penetrating the skin.
(24) Sharps container – A rigid, leak and puncture resistant container, designed primarily for the containment of sharps, clearly labeled with the phrase and international biological hazard symbol as described in Section 64E-16.004(2)(a), F.A.C., and manufactured with dyes meeting the requirements for incidental metals as described in Section 64E-16.004(2)(b)1.b., F.A.C.
(25) Sterilization – A process which results in a minimum Log 6 kill against *Bacillus stearothermophilus* spores utilizing steam or a minimum Log 6 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.
(26) Storage – The holding of packaged biomedical waste for a period longer than three days at a facility or in a transport vehicle.
(27) Transfer – The movement of biomedical waste within a facility.
(28) Transport – The movement of biomedical waste away from a facility.
(29) Transport vehicle – A motor vehicle, as defined in Section 320.01, F.S., a rail car, watercraft or aircraft, used for the transportation of biomedical waste.
(30) Treatment – Any process, including steam, chemicals, microwave shredding, or incineration, which changes the character or composition of biomedical waste to render it noninfectious by disinfection or sterilization.
Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History–New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.002.

64E-16.003 Facility Policies and Procedures.
(1) All biomedical waste facilities shall comply with the following:
(a) Biomedical waste mixed with hazardous waste, as defined in Chapter 62-730, F.A.C., Hazardous Waste, shall be managed as hazardous waste.
(b) Biomedical waste mixed with radioactive waste shall be managed in a manner that does not violate the provisions of Chapter 64E-5, F.A.C. The biomedical waste shall be managed in accordance with the provisions of Chapter 64E-16, F.A.C., after the radioactive component has decayed in storage as provided for in Chapter 64E-5, F.A.C., or is otherwise not regulated under Chapter 64E-5, F.A.C. The packaging requirements of Chapter 64E-5, F.A.C., shall be followed, unless the requirements of Chapter 64E-16, F.A.C., are more restrictive.
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(c) Any other solid waste or liquid, which is neither hazardous nor radioactive in character, combined with untreated biomedical waste, shall be managed as untreated biomedical waste.
(d) All surfaces contaminated with spilled or leaked biomedical waste shall be decontaminated as part of the cleaning process.
(2) Each biomedical waste facility shall implement a written operating plan to manage biomedical waste, in accordance with this chapter. This plan shall be available for review by the department and facility personnel. The plan shall include the following: a description of training for personnel; procedures for segregating, labeling, packaging, transporting, storing, and treating, biomedical waste; procedures for decontaminating biomedical waste spills; and a contingency plan for emergencies. Facilities which have multiple specialty services shall include procedures specific to each specialty if procedures vary. Plans shall be updated

when regulations, facility policies, or procedures change.
(a) Each facility or their designee shall train new personnel who handle biomedical waste as part of their work responsibilities. This training shall be provided prior to commencement of duties related to biomedical waste handling. Refresher training shall be completed annually by all personnel who handle biomedical waste. Training shall detail compliance with the facility's operating plan and Chapter 64E-16, F.A.C., and shall be maintained as a part of the operating plan.
(b) All biomedical waste management records shall be maintained for 3 years and shall be available for review by the department.
Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History–New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.003.

64E-16.004 Storage and Containment.
(1) Storage.
(a) Storage of biomedical waste at the generating facility shall not exceed 30 days. The 30 day period shall commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed.
(b) Storage of biomedical waste in a place other than at the generating facility shall not exceed 30 days. The 30 day storage period shall begin on the day the waste is collected from the generator.
(c) Indoor storage areas shall have restricted access and be designated in the written operating plan. They shall be located away from pedestrian traffic, be vermin and insect free, and shall be maintained in a sanitary condition. They shall be constructed of smooth, easily cleanable materials that are impervious to liquids.
(d) Outdoor storage areas, including containers and trailers, shall, in addition to the above criteria, be conspicuously marked with the international biological hazard symbol as described in paragraph 64E-16.004(2)(b), F.A.C., and shall be secured against vandalism and unauthorized entry. The international biological hazard symbol on an outdoor storage area shall be a minimum of six inches in diameter.
(2) Containment.
(a) Packages of biomedical waste shall remain sealed until treatment, except when compacted in accordance with the requirements of this chapter as stated in Section 64E-16.006(2), F.A.C. Ruptured or leaking packages of biomedical waste shall be placed into larger packaging without disturbing the original seal.
(b) All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases: “BIOMEDICAL WASTE”, “BIOHAZARDOUS WASTE”, “BIOHAZARD”, “INFECTIOUS WASTE”, or “INFECTIOUS SUBSTANCE”. The symbol shall be red, orange, or black and the background color shall contrast with that of the symbol or comply with the requirements cited in subpart Z of 29 C.F.R. subparagraph 1910.1030(g)(1)(C), Occupational Exposure to Bloodborne Pathogen Standard.

SEE FLORIDA ADMINISTRATIVE CODE FOR “BIOMEDICAL WASTE SYMBOL”

(c) Bags.
1. Biomedical waste, except sharps, shall be packaged and sealed at the point of origin in impermeable, red plastic bags or, at the discretion of the generator, into sharps containers. The international biological hazard symbol shall be at least six inches in diameter on bags 19´´ × 14´´ or larger, and at least one inch in diameter on bags smaller than 19´´ × 14´´. Each plastic bag shall meet the following physical properties:
a. Impact resistance of 165 grams and tearing resistance of 480 grams in both the parallel and perpendicular planes with respect to the length of the bag. Impact resistance shall be determined using ASTM D-1709-91, and tearing resistance shall be determined using ASTM D-1922-89.
b. Incidental sum concentrations of lead, mercury, hexavalent chromium and cadmium shall be no greater than 100 ppm for dyes used in the coloration of bags.
(d) Sharps containers.
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1. Sharps shall be discarded at the point of origin into single use or reusable sharps containers. Needles and scalpel blades shall not be placed directly into double-walled corrugated containers. Sharps containers must be sealed when full. A sharps container is considered full when materials placed into it reach the designated fill line, or, if a fill line is not indicated, when additional materials cannot be placed into the container without cramming or when no additional materials are to be placed in the container.
2. Permanently mounted sharps container holders shall bear the phrase and the international biological hazard symbol described in paragraph 64E-16.004(2)(a), F.A.C., if this information on the sharps container is concealed by the sharps container holder.
3. Reusable sharps containers shall only be emptied into a treatment cart or directly into a treatment unit. They shall be constructed of smooth, easily cleanable materials, and shall be decontaminated after each use.
4. The international biological hazard symbol shall be at least one inch in diameter on sharps containers.
(e) All outer containers shall be rigid, leak-resistant and puncture-resistant. Reusable outer containers shall be constructed of smooth, easily cleanable materials and shall be decontaminated after each use.
(f) The international biological hazard symbol shall be at least six inches in diameter on outer containers 19´´ × 14´´ or larger, and at least one inch in diameter on outer containers less than 19´´ × 14´´.
Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History–New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-4-97, Formerly 10D-104.004.

64E-16.005 Labeling.
(1) Biomedical waste bags and sharps containers shall be labeled with the generator's name and address unless treatment occurs at the generating facility.
(a) If a bag or sharps container is placed into a larger bag prior to transport, the label for the exterior bag shall comply with paragraph 64E-16.005(1), F.A.C. Inner bags and inner sharps containers are exempt from the labeling requirements of paragraph 64E-16.005(1), F.A.C.
(b) Outer containers shall be labeled with the transporter's name, address, registration number, and 24-hour telephone number prior to transport.
(2) The transporter may provide labels for bags or sharps containers that are generator-specific, such as bar codes or specific container numbers. Use of these generator-specific labels satisfies the requirements of paragraph 64E-16.005(1)(a), F.A.C.
Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History–New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.005.
64E-16.006 Generator Requirements.
(1) A biomedical waste generator shall not negotiate for the transport of biomedical waste with a person who is not registered with the department as a biomedical waste transporter.
(2) Compacting packages of biomedical waste within the generating facility, except recognizable human tissue, bulk liquids, or sharps, is acceptable provided the following conditions are met:
(a) Packages of biomedical waste shall not be compacted to a density greater than 22 pounds per cubic foot.
(b) Compacted packages of biomedical waste shall not be subjected to further compacting.
(c) Any residual or incidental liquid shall be contained within the inner bag or outer container. Should the inner bag or outer container rupture during compaction, residual or incidental liquids shall be disposed of directly into the sanitary sewer, an on-site sewage treatment and disposal system, or other system approved to receive such wastes by the Department of Environmental Protection or the department;
(d) Discharge of noxious air shall be kept to a minimum through use of HEPA filters having a pore size of 2 microns or less, negative pressure rooms, or other safety methods;
(e) Compacted packages of biomedical waste shall be treated by incineration or other approved treatment process. Treatment processes, such as steam, chemical, gas, dry heat, or microwaving, shall be considered by the department upon written request and microbiological evidence that the proposed process provides the same degree of treatment for compacted waste as for uncompacted waste. Steam treatment systems shall be tested against *Bacillus stearothermophilus* spores, as described in paragraph 64E-16.007(2), F.A.C. Other proposed treatment processes shall demonstrate efficacy using Section 64E-16.007(4), F.A.C.
Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History–New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.006.
64E-16.007 Treatment.
(1) Biomedical waste shall be treated by steam, incineration, or an alternative process approved by the department as described in Section 64E-16.007(4), F.A.C., prior to disposal. Treatment shall occur within 30 days of collection from the generator.
(2) Steam treatment units shall subject loads of biomedical waste to sufficient temperature, pressure, and time to demonstrate a minimum Log 4 kill of *Bacillus stearothermophilus* spores placed at the center of the waste load, and shall be operated in accordance with the following:
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(a) Before placing a steam treatment unit into service, operating parameters such as temperature, pressure, and treatment time shall be determined according to the following:
1. Test loads of biomedical waste which consist of the maximum weight and density of biomedical waste to be treated shall be prepared. Separate loads of red bags, sharps containers, boxes, and compacted waste shall be prepared if they are to be treated separately.
2. Prior to treatment, *Bacillus stearothermophilus* spores shall be placed at the bottom and top of each treatment container, at the front of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load, in the approximate center of each treatment container, and in the rear of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load.
3. If the operating parameters used during the treatment of the test loads demonstrate a minimum Log 4 kill of *Bacillus stearothermophilus* spores at all locations, the steam treatment unit shall operate under those parameters when placed into service. If the operating parameters fail to provide a minimum Log 4 kill of *Bacillus stearothermophilus* spores at all locations, treatment time, temperature, or pressure shall be increased and the tests must be repeated until a minimum Log 4 kill of *Bacillus stearothermophilus* spores is demonstrated at all locations. The steam treatment unit shall be operated under those parameters when placed into service. Tests shall be repeated and new parameters established if the type of biomedical waste to be treated is changed.
(b) When operating parameters have been established and documented using the criteria in paragraph 64E-16.007(2)(a), F.A.C., the steam treatment unit may be placed into service.
(c) The steam treatment unit shall be serviced for preventive maintenance in accordance with the manufacturer's specifications. Records of maintenance shall be onsite and available for review.
(d) Unless a steam treatment unit is equipped to continuously monitor and record temperature and pressure during the entire length of each treatment cycle, each package of biomedical waste to be treated will have a temperature tape or equivalent test material such as a chemical indicator placed on a non-heat conducting probe at the center of each treatment container in the load

that will indicate if the treatment temperature and pressure have been reached. Waste shall not be considered treated if the tape or equivalent indicator fails to show that a temperature of at least 250 degrees F (121 degrees C) was reached during the process.
(e) Each steam treatment unit shall be evaluated for effectiveness with spores of *Bacillus stearothermophilus* at least once each 7 days for permitted treatment facilities, or once each 40 hours of operation for generators who treat their own biomedical waste. The spores shall be placed at the center of the waste load. Evaluation results shall be maintained onsite and available for review.
(f) A written log shall be maintained for each steam treatment unit. The following shall be recorded for each usage:
1. The date, time, and operator name;
2. The type and approximate amount of waste treated;
3. The post-treatment confirmation results by either
a. recording the temperature, pressure, and length of time the waste was treated, or
b. the temperature and pressure monitoring indicator;
(g) A current written operating procedure shall specify, at a minimum, the following:
1. Parameters, determined from testing, that provide consistent treatment, such as exposure time, temperature, and pressure.
2. Identification of standard treatment containers and placement of the load in the steam treatment unit.
(3) Incineration of biomedical waste shall be achieved in a biological waste incinerator permitted by the Department of Environmental Protection.
(4) An alternative treatment process, such as chemical, gas, dry heat, or microwave shredding, shall be considered by the department upon receipt of a written request. The written request shall be directed to the State Health Officer and shall include:
(a) The specific treatment process and type of facility for which acceptance is sought;
(b) The reason for the request;
(c) Microbiological evidence, using the organisms listed in Table 1, that the proposed process provides sterilization or a satisfactory level of disinfection. Using the protocol described in Section 64E-16.007(4), F.A.C., alternative treatment systems must show either:
1. For disinfection, a minimum Log 6 kill for the vegetative organisms listed in Table 1 and a minimum Log 4 kill against *Bacillus stearothermophilus* spores utilizing steam or a minimum Log 4 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding, or
2. For sterilization, a minimum Log 6 kill against *Bacillus stearothermophilus* spores utilizing steam or a minimum Log 6 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.
Table 1
1. Bacteria
a. *Bacillus* spores – mandatory, species determined by treatment process
Any two
b. *Enterococcus faecalis*
c. *Pseudomonas aeruginosa*
d. *Staphylococcus aureus*
e. *Nocardia* species
2. Mycobacteria species – any one
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a. *Mycobacterium bovis*
b. *Mycobacterium fortuitum*
3. Fungus – any one
a. *Candida albicans*
b. *Aspergillus fumigatus*
4. Protozoa – *Giardia intestinalis* or similar
5. Virus – Poliovirus or similar.
(d) Each step of the efficacy testing must be thoroughly described in the application for approval. A detailed description of the treatment process, preparation of organisms, preparation of test loads, recovery of organisms, and raw data must be provided.
(e) To begin the efficacy testing, two challenge loads must be sterilized. These loads must be composed of materials commonly found in biomedical waste (tissues, sharps, plastics, glass, woven materials, blood and blood products, etc.), and must be of adequate quantity to equal the maximum capacity of the treatment system. The test load must be fully described (weight, moisture content, composition, etc.).
(f) The purity of all organisms and spores must be certified by a clinical or commercial laboratory. Each organism must be processed separately and placed in the test load in the most difficult location to treat. Before each test run, the total number of viable test organisms must be determined and documented. Treatment of the test load must take place within thirty minutes of inoculating the load with the test organism.
(g) The test load containing the test organism must be processed without the agent (e.g., chemical, microwaves, etc.) used to kill the test organisms. If this agent is a liquid, it must be replaced with an equal amount of sterile saline solution or tapwater. After the test load has completed one cycle in the treatment device, a minimum of three grab samples must be taken from the test load and the number of test organisms present determined. If the number of organisms recovered after the test run is less than Log 6, the number of organisms originally introduced into the device must be increased, and the run must be performed again, until at least Log 6 organisms are recovered. If the number of organisms recovered from the test run is Log 6 or greater, there is an adequate

number of organisms being introduced into the device, and the inoculum size should be equal to this number.
(h) Using the inoculum size determined in the above procedure, the second sterilized test load must be inoculated separately. During these test runs, the chemical or physical agent used to treat the waste must be used.
(i) After each test run is completed, the log kill for that particular organism or spore must be calculated. The number of organisms that were not recovered from the initial (non-treating) test run must be subtracted from the number of organisms that were introduced into the second (treatment) run. The number of organisms that survive the treatment process must be subtracted from the first calculation. The resulting figure is the log kill provided by the treatment process.
(j) Approved alternative treatment processes, except single-use, shall meet the requirements of subsection 64E-16.007(2)(e).
(5) Biomedical waste may be disposed into a sanitary sewer system, an onsite sewage treatment and disposal system, or other system approved to receive such waste by The Department of Environmental Protection or the department, if it is in a liquid or semi-solid form and aerosol formation is minimal.
(6) Body tissues that have been histologically fixed are considered treated biomedical waste. Tissues prepared by frozen sectioning only are not considered treated.
(7) Acute care hospitals, licensed under Chapter 395, F.S., which utilize a certified onsite treatment process involving grinding and treatment, may dispose of such treated biomedical waste in the normal municipal solid waste stream upon notifying the local government responsible for solid waste collection and disposal under the following conditions:
(a) For the purposes of this chapter, certified shall mean that the treatment process is steam treatment, or has been approved as an alternative biomedical waste treatment process under Section 64E-16.007(4), F.A.C.
(b) For the purposes of this chapter, grinding shall also mean shredding or hammermilling.
(c) If grinding takes place prior to treatment, procedures that minimize the chance of exposure to waste handlers must be developed and implemented should the grinder fail or become jammed.
(d) Individuals operating the treatment unit must be trained in all aspects of its operation, including contingency procedures.
(e) Acute care hospitals must inform the department in writing of the installation of the unit at least 30 days prior to placing the unit into service.
(f) Inspection of the unit, including treatment and maintenance records, will occur during the annual inspection for the hospital's biomedical waste permit.
Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History–New 6-19-89, Amended 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.007.

64E-16.008 Biomedical Waste Transport.
(1) No registered transporter may knowingly accept biomedical waste for transport unless it has been properly segregated, packaged, and labeled.
(2) Each registered transporter shall provide the generator with a receipt of pick-up.
(3) During transport, no registered transporter shall compact biomedical waste or allow it to leak into the environment.
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(4) Transfer of biomedical waste from one transport vehicle to another is not allowed unless the transfer occurs at a permitted storage or treatment facility, except as provided in paragraph 64E-16.008(10)(a), F.A.C. Intermodal transfers of biomedical waste are allowed provided transport shipping seals remain intact.
(5) Any registered transporter who unknowingly fails to comply with subsections (3) or (4) of this section because such biomedical waste has not been properly segregated or separated from other solid wastes by the generating facility is not guilty of a violation under this rule.
(6) No registered transporter shall knowingly deliver biomedical waste for storage or treatment to a facility which does not have a valid permit issued by the department.
(7) All transport vehicles containing biomedical waste shall be visibly identified with the business name, registration number, a 24 hour telephone number, and placards showing the phrase and the international biological hazard symbol as described in paragraph 64E-16.004(2)(a). The symbol shall be at least six inches in diameter.
(8) All transport vehicles containing biomedical waste shall be fully enclosed and secured when unattended.
(9) Registered transporters shall notify the department within one working day by telephone and shall submit a follow-up report to the department within 10 days, in writing, if there is an accident that results in a spill of biomedical waste.
(10) In case of an emergency situation, including mechanical failure, the following is allowed:
(a) If the emergency occurs during transport, biomedical waste may be transferred to another transport vehicle, including a rental vehicle, without being at a storage or treatment facility.
(b) If a rental vehicle is used, the department shall be notified of its use on the first working day after the emergency. A copy of the written authorization from the rental agency stating awareness of the intended use of the vehicle shall be submitted to the department within seven days.
(c) Biomedical waste shall be removed and transported to a permitted storage or treatment facility within 24 hours of the emergency.
(d) Before return to the rental agency, the vehicle shall be decontaminated.
Specific Authority 381.0098 FS. Law Implemented 381.0098 FS. History–New 6-3-97, Formerly 10D-104.0073.

64E-16.009 Registration of Biomedical Waste Transporters.
(1) Biomedical waste transporters shall be registered with the department. Biomedical waste generators transporting less than 25 pounds of their own biomedical waste, in their own transport vehicle, on any single occasion, are exempt from transporter

registration, fee, and placarding requirements of this chapter.
(2) Each owner or operator of a transport vehicle shall submit to the department a completed application for registration on form DH 4106, herein incorporated by reference.
(3) Biomedical waste transporter registrations shall expire on September 30 each year. Renewal applications will not be considered complete without the submission of an annual report on form DH 4109, herein incorporated by reference. Biomedical waste transporters with valid registrations, on the effective date of this chapter, shall renew their registration by September 30 following the expiration date of their existing registration.
(4) Registered transporters shall notify the department in writing within 30 days of any changes made to their registration form currently on file with the department.
(5) Any registered biomedical waste transporter is subject to having their biomedical waste transporter registration denied, suspended, or revoked, pursuant to Section 381.0098, F.S., and in accordance with the procedural requirements of Section 120.60, F.S., upon a finding by the department that the transporter:
(a) Has submitted false or inaccurate information in the application or annual report;
(b) Has violated the provisions of any statute or rule which the department is authorized to enforce;
(c) Has refused to allow inspection of records or equipment by department personnel.
Specific Authority 381.0098 FS. Law Implemented 381.0098 FS. History–New 6-3-97, Formerly 10D-104.0074.

64E-16.010 Inspections.
(1) Department personnel shall inspect registered transport vehicles, permitted generators, storage, and treatment facilities at least once a year. Those facilities exempted from the registration and fee requirements under subsection 381.0098(4), shall be inspected at least once every three years. Reinspections may be conducted when a facility is found to be in non-compliance with this chapter. Results of each inspection shall be recorded on a form provided by the department.
(2) To provide consistency of inspections throughout the state, all department personnel who inspect biomedical waste facilities shall attend training annually, which shall be approved by the Bureau of Environmental Health Programs.
Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS. History–New 12-14-92, Amended 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.0075.
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64E-16.011 Permits.
(1) All biomedical waste facilities, except those facilities operating under a Department of Environmental Protection permit, shall obtain a permit from the department annually. Application forms and annual report forms used by the public may be obtained from the environmental health section of the county health department in the county of their location or from the Department of Health, Bureau of Facility Programs, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1710. All forms listed in this section are incorporated by reference.
(a) A biomedical waste generator, who produces or treats less than 25 pounds of biomedical waste in each 30 day period, shall be exempt from all permit and fee requirements of this chapter.
(b) Application for an initial biomedical waste generator permit or exemption from permitting shall be submitted to the department on form DH 4089, Application for Biomedical Waste Generator Permit/Exemption, 8/98. Biomedical waste treatment facilities which were constructed prior to December 31, 1995, or for which an operation permit was submitted to the Department of Environmental Protection prior to December 31, 1995, shall meet the requirements of this chapter at the time of renewal of their existing permit.
(c) Application for an initial biomedical waste storage facility permit shall be submitted to the department on form DH 4107, Application for Biomedical Waste Storage Permit, 8/98.
(d) Application for an initial biomedical waste treatment facility permit shall be submitted to the department on form DH 4111, Application for a Biomedical Waste Treatment Permit, 8/01. Renewals will not be considered complete without the submission of an annual report submitted on form DH 4110, Biomedical Waste Treatment Facility Annual Report, 8/01.
(e) Application for an initial biomedical waste sharps collection program permit shall be submitted to the department on form DH 4108, Application for Biomedical Waste Sharps Collection Program Permit, 8/98.
(f) Permits shall not be transferable from one person to another. In the event of an address or name change, an amended application for permit shall be submitted to the department. A permitted generator may work at a branch office for no more than six hours in any seven day period without applying for an additional permit. These generators must notify the local county health department biomedical waste coordinator of the existence and operating hours of the branch office.
1. In the event of a change of ownership of the facility or a newly constructed facility, an application for an initial permit shall be submitted to the department within 30 days of the commencement of business.
2. When a facility is leased by the owner to a second party for operation, the second party shall apply to the department for an initial permit within 30 days of the commencement of business. The second party shall be held responsible for the operation and maintenance of the facility.
(g) Permits shall expire on September 30 each year. The permit, or a copy thereof, shall be maintained within the facility and shall be made available for review by department personnel.
(2) Persons engaged in a sharps collection program with single or multiple facility locations may operate under a single permit provided:
(a) The sharps collection program is open to the general public;
(b) A list identifying the location of each facility is attached to the application; and

(c) Each facility meets the applicable permit requirements.
Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS. History–New 12-14-92, Amended 1-23-94, 6-3-97, Formerly 10D-104.0076, Amended 11-5-02.

64E-16.012 Fees.

(1) When the facility will be in operation six (6) months or less before the annual renewal date, the annual fee shall be prorated on a quarterly basis. State-owned and operated biomedical waste facilities are exempt from the permit fee.
(2) Fee schedule.
Generator Permit:
(application received by October 1) $55.00
(application received after October 1) $75.00
Treatment Permit:
(application received by October 1) $55.00
(application received after October 1) $75.00
Storage Permit:
(application received by October 1) $55.00
(application received after October 1) $75.00
Transporter Registration (one vehicle):
(application received by October 1) $55.00
(application received after October 1) $75.00
Additional Vehicle $10.00
No fee or combination of fees shall exceed the maximum amount established by the statute.
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(3) All fees collected pursuant to this section shall be placed in a specially designated account within the individual county health department trust fund to be used to meet the cost of administering the biomedical waste program described in this chapter.
Specific Authority 381.006, 381.0098(4) FS. Law Implemented 381.006, 381.0098 FS. History–New 12-14-92, Amended 1-23-94, 6-3-97, Formerly 10D-104.0078.

64E-16.013 Enforcement and Penalties.

(1) According to Section 381.0025, F.S., any person who generates, transfers, treats, stores, transports or disposes of biomedical waste in violation of this chapter; or who interferes with, hinders, or opposes any employee of the department in the discharge of his duties, or who impersonates an employee of the department, is chargeable with a misdemeanor of the second degree, punishable as provided in Sections 775.082 and 775.083, F.S.
(2) For violation of any provision of Chapter 64E-016, F.A.C., the department shall deny, suspend or revoke any biomedical waste permit or impose an administrative fine of up to $2500 per day for each violation of this chapter or pursue other enforcement action authorized by law. In determining the type and degree of enforcement action necessary, the department shall take into consideration the following:
(a) The gravity of the violation, including the probability that death or serious physical harm to any person may result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of the applicable statutes or rules were violated.
(b) Actions taken by the owner or operator to correct violations.
(c) Any previous violations.
Specific Authority 381.006, 381.0098(5) FS. Law Implemented 381.0012, 381.002(13), 381.0025, 381.006, 381.0061, 381.0098, 395.1011, 775.082, 775.083 FS. History–New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97. Formerly 10D-104.008, Amended 11-5-02

Appendix E

BLOODBORNE PATHOGENS AT-RISK EMPLOYEE LIST
DISTRICT SCHOOL BOARD OF PASCO COUNTY

Listed below are job classifications that have been determined, in the DSBPC Bloodborne Pathogens Exposure Control Plan, to place employees at risk for occupational exposure to blood or other potentially infectious materials (OPIM). Should you obtain employment in any of these categories, the DSBPC offers the Hepatitis B vaccination series at no cost to you. If you are eligible but do not wish to receive the vaccine, you must sign a declination form. Please contact your school nurse to make arrangements to obtain a voucher, waiver or declination form.

Associated tasks / procedures which classify personnel as "at risk" may include:

Performing invasive health procedures
Diapering /toileting
Administering first aid
Contact with blood or OPIM
Therapy / close contact with students with special needs
Hospital / clinic site work
Responsibility for clean up of body waste or sewer contamination

"At Risk" Job Classifications:

Adaptive PE teacher
Alternative education center teacher / staff
Athletic coach
Behavior specialist
Clinic assistant
Contact of Hepatitis B known carrier
Custodian, plant manager, assistant plant manager
Early Childhood Program staff
ESE bus driver/transportation assistant
ESE teacher/instructional assistant
Health occupation teacher/clinical instructor
Juvenile Detention Center teacher
LPN/instructional assistant
Maintenance IV, flooring/sewer worker, carpenter
Occupational therapist/assistant
Other maintenance personnel as appropriate (consult with Custodial Coordinator)
PLACE site managers, assistant managers, senior childcare assistants
Physical therapist
Principal, assistant principal, instructional assistant for student discipline
School nurse
Substitute(s) for clinic assistant

Occupationally exposed employees must receive training at initial assignment and at least annually. Please check with the Registered Professional School Nurse assigned to your school for more information regarding in-service availability. Information may also be available via self-study or podcast.

If you have questions or concerns, please call the OSSPS Health Supervisor at the District Office, ext. 42360.

Appendix E

District School Board of Pasco County
Biomedical Waste/Sharps Disposal

FAX REQUEST TO: John Boucher
FAX (813) 794-7993

Name of School/Facility _____

School/Facility Address _____

Phone Number _____

Fax Number _____

Contact Person _____

Date of Request _____

Note: All waste containers MUST be labeled with DATE and FACILITY NAME and ADDRESS. ALL red bags must be picked up within 30 days from the time the first item is placed into the red bag. ALL sharps containers must be picked up when the fill line on the container is reached. Once the sharps container is sealed it must be picked up within 30 days or 30 days from the time a saturated item such as gauze, band-aid, etc. is placed into it.

Sharps Containers Quantity _____

Red Bags Quantity _____

KEEP A COPY OF THIS FORM FOR A MINIMUM OF 3 YEARS