WAKE FOREST BAPTIST MEDICAL CENTER
POLICY AND PROCEDURE BULLETIN

PREPARED BY: Infection Control

SUBJECT : BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. POLICY

A. EXPOSURE CONTROL PLAN

1. The Hospital will maintain an Exposure Control Plan to comply with the OSHA Bloodborne Pathogens Standard 29 CFR part 1910.1030, December 6, 1991 and January 18, 2001.
2. This plan includes: an exposure determination, the schedules and methods of implementation, the methods of compliance, hepatitis B vaccination and post-exposure follow-up, communication of hazards to employees, recordkeeping, the procedures for the evaluation of circumstances surrounding exposure incidents and soliciting input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls**. See Appendix A: Implementation Schedule**
3. This plan will be reviewed at least annually and updated as appropriate.
4. A copy of the OSHA Bloodborne pathogens standards will be maintained with the Exposure Control Plan. **See Appendix B: OSHA Bloodborne Pathogens Standards**

B. EXPOSURE DETERMINATION

1. An occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. For the purposes of identifying anticipated exposures, this definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and those exposures the worker is not required to incur in the normal course of employment.
2. The determination of job classifications with occupational exposure to bloodborne pathogens shall be made without regard to the use of personal protective equipment. **See Appendix C: Job Classifications and Anticipated Occupational Exposure.**

C. METHODS OF COMPLIANCE

1. The use of an exposure determination, Standard Precautions, engineering controls, work practice controls, personal protective equipment, housekeeping procedures, regulated waste management, hazard communication, hepatitis B vaccination, post-exposure management and education shall be used to reduce or eliminate the potential for occupational exposure to bloodborne pathogens**. See Appendix D: Responsibilities**

2. Annually reviewing the Exposure Control Plan to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, and documenting the consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize the risk of occupational exposure.
3. Soliciting input from employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and documenting the solicitation in the Exposure Control Plan.

II. PURPOSE

To eliminate or minimize occupational exposure to bloodborne pathogens.

II. PROCEDURES

A. STANDARD PRECAUTIONS

1. Standard Precautions will be used in all aspects of patient care delivery.
2. Standard Precautions apply to all direct and indirect contact with: blood, all body fluids, secretions and excretions, nonintact skin, and mucous membranes.
   Refer to the Infection Control Policy Standard Precautions and Transmission Based Isolation Precautions (PPB-NCBH-117).

B. ENGINEERING CONTROLS AND WORK PRACTICE CONTROLS

1. Engineering and work practice controls shall be used to eliminate or minimize employee exposure.
   a) Engineering controls are defined as controls that isolate or remove the pathogens hazard from the workplace, (e.g., sharps disposal containers, safer medical devices, such as sharps with engineered injury protections and needleless systems)
      (1) Sharps with engineered sharps injury protection are defined as a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
      (2) Needleless systems are defined as a device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving potential exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
   b) Work practice controls are defined as controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles)
2. Engineering Controls shall be maintained or replaced on a regular schedule to ensure their effectiveness.

3. The available Engineering Controls, Sharps with Engineered Sharps Injury Protections and Needleless Systems should be used to eliminate or minimize bloodborne pathogen occupational exposure. **Appendix E: Engineering Controls**
4. Sharps Practices
    a) All needles and sharps are to be handled with extreme care so as to prevent accidental injuries.
    b) As soon as possible after use, disposable sharps, needles with syringes, etc. are to be placed in the closest available sharps container.
    c) Contaminated sharps:
        (1) To prevent needle-stick injuries, needles are not to be recapped, purposely bent or broken, removed from disposable syringes, or otherwise manipulated by hand.
        (2) Resheathing instruments, self-sheathing needles, or forceps shall be used to prevent recapping of needles by hand.
        (3) The one-handed "scoop" method may be used only in situations where recapping is essential and no other method of recapping is available.
    d) Reusable sharps:
        (1) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into containers where sharps have been placed.
        (2) 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.
        (3) Reusable sharps shall be placed in the designated transport containers.
        (4) Hemostats or tongs shall be used to remove sharp items (e.g. dirty instrument trays in O.R. and C.S.).
5. Resuscitation Procedures: Disposable mouthpieces and resuscitation devices are to be used with all patients to minimize the need for emergency mouth-to-mouth resuscitation.
6. Hand Hygiene (Handwashing)
    a) Hand Hygiene supplies, i.e. antimicrobial soap and water or alcohol based waterless hand rub, shall be conveniently located in all areas throughout the facility in which there is potential exposure to pathogens in the workplace.
    b) Hands should be washed according to the indications and procedures as outlined in the **Infection Control policy on Hand Hygiene (PPB-NCBH-119)**
    c) Employees shall cleanse their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
        (1) Employees shall wash their 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 other potentially infectious material.

7. Food and Drink, Smoking, Cosmetics, Lip Balm, Contact Lenses
    a) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where blood and other potentially infectious materials are handled, processed or stored.
    b) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops in work areas where blood and other potentially infectious materials are present, handled, processed or stored.
    c) No blood or other potentially infectious materials or contaminated equipment shall be taken into the break rooms.
8. Specimen handling, processing, storage, transport, and shipping
    a) All procedures involving blood and other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
    b) Mouth pipetting or suctioning of blood and other potentially infectious materials is prohibited.
    c) Specimens of blood and other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
    d) Individual specimens are to be placed in a Biohazard labeled primary container for transport within the hospital.
        (1) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which would prevent leakage, during handling, processing, storage, transport, or shipping.
        (a) Examples of secondary containers are "Rubbermaid/igloo" coolers with biohazard labels and zip-lock plastic bags with biohazard labels. Care must be taken when placing a specimen into a container to avoid contaminating the outside of the container or the form accompanying the specimen.
        (b) If the outside of the secondary container becomes contaminated, it should be decontaminated. If immediate decontamination of the container is not practical due to medical reasons (e.g., the delay would adversely impact patient care), it should be placed into another container for transport. For Example, a second zip-lock bag could be used for small items, and a large, clear biohazard labeled bag (such as those used for contaminated laundry) may be used for the "Igloo". After the specimen has been transported, the "Igloo" should be decontaminated. Transport containers such as “Igloo’s” must be cleaned weekly inside and out.
    e) Each individual container of blood or body fluids that are placed in a larger labeled container need not be labeled (e.g. phlebotomy tray). 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 exempt from a Biohazard label.

f) All specimens (blood and other potentially infectious materials) and transport/shipping containers leaving the Hospital shall be packaged as defined in the **Medical Center Policy: Shipping And Receiving Of Blood and Body Fluids (PPB-MC-06).**

9. Equipment servicing or shipping
   a) Equipment which may be contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated to the extent necessary and/or feasible.
   b) A readily observable label shall be attached to equipment stating which portions of the equipment are contaminated and identified with a Biohazard label.
   c) Information relating to the contamination status of equipment shall be made known to engineering personnel, service representative, and/or manufacturer so that appropriate precautions will be taken when they are working on equipment.

C. **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

1. Where occupational exposure remains after instituting engineering and work practice controls, personal protective equipment will be used for minimizing or eliminating exposure to bloodborne pathogens.
   a) Personal protective equipment is defined as specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., scrub suits, uniforms, pants, shirts) not intended to function as protection against a hazard are not considered to be personal protective equipment.
2. The employee will be provided (at no cost) appropriate protective equipment such as but not limited to gloves, gowns, and face shields in accordance with department specific PPE guidelines (PPE Hazard Assessment).
3. Personal protective equipment will be considered appropriate only if it does not permit blood or body fluids to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eye, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
4. Protective equipment for all personnel will be selected based on its' ability to protect against exposure to blood and other potentially infective material.
5. Employees shall use appropriate personal protective equipment for all anticipated occupational exposures.
6. The department head/supervisor shall investigate when an employee, in his/her professional judgement, temporarily and briefly declines to use personal protective equipment, when under rare and extraordinary circumstances, the use of equipment would have prevented the delivery of health care services or would pose an increased hazard to the safety of the worker or co-worker. (Example: Patient unexpectedly begins to hemorrhage, and the time taken to don PPE would place the patient's life in jeopardy.)
7. If personal protective equipment is penetrated by blood or other potentially infectious material, the equipment shall be removed immediately or as soon as feasible.

a) If the employees clothing is soiled with blood or body fluids it will be laundered by the hospital.
b) The procedure for contaminated clothing is outlined in **Appendix F: Cleaning Of Contaminated Personal Uniforms Or Clothing**

8. All personal protective equipment shall be removed prior to leaving the work area.
    a) It shall be placed in an appropriately designated area for storage or in designated containers for laundering or disposal. Disposable items shall be discarded into white biohazard labeled bags.
    b) Hand hygiene shall be performed after removal of personal protective equipment.
    c) When the use of personal protective equipment is necessary outside of the primary worksite (e.g. transporting a trauma patient), additional PPE should be readily available.
    d) The contaminated PPE should be removed and discarded as soon as feasible.
    e) Care should be used to prevent contamination of commonly touched environmental surfaces such as rails, elevator buttons, and etc.
9. Accessibility
    a) Appropriate personal protective equipment shall be kept in all departments/units where occupational exposure may occur.
    b) Appropriate sizes and types of protective equipment shall be readily accessible in accordance with department specific PPE guidelines (PPE Hazard Assessment).
    c) Hypoallergenic gloves, powderless gloves, or similar alternatives shall be available for employees who are allergic to gloves normally provided.
10. Cleaning, laundering, disposal, repair and replacement
    a) The hospital shall clean, launder, and dispose of personal protective equipment.
    b) The hospital shall also repair or replace personal protective equipment as needed to maintain its effectiveness.

11. Gloves
    a) Gloves shall be worn when it can be reasonably anticipated that there will be contact with blood and other potentially infectious materials; mucous membranes; non-intact skin; vascular access procedures; or surfaces that are contaminated with blood and other potentially infectious materials.
    b) Some of the task in which it can reasonably anticipated contact with blood or other potentially infectious materials include but are not limited to:
        (1) Examining abraded or non-intact skin. Examples: wound debridement, dressing changes.
        (2) During invasive procedures. Examples: venipunctures or starting IV's, heelsticks and/or fingersticks
        (3) During instrumental exams of the oropharynx, GI, or GU tract. Examples: dental procedures, endoscopy, bronchoscopy.
        (4) Handling items or surfaces soiled with blood or other

potentially infectious material. Examples: central supply decontamination, instrument cleaning and processing.

(5) Hand contact with blood or other potentially infectious body fluids is expected to occur. Example: clean-up of blood spills.

c) Gloves must be worn if the employee has cuts, abraded skin, lesions, chapped hands, dermatitis.

d) Gloves should be worn so as to cover all skin not covered by gown sleeve, if gowns are also needed for protection.

e) Gloves shall be changed after each patient contact and hand hygiene performed each time gloves are removed.

f) Disposable, single use gloves shall be replaced as soon as practical when they are contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

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

h) Utility gloves:

(1) Utility gloves may be decontaminated according to the manufacturer's directions for re-use if the integrity of the glove is not compromised.

(2) Utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration.

12. Face protection

a) Face protection shall be used whenever splashes, spray, splatter, or droplets of blood and other potentially infectious material may be generated and eyes, nose, or mouth contamination can be reasonably anticipated, (e.g., pipetting, pouring of specimens, surgical procedures, invasive/diagnostic procedures of the respiratory and GI tracts, during vaginal deliveries and cesarean sections, wound irrigations, handling of drainage collection systems i.e. suction equipment, trach care etc.)

b) In instances when the eyes need protecting, the nose and mouth must also be protected.

c) Face protection may include but is not limited to the following devices:

(1) Masks in combination with goggles/shield

(2) Masks in combination with glasses and side shields

(3) Chin length face shields

d) Face protection must be replaced or cleaned as soon as is feasible if it becomes contaminated with blood or other potentially infectious material.

e) Hand hygiene should be performed after removal of face protection.

13. Gowns and protective body clothing (Infection Control Policy: Donning and Removing Personal Protective Equipment (PPB-NCBH-144)

a) Gowns which are resistant to blood and other potentially infectious material shall be worn in situations in which occupational exposure can be reasonably anticipated.

b) Surgical caps or hoods and/or shoe covers shall be worn in instances where gross contamination can reasonably be anticipated (e.g.,

autopsies, orthopedic surgery).

c) Gowns and protective body clothing shall be changed as soon as feasible after contamination with blood or other potentially infectious material.
   (1) Reusable barrier gowns shall be discarded into the designated linen chute bags.
   (2) Disposable gowns shall be discarded into white biohazard labeled bag

d) Hands should be washed after removal of gowns and other protective body clothing.

D. **HOUSEKEEPING**

1. Each work site will be maintained in a clean and sanitary manner.
2. The schedules and methods for cleaning and decontamination are based on the location within the facility, type of surface to be cleaned, type of soil present, and the task or procedures being performed in the area and are outlined in the **Infection Control Policy Sanitation (PPB-NCBH-132).**
3. All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials with one of the following:
   a) Environmental Protection Agency (EPA)-registered detergent disinfectant with a tuberculocidal label claim
   b) A 1:10 or 1:100 dilution of household bleach using Na hypochlorite (5.25%).
   c) EPA-registered disinfectant product that is labeled as effective against HIV and HBV, provided such surfaces have not become contaminated with agent (s) or volumes of concentrations of agents (s) for which higher level of disinfection is recommended.
4. Contaminated work surfaces shall be decontaminated with one of the disinfectant as described above:
   a) After completion of procedures;
   b) At the end of the work shift if the surface may have become contaminated since the last cleaning;
   c) Immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious material.
   (1) Small spills are cleaned by wiping up the spill then cleaning the area with the disinfectant.
   (2) Housekeeping shall be called for cleaning large spills of blood or other potentially infectious materials.
   (3) Large spills should first be flooded with the disinfectant; the spill wiped or mopped up then the area re- cleaned with the disinfectant.
5. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

6. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
7. Broken glass is always removed by mechanical means such as tongs, forceps, or a dust pan and brush.
    a) Broken glass must be disposed of in a sharps container.
    b) Housekeeping should be contacted for removal and clean-up of broken glass.

E. **OSHA REGULATED WASTE**

1. All OSHA regulated waste will be identified with the universal Biohazard symbol.
    a) OSHA regulated waste is defined as liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
2. Regulated waste containers: OSHA Regulated waste will be placed in containers that are
    a) Closable;
    b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
    c) Closed prior to removal to prevent spillage or protrusion during handling, storage, transport or shipping;
    d) If the outside contamination of the regulated waste container occurs, it shall be placed in a second container which shall be:
        (1) Closable;
        (2) constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
        (3) labeled with a Biohazard label;
        (4) closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
3. Contaminated sharps containment and discarding
    a) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are
        (1) Closable;
        (2) Puncture resistant;
        (3) Leakproof on sides and bottom;
        (4) Identified with a Biohazard symbol.
    b) During use contaminated sharps containers shall be
        (1) 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;
(2) Maintained upright and secured in a manner to prevent accidental tipping or spilling;
(3) Replaced when reaching the maximum fill line.

c) When moving containers of contaminated sharps from the area of use, the containers shall be
(1) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
(2) Placed in a secondary container if leakage is possible, the second container shall be
(a) Closable;
(b) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
(c) Identified with a Biohazard label.

4. Contaminated non-sharps containment and discarding: All OSHA non-sharp regulated waste will be discarded directly into a biohazard labeled container or will be bagged at the point of use and taken directly to a Biohazard labeled receptacle.

F. **LAUNDRY**

1. Soiled linen shall be handled as little as possible.
2. Soiled linen shall be bagged at the site of use and shall not be presorted or rinsed in location of use.
3. All soiled linens will be considered contaminated and will be handled using Standard Precautions.
4. Linen that is saturated with blood or other potentially infectious material to the point of leaking is first placed in a clear biohazard bag and then a chute bag for return to the Laundry.

G. **BIOHAZARD LABELING**

1. Biohazard labels shall be affixed to the following:
   a) Containers of Biohazard regulated waste
   b) Refrigerators or freezers containing blood, other potentially infectious material (excluding blood products labeled as to their contents and suitable for transfusion), or breast milk.
   c) Containers used to store, transport or ship blood or other potentially infectious material
   d) Contaminated equipment that is being serviced or shipped.
   e) Contaminated equipment should also have a label that indicates which portions of the equipment are contaminated.
2. The Biohazard labels shall be affixed by a method that prevents the loss or unintentional removal.
3. Biohazard labels shall:
   a) Be fluorescent orange or orange-red or predominately so with lettering or symbols in a contrasting color
   b) Contain the Biohazard symbol or the word "Biohazard"

c) Individual containers of blood or other potentially infectious material that are placed in labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

H. HEPATITIS B VACCINATION

1. The hospital will provide Hepatitis B vaccine free of charge to all employees with potential occupational exposure.
2. Hepatitis B vaccination will be made available after the employee has received training and within 10 working days of initial assignment for all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing reveals the employee is immune, or the vaccine is contraindicated for medical reasons.
3. Allied health programs, contract agency personnel, and other affiliates are encouraged and responsible for providing hepatitis B vaccine as recommended by the U.S. Public Health Service for their participants.
4. Participation in a prescreening program is not a prerequisite for receiving Hepatitis B vaccination.
5. If an eligible employee declines to accept the vaccine he/she must sign a statement to that effect.
6. Employees who decline the vaccine may at any later date choose to be vaccinated.
7. Routine booster dose(s) as recommended by the U.S. Public Health Service shall be made available under the same policies as the initial vaccination series.
8. All vaccination records and statements of consent or declination are maintained by the Employee Health Department.

I. POST-EXPOSURE EVALUATION AND FOLLOW-UP

1. A post-exposure evaluation and follow-up will be provided to all employees, visitors, or patients who sustain inadvertent exposures to OSHA defined blood or other potentially infectious material and that have been identified in the transmission of bloodborne pathogens. Further explanation of the process in EHS for managing exposures including workup, counseling, and re-training is described in Appendix G.
2. An inadvertent exposure requiring post-exposure evaluation and follow-up is defined as: Any type of exposure to human blood, human blood components, and products made from human blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, 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; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV or HBV containing culture medium or other solutions in any of the following ways:

a) Percutaneously (e.g. needlesticks, other sharp injuries, lacerations, etc.)
b) Mucous membranes (e.g. splashes to the mouth, nose, eyes, etc.)
c) Non-intact skin (e.g. abraded skin, or other breaks in the skin, etc.)

Note: Urine, feces, tears, emesis, sweat and saliva are excretions and would only be considered for inadvertent exposure if there is visible blood.

3. The employee shall report any exposure incident defined above to their immediate supervisor. Exposures involving visitors should be reported to Employee Health during the hours of 8:00AM-3:30PM Monday thru Friday, and after hours report to Emergency Department. Those exposures where a patient is the exposed person should be reported to Employee Health during normal hours and Health on Call after hours.
4. The medical evaluation and procedures including the hepatitis B vaccine and vaccination series and post exposure evaluation and follow-up including prophylaxis will be:
   a) Made available to the employee at no cost to the employee
   b) Made available to the employee at a reasonable time and place
   c) Performed by or under the supervision of a licensed physician or under the supervision of another licensed healthcare professional.
   d) Provided according to the recommendations of the U. S. Public Health Service current at the time the evaluation and procedures take place.
   e) All testing shall be conducted at an accredited laboratory at no cost to the employee.
5. Immediately following an exposure incident as defined above, the exposed employee will have a confidential medical evaluation and follow-up including at least the following elements:
   a) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
   b) Identification and documentation of the source individual, unless that identification is infeasible
   c) Collection and testing of the source's blood for HBV, HIV, and hepatitis C serological status and in accordance with applicable North Carolina Communicable Disease Rules.
   d) When the source is known to be infected by HBV and/or HIV and/or HCV the testing of the source need not be repeated
   e) The results of the source's testing will be made available to the exposed employee, and the employee will be informed of the applicable NC state laws concerning disclosure of the identity and infectious status of the source.
   f) The employee's blood shall be collected and tested for HBV, HIV, and HCV after consent is obtained.
      (1) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for 90 days and discarded.
      (2) If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as

soon as possible.

g) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service
h) Counseling
i) Evaluation of reported illnesses
j) The employee will be provided a copy of the post-exposure evaluation within 15 days of the completion of the evaluation.
   (1) The written opinion shall be limited to whether Hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccine.
   (2) The written opinion for post-exposure evaluation and follow-up will be limited to the following information:
      (a) That the employee has been informed of the result of evaluation
      (b) That the employee has been told about any medical conditions resulting from exposure to blood and other potentially infectious materials which require further evaluation or treatment
      (c) Any other findings will remain confidential and not included in the report.
k) The medical record of the employee shall be maintained as described below.

Refer to the Infection Control Policy Employee Health/Infection Control (PPB-NCBH-139).

J. **INFORMATION AND TRAINING**

1. All employees with occupational exposure are required to participate in the Hospital's training programs for bloodborne pathogens.
   a) At the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter
   b) Annual training for all employees will be provided within one year of their previous training.
   c) Additional training shall take place upon modification or institution of tasks that affect occupational exposure. The additional training may be limited to addressing the new exposures created.
   d) The training programs shall be of material that is appropriate in content and vocabulary to the educational level, literacy, and language of the employee.
2. The training program shall include the following elements:
   a) Where to find a copy of the OSHA Bloodborne Pathogens Standard 29 CFR part 1910.1030, December 6, 1991, the most current revisions, and an explanation of its contents
   b) An explanation of epidemiology and symptoms of bloodborne diseases
   c) An explanation of the modes of transmission of blood borne pathogens
   d) An explanation of the Hospital's Exposure Control Plan and where to find and obtain a copy of the Plan
   e) An explanation of appropriate methods for recognizing tasks and other

activities that may involve exposure to blood and other potentially infectious materials

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) Information on the types, proper use, location and removal, handling, decontamination, and disposal of personal protective equipment
h) An explanation of the basis for selection of personal protective equipment
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 is offered free of charge
j) Information on appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials
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 shall be made available.
l) Information on the post-exposure evaluation and follow-up that is required by the employer following an exposure incident.
m) An explanation of the signs and labels and/or color coding used in the institution for hazard communication.
n) Training programs shall provide an opportunity for interactive questions and answers with the person conducting the training session.
o) The individuals conducting the training programs should be knowledgeable in the subject matter covered by the training requirements listed above as it relates to the workplace.

3. Training for Contract Personnel
   a) Training on bloodborne pathogens for contract personnel and affiliate employee's shall be provided before such personnel enter into duty by the respective employer.
   b) Departmental managers are responsible for orienting contract personnel and affiliate employee's to the Hospital's specifics that include the following:
      (1) An explanation of the Hospital's Exposure Control Plan and where to find a copy.
      (2) An explanation of the use and limitation of methods utilized at Hospital that will prevent or reduce exposures including appropriate engineering controls, work practices, and personal protective equipment.
      (3) Information on the types, proper use, location and removal, handling, decontamination and disposal of personal protective equipment at the Hospital
      (4) Information on appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
      (5) An explanation of the procedure to follow if an exposure incident occurs

(6) An explanation of the signs and labels and/or color codes used.
(7) Training programs shall provide an opportunity for interactive questions and answers with the person conducting the training session.

K. **RECORD KEEPING**

1. Medical Records
   a) An accurate record will be established and maintained for each employee with occupational exposure, in accordance with 29 CFR 1910.20 including:
      (1) The name and social security number of the employee;
      (2) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
      (3) A copy of all results of examinations, medical testing, and follow-up procedures;
      (4) The employer's copy of the healthcare professional's written opinion;
      (5) A copy of the information provided to the healthcare professional.
   b) The Hospital shall ensure that employee medical records are confidential and will not be 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.
   c) The Hospital shall maintain the medical record for least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.
2. Sharps Injuries
   a) A sharps injury log shall be maintained to record injuries from contaminated sharps and contain at a minimum
      (1) The type and brand of device involved in the incident
      (2) The department or work area where the exposure incident occurred
      (3) An explanation of how the incident occurred.
      (4) The information in the sharps injury log must be recorded and maintained in a manner that protects the privacy of the injured employee.
      (5) If data from the log are made available to other parties, any information that directly identifies an employee or information that could reasonably be used to indirectly identify a specific employee must be withheld.
      (6) The sharps injury log must be maintained for the period required by 29 CFR 1904.
   b) Sharps injuries involving contaminated sharps shall be recorded on the OSHA 300 Log of Work Related Injuries and the OSHA 301/equivalent form.

L. **TRAINING RECORDS**

1. Training records shall include the following information:
   a) The dates of the training sessions;
   b) The contents or a summary of the training sessions;
   c) The names and qualifications of persons conducting the training; and
   d) The names and job titles of all persons attending the training sessions.
2. Training records shall be maintained for 3 years from the date on which the training occurred.
3. New employee orientation, departmental specific, and annual training attendance records including contract personnel shall be maintained by Human Resources.
4. Availability
   a) The Hospital shall make available the Exposure Control Plan upon request to the Assistant Secretary of Labor for Occupational Safety and Health and the Director of the National Institute for Occupational Safety and Health.
   b) Required employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.
   c) Required 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, to the Director (OSHA), and to the Assistant Secretary in accordance with 29 CFR 1910.20.
   d) If the Hospital 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.

III. DEFINITIONS

A. BLOOD: Human blood, human blood components, and products made from human blood
B. BLOODBORNE PATHOGENS: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immuno-deficiency virus (HIV)
C. CONTAMINATED: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
D. CONTAMINATED LAUNDRY: Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
E. CONTAMINATED SHARPS: Any contaminated object that can penetrate the skin including but not limited to, needles, scalpels, broken glass, and broken capillary tubes.
F. 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 rendered safe for handling, use, or disposal.

G. ENGINEERING CONTROLS: Controls that isolate or remove the pathogens hazard from the workplace, (e.g., sharps disposal containers, safer medical devices, such as sharps with engineered injury protections and needleless systems)

H. EXPOSURE INCIDENT: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

I. HANDWASHING FACILITIES: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

J. NEEDLELESS SYSTEMS A device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving potential exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

K. OCCUPATIONAL EXPOSURE: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

L. OTHER POTENTIALLY INFECTIOUS MATERIALS: Includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, 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; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV or HBV containing culture medium or other solutions.

M. PARENTERAL: The piercing of mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

N. PERSONAL PROTECTIVE EQUIPMENT: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., scrub suits, uniforms, pants, shirts) not intended to function as protection against a hazard are not considered to be personal protective equipment.

O. OSHA REGULATED WASTE: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

P. SHARPS WITH ENGINEERED SHARPS INJURY PROTECTION: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Q. SOURCE INDIVIDUAL: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee (e.g., hospital and clinic patients).

R. STANDARD PRECAUTIONS: Formerly called Universal Precautions. Designed to reduce the risk of transmission of microorganisms from both recognized and

unrecognized sources of infection in the hospital. An approach to infection control whose concept is that precautions should be used for contact with 1) blood, all body fluids, secretions, and excretions, regardless of whether or not they contain visible blood, 2) mucous membranes, and 3) non-intact skin. All body substances are to be treated as if known to be infectious for bloodborne pathogens and any other microorganisms.

S. 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)

T. EXPOSURE CONTROL: Each employer having employees with occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

IV. REFERENCES:

Occupational Exposure to Bloodborne Pathogens, Final Rule. 29 CFR Part 1910, 1030/ U.S. Department of Labor, Occupational Health and Safety Administration. Fed Reg 1991; 56,235: 64175-64182.

Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries Final Rule. 29 CFR Part 1910 Department of Labor, Occupational Health and Safety Administration. Fed Reg Vol.66, No.12, January 18, 2001, 5318-5325.

North Carolina Administrative Code. Title 15A: Department of Environment, Health, and Natural Resources. .0202 Statutory Authority G.S. 130A-133, 130A-135, 130A-144, 130A-145, 130A-148 (h), amended effective October 1, 1994; .0203 Statutory Authority G.S.130A-135, 130A-144, amended effective October 1, 1994;

Needlestick Safety and Prevention Act (H.R. 5178), Public Law 106-430

Attachments: Appendix A
Appendix B
Appendix C
Appendix D
Appendix E
Appendix F

Effective Date: May 5, 1992
Review/Revision Dates: 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2007, 2008, 2010, 2011

APPENDIX A

IMPLEMENTATION SCHEDULE

1.The Exposure Control Plan will be completed on or before May 5, 1992.
2.The Information and Training and Recordkeeping will take effect on or before June 4, 1992.
3.The requirements for Engineering and Work Practice Controls, Personal Protective Equipment, Housekeeping, Hepatitis B Vaccination, and Post-Exposure Evaluation and Follow-up, and the Labels and Signs will be effective as of July 6, 1992.
4.This plan will be reviewed and updated at least annually and when necessary to:

a)Reflect new or modified tasks and procedures which affect occupational exposure
b)Reflect new or revised employee positions with occupational risk
c)Reflect changes in technology that eliminate or reduce exposures to bloodborne pathogens
d)Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
e)Incorporate revisions of the OSHA Bloodborne Pathogens Final Rule effective as of April 18, 2001.

APPENDIX B
OSHA BLOODBORNE PATHOGENS STANDARDS

Regulations (Standards - 29 CFR)

Bloodborne pathogens. - 1910.1030

- **Standard Number:** 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 other potentially infectious materials.
Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials 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, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) 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 other potentially infectious materials that results from the performance of an employee's duties.
Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
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.
Needleless systems mean a device that does not use needles for: (1)The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any 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 other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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

Sterilize 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)(1)

Exposure Control Plan.

(c)(1)(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)(1)(ii)(A)

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

..1910.1030(c)(1)(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)(1)(ii)(C)

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

(c)(1)(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)(1)(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. The review and update of such plans shall also:

(c)(1)(iv)(A)

Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(c)(1)(iv)(B)

Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(c)(1)(v)

An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(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)(1)

General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. 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 other potentially infectious materials.

(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)(vii)(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 countertops or bench tops where blood or other potentially infectious materials are present.

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

(d)(2)(xi)

All procedures involving blood or other potentially infectious materials 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 other potentially infectious materials is prohibited.

(d)(2)(xiii)

Specimens of blood or other potentially infectious materials 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)(1)(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)(1)(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 other potentially infectious materials 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)(1)(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, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.
(d)(3)
Personal Protective Equipment --
(d)(3)(i)
Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials 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 other potentially infectious materials, 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, other potentially infectious materials, 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 exhibits 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)(1)
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:
(d)(3)(ix)(D)(4)(i)
When the employee has cuts, scratches, or other breaks in his or her skin;
(d)(3)(ix)(D)(4)(ii)
When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
(d)(3)(ix)(D)(4)(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 other potentially infectious materials 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 other potentially infectious materials.
..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 other potentially infectious materials; 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 other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
(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 other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
(d)(4)(iii)
Regulated Waste --
..1910.1030(d)(4)(iii)(A)
(d)(4)(iii)(A)
Contaminated Sharps Discarding and Containment.
(d)(4)(iii)(A)(1)
Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
(d)(4)(iii)(A)(1)(i)
Closable;
(d)(4)(iii)(A)(1)(ii)
Puncture resistant;
(d)(4)(iii)(A)(1)(iii)
Leakproof on sides and bottom; and
(d)(4)(iii)(A)(1)(iv)
Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.
(d)(4)(iii)(A)(2)
During use, containers for contaminated sharps shall be:
(d)(4)(iii)(A)(2)(i)
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);
(d)(4)(iii)(A)(2)(ii)
Maintained upright throughout use; and
(d)(4)(iii)(A)(2)(iii)
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:

(d)(4)(iii)(A)(3)(i)
Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
(d)(4)(iii)(A)(3)(ii)
Placed in a secondary container if leakage is possible. The second container shall be:
(d)(4)(iii)(A)(3)(ii)(A)
Closable;
(d)(4)(iii)(A)(3)(ii)(B)
Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
(d)(4)(iii)(A)(3)(ii)(C)
Labeled or color-coded according to paragraph (g)(1)(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)(1)
Regulated waste shall be placed in containers which are:
(d)(4)(iii)(B)(1)(i)
Closable;
(d)(4)(iii)(B)(1)(ii)
Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
(d)(4)(iii)(B)(1)(iii)
Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and
(d)(4)(iii)(B)(1)(iv)
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:
(d)(4)(iii)(B)(2)(i)
Closable;
(d)(4)(iii)(B)(2)(ii)
Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
(d)(4)(iii)(B)(2)(iii)
Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
(d)(4)(iii)(B)(2)(iv)
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)(4)(iv)(A)
Contaminated laundry shall be handled as little as possible with a minimum of agitation.
(d)(4)(iv)(A)(1)
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)(1)(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)(1)(i).
(e)
HIV and HBV Research Laboratories and Production Facilities.
(e)(1)
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)(ii)(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 other potentially infectious materials 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)(1)(ii) of this standard.

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

All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials 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)(ii)(G)

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

Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials 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 autoclaving known to effectively destroy bloodborne pathogens.

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

Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate 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 other potentially infectious materials. 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)(ii)(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 other potentially infectious materials 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)(ii)

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)(1)

(f)(1)

General.

(f)(1)(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)(1)(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)(1)(ii)(A)

Made available at no cost to the employee;

(f)(1)(ii)(B)

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

(f)(1)(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)(1)(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)(1)(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)(1)(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 other potentially infectious materials 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)(1) of this section.

(g)
Communication of Hazards to Employees --

(g)(1)
Labels and Signs --

(g)(1)(i)
Labels.

(g)(1)(i)(A)
Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(g)(1)(i)(B)
Labels required by this section shall include the following legend:

(g)(1)(i)(C)
These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(1)(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)(1)(i)(E)

(g)(1)(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)(1)(i)(G)
Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(g)(1)(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)(1)(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:

(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)(1)(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 other potentially infectious materials;

..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)(J)

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(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)(1); 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.

..1910.1030(g)(2)(ix)(C)

(g)(2)(ix)(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)(1)

Medical Records.

(h)(1)(i)

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

(h)(1)(ii)

This record shall include:

(h)(1)(ii)(A)

The name and social security number of the employee;

(h)(1)(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)(1)(ii)(C)

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

(h)(1)(ii)(D)

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

..1910.1030(h)(1)(ii)(E)

(h)(1)(ii)(E)

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

(h)(1)(iii)

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

(h)(1)(iii)(A)

Kept confidential; and

(h)(1)(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)(1)(iv)

The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(h)(2)

Training Records.

(h)(2)(i)

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; and

..1910.1030(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.

(h)(5)

Sharps injury log.

(h)(5)(i)

The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in

such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(h)(5)(i)(A)
The type and brand of device involved in the incident,

(h)(5)(i)(B)
The department or work area where the exposure incident occurred, and

(h)(5)(i)(C)
An explanation of how the incident occurred.

(h)(5)(ii)
The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(h)(5)(iii)
The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

(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; 66 FR 5325 Jan., 18, 2001]

Appendix A (of Appendix B)

Standard Number: 1910.1030AppA
Standard Title: Hepatitis B Vaccine Declination (Mandatory)
SubPart Number: Z
SubPart Title: Toxic and Hazardous Substances

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

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

APPENDIX C
JOB CLASSIFICATIONS AND ANTICIPATED OCCUPATIONAL EXPOSURE
See Footnote at the end for * items

Job Code	Job Title	Occupational Exposure Anticipated
0006	Unit Assistant	Y
0007	Nurse Asst I	Y
0009	Operations Asst Mgnd Care	N
0010	Clin Documentation Consult	N
0011	Translator	Y*
0012	Sr Financial Analyst	N
0013	Hispanic Pt Educator	Y
0014	Case Manager	Y*
0015	Coord Gov/Prof Practice	Y
0016	Mgr Sr Membership Prg	N
0017	CV/CT CNS/Nurse Practitioner	Y
0018	Draftsman-CAD Operator	N
0019	Interior Designer	N
0020	Administrative Manager	N
0021	Mgr Central Utility Services	N
0022	Nurse Asst II	Y
0023	Information Systems Mgr	N
0024	Assoc Netw Sys Analyst	N
0025	Interm Netw Sys Analyst	N
0026	Sr Netw Sys Analyst	N
0027	Lead Netw Sys Analyst	N
0030	Hosp Dev Manager	N
0031	Sr Clinical Sys Liaison	N
0032	Manager Capital Projects	N
0033	Client Service Coord	N
0034	Account Mgr	N
0036	Netw Serv Coord	N
0037	Mgr Occup Health Sys	N
0038	Information Sys Dept Coord	N
0040	Clin Sys Consultant Nsg	N
0041	Assoc Dir Radiation Oncology	Y
0042	Trainer Food & Nutr Serv	N
0043	Coord Special Events	N
0044	Med Waste Tech	Y
0046	LAN Specialist	N
0047	ICN Clinician	Y
0048	Director Case Mgmt	N
0049	Dir PACS-Infect Ctr-Oak Summit	N
0050	Senior Analyst	N
0052	Softw Sys Engineer/Sr	N
0053	Softw Sys Engineer/Lead	N
0054	Softw Sys Eng/Staff Spec	N
0056	Adm Dir Sticht Ctr	N
0057	Data Security Analyst	N
0058	Compensation Spec	N
0059	Sr Infect Control Pract	Y
0061	Clinical Asst Manager	Y
0062	Sr Parking Attendant	N
0063	Assoc Dir Fin Mgnd Care	N
0064	Nsg Info Sys Educator	N
0065	Exercise Specialist	N
0066	Recreation Therapy Asst	Y
0068	Assessment Coordinator	Y

Job Code	Job Title	Occupational Exposure Anticipated
0069	Pulmonary Specialist	Y
0070	Nuclear Pharmacist	Y
0071	Lab Outreach Courier	Y
0074	Mgr Interim Ministry Res	N
0075	Respiratory Fin Coord	N
0077	Health Promo/Spec Events Coord	Y
0078	Medical Coding Sys Mgr	N
0080	Const Decorator II	Y
0081	Const Mechanic II	Y
0082	HR Development Mgr	N
0083	Physician Asst EP Lab	Y
0084	Mgr Cardiovas Data Sys	N
0085	Cardio Data Fac/Collect	N
0086	Reg Counseling Dir	N
0087	Facility Svcs Sys Mgr	N
0088	Clinical Sys Specialist	N
0089	Pre-Adm Counselor	N
0090	Nursing Sys Specialist	Y
0093	Account Analyst	N
0095	Patient Service Coord	Y
0096	Adm Mgr	N
0097	Rehab Prog Coord	Y
0098	Clin Mgr Cardiac Cath	Y
0100	Lpn II Part-Time	Y
0102	Asst Unit Manager	Y
0103	Staff Nurse II	Y
0104	LPN II	Y
0105	LPN I	Y
0109	Neonatal Nurse Practitioner	Y
0112	Financial Analyst	N
0113	Biostatistician I	N
0114	Assoc Director of Nursing	Y
0115	Nsg Supv Even/Nights	Y
0116	Clinic Coordinator	Y
0117	Clin Nurse Specialist	Y
0118	Vestibular Tech	Y
0119	Staff Development Mgr	Y
0120	Staff Development Instr	Y
0121	Pt Education Systems Coord	N
0122	Patient Care Technician	Y
0123	Staff Nurse II P-T	Y
0124	LPN I Part Time	Y
0125	Asst Dir Rec Therapy	Y
0126	Recreation Therapist	Y
0127	Nurse Asst I P-T	Y
0129	Recreation Ther Extern	Y
0131	Mgr Lab Section	Y
0132	Asst Mgr Lab Section	Y
0133	Medical Technologist	Y
0134	Medical Lab Technician	Y
0135	Lab Technician II	Y
0136	Lab Clerk	Y
0137	Biostatistician II	N
0138	Phlebotomy Tech I	Y
0139	Instructor Medical Tech	Y
0140	Lab Aide	Y
0141	Lab Technician I	Y

Job Code	Job Title	Occupational Exposure Anticipated
0142	Phlebotomy Tech II	Y
0143	Employee Activity Coord	N
0144	Staff Nurse II (Pref)	Y
0145	Messenger-Courier	Y
0146	Medical Tech Trainee	Y
0147	Compensation Analyst	N
0148	Cytotechnologist	Y
0149	Histologic Tech I	Y
0150	Autopsy Assistant	Y
0151	Histologic Tech II	Y
0153	Specialist Technologist	Y
0154	Mgr Sys Architecture	N
0155	Prog Dir Medical Tech	Y
0157	Nrsg Pt Class/Data Mgmt Cood	Y
0158	Staff Nurse II	Y
0159	OR Service Coordinator	Y
0160	EP Support Tech	Y
0161	ECMO Program Coord	Y
0162	Dir Nsg Clin Systems	N
0164	OR Technician	Y
0165	Data Analyst	N
0166	RN Post Graduate Student	Y
0169	Asst Manager CSS	Y
0170	Supervisor CSS	Y
0171	Equipment Control Tech	Y
0172	CSS Technician II	Y
0173	CSS Technician I	Y
0174	Manager Outpatient Surg Serv	Y
0175	Adm Dir Cardio Diag Serv	N
0177	Cardiology Tech I	Y
0178	Chief Technologist Pulmo	Y
0179	Technologist Pulmonary	Y
0180	Adm Dir Diag Neurology	N
0181	Neurodiagnostic Technician	Y
0183	Nurse Asst II p-t	Y
0184	Mgr Endoscopy Unit	Y
0186	Clin Neurophy Techno	Y
0187	Clin Neurophy Spec	Y
0190	Executive Assistant	N
0191	Administrative Secretary	N
0192	Senior Secretary I	N
0193	Secretary	N
0194	Clerk Typist	N
0195	Strategic Planning Sec	N
0196	Dosimetrist	Y
0197	Medical Transcriptionist	N
0198	Data/System Specialist	N
0199	Monitor Technician Nsg	N
0201	Clin Mgr Radiology	N
0202	Sr Staff Radiologic Tech	Y
0203	Staff Radiologic Tech	Y
0204	Radiology Educ Coord	Y
0205	Asst Chief Tech Rad	Y
0206	Radiologic Tech Asst	Y
0207	Radiology Equip Mgr	N
0208	Clin Radiology Eng II	Y
0209	Sr Secretary II	N

Job Code	Job Title	Occupational Exposure Anticipated
0212	Rect/Schedule Clerk	N
0213	Imaging Service Rep	N
0214	Radiation Oncology Eng	Y
0215	Transport Supv	Y
0216	Sr Med Transcriptionist	N
0217	Charge Control Clerk	N
0218	Film File Librarian	N
0219	Film Librarian	N
0220	Clin Radiology Eng I	Y
0221	Asst Director. Pharmacy	Y
0222	Film Service Rep	N
0223	Staff Pharmacist	Y*
0224	Pharmacy Technician	Y*
0225	Pharmacy Intern	Y
0226	Pharmacy Extern	Y
0227	Pharmacy Clinical Coord	Y*
0228	Cyclotron Eng I	Y
0229	Pharmacy Clerk	N
0232	Exercise Coord	Y
0234	Staff Sonographer	Y
0235	PT/OT Assist Prn	Y
0236	Sonographer	Y
0239	PT/OT Therapist Prn	Y
0240	Asst Dir Clinical	Y
0241	Clinical Instr CRNA	Y
0242	Sr Phy/Occ Therapist	Y
0244	Occupational Ther Assist	Y
0247	Asst Dir Resp Clinical	N
0248	Resp Supv Staff Dev	Y
0249	Area Supv Respiratory	Y
0250	Equip/Supply Coordinator	Y
0251	Respiratory Therapist	Y
0252	Respiratory Technician	Y
0253	Respiratory Assistant	Y
0256	Physical Therapist	Y
0257	Physical Therapy Asst	Y
0258	Scheduling Coordinator	N
0259	Occupational Therapist	Y
0260	Chief Perfusionist	Y
0261	Perfusionist	Y
0262	Perfusionist Uncertified	Y
0263	Chief Blood Gas Tech	Y
0264	Blood Gas Technician	Y
0266	Dir Nurse Anesthesia Prg	N
0267	Asst Dir Sch/Anesthesia	Y
0268	Student Nurse Anesthesit	Y
0270	Admin Assistant	N
0271	Prog Dir Ctr Congre	N
0273	Tech/Data Sys Specialist	N
0274	Staff Counselor	N
0275	Director For Admin	N
0276	Librarian	N
0279	Chaplain Resid IV	N
0280	Chaplain Resid III	N
0281	Chaplain Resid II	N
0282	Chaplain Resid I	N
0285	Buyer/Expeditor	N

Job Code	Job Title	Occupational Exposure Anticipated
0286	Dir Chap/Past Educ	N
0287	Dir Hosp Ministries	N
0288	Dir Urban Ministries	N
0289	Chaplain Supervisor	N
0290	Satellite Director	N
0291	Sys Mgr Pastoral Care	N
0293	Dir Of Psych Serv	N
0294	Nsg Info Sys Coord	N
0295	Collection Sys Coord	N
0296	Physician Assistant	Y
0297	Clin Coord Rad Oncology	Y
0298	Mgr Employee Relations	N
0299	Dir Med Staff/Qual Consult	N
0300	Asst Dir Med Records	N
0301	Dir Finance Subsidiaries	N
0303	Supv Med Transcriptionist	N
0305	Med Records Clerk II	N
0306	Oncology Data Analyst	N
0307	Mgr Cancer Registry	N
0308	Health Info Clerk I	N
0311	MR Sys/Transcription Mgr	N
0312	Sr Purchasing Agent	N
0313	Health Info Spec I	N
0316	Post Acute Care Evaluator	N
0317	Information Coordinator	N
0318	Cardic Rehab Coord	Y
0319	Dir Of Hotel Marketing	N
0321	Health Info Spec II	N
0322	Health Info Data Auditor	N
0323	Supv Speech/Lang Path	Y
0324	Owner's Repres	N
0325	Chief Speech/Lang Path	Y
0326	Speech/Lang Pathologist	Y
0327	Clinical Audiologist	N
0328	Chief Optician	N
0329	Optician	N
0330	Pt Nutrition Rep II	N
0331	Orthopedic Supv	Y
0332	Orthopedic Tech	Y
0333	Pt Nutrition Rep I	N
0335	Prev Maint Coord	N
0336	Food Service Supv II	N
0337	Lead Cook	N
0338	Cook	N
0339	Asst Mgr Clinic Nutrition	N
0340	Comm Health Prg Coord	N
0341	Lead Salad Maker	N
0342	Dietary Inventory Clerk	N
0343	Dietary Asst III	N
0344	Dietary Asst II	N
0345	Dietary Asst I	N
0346	AC/R Mechanic III	Y
0347	Food Service Supv I	N
0348	Clinical Nutritionist	Y*
0349	Dietetic Clerk II	N
0350	Mechanic III	Y
0351	Dietary Cashier	N

Job Code	Job Title	Occupational Exposure Anticipated
0352	Assoc Dir Hosp Eng	N
0353	Dietetic Clerk I	N
0355	Mgr Plant Maint	N
0356	Engineer Sys Coordinator	N
0357	Clin Equipment Spec I	Y
0358	Power Plant Mgr	N
0359	Power Plant Operator II	N
0360	Power Plant Operator I	N
0361	Mgr Technical Support	Y
0362	Asst Mgr Tech Support	Y
0363	Electrician II	Y
0364	Electrician I	Y
0366	Asst Mgr Mech Section	Y
0367	Mechanic II	Y
0368	Asst Zone Mgr	Y
0369	Mechanic I	Y
0371	AC/R Mechanic II	Y
0372	AC/R Mechanic I	Y
0373	Mgr Construction	N
0375	Decorator II	Y
0376	Decorator I	Y
0378	Carpenter II	Y
0379	Carpenter I	Y
0380	Constr Planner	N
0381	Asst Mgr Grounds	N
0382	Utility Worker	Y
0383	Clin Asst Resp Care	Y
0384	Voice Sys Supv	N
0385	Draftsman	N
0386	PBX Oper Mgr	N
0387	PBX Attendant Supv	N
0388	PBX Attendant I	N
0389	Chief Clin Equip Spec	Y
0390	Training Coord-Engineer	N
0391	Staff Engineer	Y
0394	Infection Ctrl Practitioner	Y
0395	Section Manager - Hskp	N
0396	Housekeeping Supv	Y
0397	Electrician III	Y
0398	Medical Records Supv	N
0399	Hskp Team Leader	Y
0400	Hskp Technician	Y
0402	Laundry Supervisor	Y
0403	Laundry Technician	Y
0404	Laundry Operator	Y
0405	Charge Control Coord	N
0406	Seamstress	N
0408	Sr Cost & Budget Acct	N
0409	Jr Cost & Budget Acct	N
0410	Dir Med Ctr Clin Strat Plannin	N
0411	Mgr Best Health	N
0413	Gen Ledger Accountant	N
0414	Dietary Acctg Clerk	N
0415	Team Leader - PFS	N
0416	Cost And Budget Acct	N
0417	Sr Contract Rep	N
0418	Cost Specialist	N

Job Code	Job Title	Occupational Exposure Anticipated
0419	Contract Representative	N
0420	Accounts Payable Clerk	N
0421	Social Worker II	N
0422	Medicaid Prg Specialist	N
0423	Sr Registration Clerk	N
0424	Patient Counselor	N
0425	Assoc Dir Safety-Securty	N
0426	Liability Representative	N
0427	OR 2nd Shift Coord	Y
0428	Medical Mgmt Asst	N
0430	Asst Mgr Fin Counseling	N
0431	Social Worker I	N
0432	Gift Shop Clerk	N
0433	Mgr Patient Accounts	N
0434	Bill And Collection Clrk	N
0436	Mgr Financial Counseling	N
0437	Financial Counselor	N
0438	Discharge Coord	N
0439	Clinical Audit Coordinator	N
0440	MC Claims Manager	N
0441	Admitting Clerk	N
0442	Data Audit Mgr	N
0443	Data Specialist	N
0444	Mgr Prod Control	N
0445	Mgr Admitting	N
0446	Reservation Coordinator	N
0447	Bed Reservationist	N
0448	Host	N
0449	Dir Health Infor Net	N
0450	Coder I	N
0451	Softw Sys Eng	N
0452	Payment Appl Spec	N
0454	Director Volunteers	N
0455	Guest Services Manager	N
0456	Guest Serv Repres	Y*
0457	Director Mail Services	Y
0458	Management Consultant	N
0459	Dir Employee Relations	N
0460	Mgr Systems Develop	N
0461	Lead Systems Programmer	N
0462	Asso Dir Mss/Qc	N
0464	Sr Programmer/Analyst	N
0465	Programmer/Analyst-A	N
0466	Programmer/Analyst-C	N
0467	Prog Analyst Trainee	N
0468	Programmer/Analyst-B	N
0469	Manager Technical Services	N
0470	Sugg Program Coord	N
0472	Operations Product Sched	N
0473	Computer Operator	Y*
0474	Data Entry Operator	N
0475	Sr Systems Consult	N
0476	Operations Shift Supervisor	N
0477	Peripheral Equip Oper	N
0478	Staff Auditor	N
0479	Offset Printer	N
0480	Receiving/Supply Supv	Y

Job Code	Job Title	Occupational Exposure Anticipated
0481	Receiving Clerk II	Y
0482	Deliverer	N
0483	Sr Stock Clerk	N
0484	Receiving Clerk I	Y
0485	Purchasing Agent	N
0486	Stocking Clerk	N
0487	Sr Payroll Clerk	N
0488	Payroll Clerk	N
0489	HR Information Sys Spec	N
0490	Dir Personnel Serv	N
0491	Mgr Compensation	N
0492	Manager Employment	N
0493	Personnel Spec II	N
0494	Personnel Spec I	N
0495	Assoc Dir Ed & Dev	N
0496	Mgr Employment	N
0497	Employee Representative	N
0498	Internal Auditor	N
0499	Sr Internal Auditor	N
0500	Compliance Training Officer	N
0501	Asst Mgr Pt Accounts	N
0502	Account Representative	N
0503	Mgr Registration	N
0504	Registration Clerk	Y*
0505	Sr HRIS Specialist	N
0506	Mgr Benefits	N
0507	Internal Consultant	N
0508	Neonatal Transport Coord	Y
0509	Emp Health IS Specialist	N
0510	PACU Coordinator	Y
0511	Info Tech Security Officer	N
0513	Dir Critical Care Trans	Y
0514	Mgr Payroll	N
0515	Patient Placement Coord	Y
0516	Account Rep II	N
0517	Linen Expeditor I	Y
0518	Linen Expeditor II	Y
0519	Linen Distribution Mgr	Y
0521	Staff Flight Nurse	Y
0523	Dispatcher Pt Transport	Y*
0527	Prog/Anal-Staff Specialist	N
0528	Zone Manager	Y
0529	Dir Sys & Programming	N
0530	Unit Financial Coord	N
0531	Tape Librarian	N
0532	Systems Programmer	N
0533	Trauma Svc Line Coord	Y
0534	Chief Flight Nurse	Y
0537	Est/Liab/Bankrup Clerk	N
0538	Chief Tech Spec Procedures	Y
0539	Asst Chief Tech Spec Proc	Y
0540	Special Procedures Tech	Y
0542	Assist Collection Supv	N
0543	EP Lab Assistant	Y
0544	Mgr Medical Collections	N
0545	Collection Agent	N
0546	Director Of Telecomm	N

Job Code	Job Title	Occupational Exposure Anticipated
0550	Nurse Recruiter	N
0552	Computer Ctr Clerk	N
0553	Scholarship Student	N
0554	File Coordinator	N
0555	Supervisor Cp Lis	Y
0557	HIV Care Coordinator	Y
0558	Emergency Medical Tech	Y
0559	Storeroom Supv	Y
0562	Refunds Account Rep	N
0563	File Coordinator	N
0564	Mgr Visitor Parking	Y
0566	Sr Systems Programmer	N
0567	Mgr Computer Operations	N
0568	Operations Tech Specialist	N
0569	Lead Computer Operator	N
0570	Lead Data Entry Operator	N
0571	Help Desk Manager	N
0572	Voice Sys Administrator	N
0573	Lead Programmer/Analyst	N
0575	Phy/Occ Therapy Tech	Y
0576	Supv Recreation Therapy	Y
0579	Critical Care Trans Nurse	Y
0581	Pharmacy Resident	Y
0582	Power Plant Operator III	N
0583	Dir Organ/Tiss Procurement	Y
0584	Nursing Data Mgmt Coord	N
0586	Sr Clinical Equip Spec	Y
0587	Gift Shop Mgr	N
0588	Mgr Procurement	N
0589	Mgr Stores & Distribution	Y
0590	Hospital Courier	Y
0591	Dir Comp & Benefits	N
0593	Sr PC/Lan Tech	N
0596	Chief Tech Ardmore Rad	Y
0597	Warehouse Supv	Y
0598	Help Desk Supv	N
0599	Mgr Accounts Payable	N
0601	Admin Director Employee Health	Y
0602	Mgr Outpatient Dept Nursing	Y
0603	Staff Nurse I	Y
0604	Cardiac Cath Lab Tech	Y
0605	Sign Shop Supv	N
0606	Signage Fabricator	N
0607	Sub Sup Generalist	N
0608	Unit Secretary	Y
0609	Unit Sec P-T	Y
0612	Assoc Dir Risk Mgmt	N
0614	Surgical Systems Coord	N
0615	Patron Services Mgr	Y
0616	Jr Charge Controller	N
0617	Org Dev Specialist	N
0619	Clin Infor Sys Coord	N
0620	Dir Managed Care Serv	N
0621	Planning Manager	N
0622	Pl/Mkt Research Mgr	N
0623	Adm Coord Rad Oncology	Y
0625	Resp Instr & Staff Dev	Y

Job Code	Job Title	Occupational Exposure Anticipated
0626	Med-Surg Discharge Coordinator	N
0627	Dir Infection Control	Y
0628	IA Tech Supp Assist	N
0630	Data Commun Mgr	N
0631	Decedent Affairs Coord	Y
0633	Staff Project Specialist	N
0635	Admitting Supv	N
0636	Trainee Radiology Tech	Y
0637	Heart Transplant Coord	Y
0638	Mgr Gov Rel/Reg Affairs	N
0639	Administrative Coord	N
0640	Clinical Director OR	Y
0641	Admin Director OR	N
0642	Transplant Coordinator	Y
0643	OR Administrative Supervisor	N
0644	Manager OR Logistics	Y
0645	Asst Mgr Pt Fin Resources	N
0646	Mental Health Technician	Y
0648	Trauma Registrar	N
0651	Risk Mgmt Investigator	Y
0652	Mgr Operations & Training	N
0653	Data Commun Tech	N
0654	Database Analyst	N
0655	Mgr Customer Support	N
0657	Radiology Nurse Coord	Y
0658	Mgr Grounds	N
0659	Landscape Chief Tech	N
0660	Landscape Tech	N
0661	Fire Safety Marshall	N
0662	Assoc Dir Claims Mgmt	N
0663	Patient/Family Coord	Y
0664	Mold Room Tech	Y
0665	Sr Transporter	Y
0667	Web Designer/Programmer	N
0668	Sr Physician Assistant	Y
0669	Process Svc Technologist	Y
0670	Medical Staff Coordinator	N
0671	Assist Supv Pal	N
0672	Dir Nurse Anes/OPD Surg	N
0674	Statistical Coord	Y
0675	Data Coord/Analyst	N
0676	Clin Q/A Coordinator	N
0678	MC Assoc Dir Coding	N
0679	Database Administrator	N
0680	Client Liaison	N
0681	Autopsy Technologist	Y
0682	Asst Dir Data Systems	N
0683	Supv Child Life	Y
0685	Child Life Specialist	Y
0686	Student Intern	N
0687	Clinical Supv	N
0688	Sys Coord Pt Fin Sev	N
0689	OR Materials Supervisor	Y
0691	Risk Mgmt Systems Mgr	N
0693	Supervisor	N
0694	Supv Self-Referral Serv	N
0695	Expediter - PAL	N

Job Code	Job Title	Occupational Exposure Anticipated
0698	AdminSecretary COO	N
0699	Supervisor, Coders	N
0700	Dir Day Care Center	Y
0701	Computer Inf Sys Coord	N
0702	Property Control Clerk	N
0704	Paralegal	N
0705	Child Care Aide	Y
0706	Chief Sonographer	Y
0707	Sr Staff Sonographer	Y
0708	Tech Molecular Diag Lab	Y
0710	Asst Dir Child Care	Y
0712	Teacher Child Care	Y
0713	Assistant Teacher	Y
0715	DON Coord Cardiovascular	N
0716	Cytopreparatory Tech	Y
0717	Mgr Support Service	Y
0718	Asst Dir Hosp Devel/Prof Ed	N
0721	Dir Organizational Dev	N
0723	Anesthesia Procurement Coord	Y
0724	Diabetic Educator	Y
0726	Trauma/Burn Outreach Coord	Y
0727	Adm Mgr Radiology	N
0728	Quality Assurance Nurse	N
0729	Resp Quality Mgmt Coord	Y
0730	Benefits Representative	N
0731	Labs Regulatory & QC Coord	Y
0732	Pharm Sys/Prog Analyst	Y
0734	Pharm Inform Sys Tech	N
0738	Financial Coordinator	N
0739	Diabetic Nurse Coord	Y
0740	EAP Director	N
0741	Recruiter	N
0742	Mgr Cost & Budget	N
0743	Nsg Office Receptionist	N
0744	DON Med Spec/Oncology Svc	N
0745	DON Surgical Nursing	N
0746	DON Brenner's Dir Ped Serv Ln	N
0748	DON Ed & Support Serv	N
0751	Materials Handler	Y*
0752	Materials Coordinator	Y
0754	Materials Specialist	Y
0756	LIS Technical Coord	Y
0757	Clinical Invent Coord	Y
0760	Quality Control Reviewer	N
0761	Quality Coordinator	N
0762	Mgr Brenner/Student Vol	N
0763	Pharmacy Manager	Y
0764	Home Care Pharmacist	Y
0765	Infusion Nursing Coord	Y
0766	Infusion Clinical Liaison	Y
0769	Case Mgmt IS Specialist	N
0770	Phlebotomy Instr/Coord	Y
0771	Patient Transporter	Y
0773	Infection Ctrl Med Tech	Y
0775	Chief Tech Nuclear Medicine	Y
0776	Supply Technician	N
0777	Equipment Technician	N

Job Code	Job Title	Occupational Exposure Anticipated
0781	Activity Therapist	Y
0782	MRI Technologist	Y
0783	Nuclear Med Tech	Y
0785	CT Technologist	Y
0786	Lithotripter Tech	Y
0787	Darkroom Tech	Y
0788	Chief Technologist MRI	Y
0790	PT/OT Aide	Y
0791	Sr Accountant	N
0792	Staff Accountant	N
0793	Jr Accountant	N
0794	Sr Accounting Clerk	N
0795	Accounting Clerk	N
0796	Fellow Financial Serv	N
0797	Asst Chief Tech Nucl Med	Y
0801	Transcrip Supv Radio	N
0802	Cash Manager	N
0803	Chief Tech Diag Radio	Y
0804	Mgr Reimbursement	N
0805	Nurse Practitioner	Y
0806	Legal Secretary	N
0807	Endoscopy Assist	Y
0808	Employee Health Nurse	Y
0811	Liability Representative	N
0813	BGSM Opd Surg Nurse	Y
0816	Locksmith	N
0817	Neurodiag Technologist	Y
0819	OR Attendant III	Y
0820	Cardiology Stress Tech	Y
0821	OR Records Specialist	N
0822	OR Attendant II	Y
0823	OR Instrument Tech	Y
0824	OR Attendant I	Y
0825	EAP Counselor	N
0826	Anesthesia Tech	Y
0827	Certified Instrument Tech	Y
0829	Asst Supv Respiratory	Y
0830	Supv Registration	N
0831	Mgr Verification/QC	N
0833	Quality Control Supv	N
0834	Endoscopy Nurse LPN I	Y
0836	Medical Director	N
0837	Network Mgr	N
0840	Wound/Ostomy Nurse	Y
0842	OPO Bus Ser Mgr	N
0845	Materials Use Eval Mgr	Y
0846	Transplant Fin Coord	N
0849	Mgr Pt Financial Resource	N
0850	Purchasing Agt Facility	N
0851	Mgr Materials Mgmt IS	N
0852	Controller	N
0853	Reg Sleep Technologist	Y
0855	Staff Assistant	N
0856	Dir Dec Support Sys	N
0857	Life Support Edu Coord	Y
0858	Chief Technologist	Y
0859	Dir Materials Mgmt	N

Job Code	Job Title	Occupational Exposure Anticipated
0860	Director Audit & Compliance	N
0861	Voice Comm Supv	N
0862	Investigation Prog Mgr	N
0863	Safety Program Mgr	N
0864	Facilities Administrator	N
0865	PBX Tech Supv	N
0866	Patient/Visitor Coord	N
0867	Medicaid Asst I	N
0870	Information Sys Auditor	N
0871	Dir Pt Finance Serv	N
0873	Pulmonary Rehab Prog Mgr	Y
0874	Mngd Care Program Mgr	N
0875	Qual Mgt Instr	N
0876	VP Assoc Dean Fac Pl & Constr	N
0877	GCRC Research Nurse Mgr	Y
0878	Dir Of Marketing	N
0879	Project Coordinator	N
0880	V-P Pastoral Care	N
0881	Chief Tech CT	Y
0883	Planning Analyst	N
0884	Mgr Sign Shop/Warehouse	N
0885	Benefits Analyst	N
0886	Coord Circulatory Support	N
0887	Control Technician	Y
0888	Pharm IS Coordinator	N
0890	Materials Mgmt Assist	N
0891	Cust Serv Repres I	N
0892	Cust Serv Repres II	N
0893	Sr Internal Consultant	N
0894	Dir Outr Svc/Asst Dir Tele Svx	N
0896	Contract Coord	N
0897	Electronic Tech	N
0898	V-P Networks	N
0899	Dir Health Info Network	N
0900	Sr V-P Of Operations	N
0901	President & CEO	N
0902	V-P Operations (Snelgrove)	N
0904	V-P Operations (Rickelton)	N
0905	V-P Operations (Finley)	N
0906	V P Financial Svcs/CFO	N
0907	V P Human Resources	N
0909	Mgr Central Supply	Y
0910	Adm Dir Pathology Labs	N
0911	Dir Church & Comm Rel	N
0912	Dir Dept Of Pastoral Car	N
0913	Assoc Dir Facility Svcs	N
0914	Dir Hearing & Speech	Y
0915	Dir Mgt Consulting Serv	N
0916	Dir Medical Records	N
0917	Mgr Administ & Plan	N
0918	V-P Oper (Johnson)	N
0919	Director Surg Serv	N
0920	Dir Pharmacy	N
0921	Mgr Contract Admin	N
0922	Dir Respiratory Care	N
0923	Dir Risk & Ins Mgmt	N
0925	Assoc Dir Pt Fin Serv	N

Job Code	Job Title	Occupational Exposure Anticipated
0926	Adm Director Radiology	N
0927	Administrative Resident	N
0928	Assoc Dir Pt Fin Serv	N
0929	Dir Phy/Occ/Rec Therapy	N
0930	Field Rep Construction	N
0931	Dispatch Manager	N
0932	Dir Managerial Acct	N
0933	Dir Social Work Service	N
0934	Med Records Stat DB Mgr	N
0935	Project Manager	N
0936	Mgr General Ledger	N
0938	Emergency Dispatcher	Y
0939	Dir Patient Relations	N
0940	CPR Mgr	N
0942	Asst Adm Dir Path Labs	N
0943	Quality Improve Coord	N
0944	Clinical Equip Spec II	Y
0946	Voice Communication Tech	N
0949	Physio Monitor Tech	Y
0950	Dir Nsg Ctr Oak Summit	N
0952	General Manager Hotel	N
0954	Adm Dir OPD Rehab Ctr	N
0957	VP & Chief Information Officer	N
0958	Dir Visitor Parking	N
0959	Systems Consultant	N
0960	Dir Computer Services	N
0961	V-P Home & Comm Health	N
0962	Adm Hoots Mem Hospital	N
0963	Sr Radiation Therapist	Y
0964	Dir Financial Accounting	N
0965	Stock Clerk	N
0967	Cardiology Tech II	Y
0968	Dir International Health	N
0969	Parking Security Attend	N
0970	Parking Attendant	N
0971	Patient Relations Rep	N
0972	Dir Community Health	N
0976	Radiation Therapist	Y
0977	Occupational Therapy Supv	Y
0978	Physical Therapy Supv	Y
0979	Precertification Clerk	N
0980	Regulatory Coord	N
0982	VP Pl&Prg Dev/Assoc Dean Prof	N
0983	Specialist Cytotech	Y
0984	Histologic Tech III	Y
0986	Freight Mover	N
0987	Dir Reimbursement Acctg	N
0988	Asst Mgr Central Utility Svr	N
0989	Data Communications Analyst	N
0990	Help Desk Coordinator	N
0992	Sr Transplant Coord	Y
0994	Reimbursement Specialist	N
0995	Ed/Qual Improve Coord	Y
1103	Staff Nurse II Bows	Y
1104	LPN II Bows	Y
1105	LPN I Bows	Y
1122	Bows Nurse Asst II	Y

Job Code	Job Title	Occupational Exposure Anticipated
1144	Staff Nurse (Pref)	Y
1158	Best Staff Nurse II	Y
1164	Best OR Technician	Y
1177	BOWS Cardio Tech I	Y
1202	Sr St Radiol Tech 2	Y
1203	St Radiologic Tech 2	Y
1241	Clin Instr CRNA Bows	Y
1249	Area Supv Resp-Hoots	Y
1251	Bows Resp Therapist	Y
1252	Bows Resp Therapy Tech	Y
1515	Bows Patient Placement Coord	Y
1785	CT Technologist 2	Y
2000	Chief House Officer	Y
2001	House Officer I	Y
2002	House Officer II	Y
2003	House Officer III	Y
2004	House Officer IV	Y
2005	House Officer V	Y
2006	House Officer VI	Y
2007	House Officer VII	Y
2008	House Officer VIII	Y
3000	Carenet Office Mgr	N
3076	Carenet Supv Pastoral Coun	N
3077	Counseling Center Director	N
3086	Carenet Reg Ctr Dir	N
3192	Carenet Sr Secretary I	N
3193	Carenet Secretary	N
3209	Carenet Sr Secretary II	N
3231	Carenet Staff Psych	N
3269	Carenet Clinical Director	N
3270	Carenet Admin Assistant	N
3272	Commun Manager	N
3273	Crnet Tech/Data Sys Spc	N
3274	Carenet Staff Counselor	N
3283	Carenet Pastoral Counselor	N
3284	Carenet Sr Staff Psych	N
3285	Carenet Support Svc Coord	N
3288	Carenet Dir Past Coun	N
3291	Crnet Sys Mgr Past Care	N
3293	Carenet Dir Psych Svc	N
3317	Adm Asst Hotel Personnel	N
3318	Hotel Controller	N
3319	Oak Summit Off Mgr	N
3325	Adm Asst Home Health	N
3421	Carenet Social Worker II	N
3502	Carenet Account Rep	N
3686	Carenet Clinical Intern	N
3792	Carenet Staff Accountant	N
3812	Carenet Comm Coord	N
3825	Marriage & Fam Therapist	N
3912	Carenet Dir Mktg & Dev	N
4001	Conductor Chorus	N
4002	Dir Hospital Affiliations	N
4003	Dir Finance RIDS	N
4004	Dir Health Infor Net	N
4005	Dir Comm Health Resources RIDS	N
5007	Nurse Asst I Extern	Y

Job Code	Job Title	Occupational Exposure Anticipated
5011	Mgr Medical Records	N
5013	Carolina Access Coord	N
5014	Mgr Health Center	N
5015	Ophthalmic Technician	Y
5016	Dental Assistant	Y
5017	Dentist	Y
5019	Dir Downtown Health Plaza	N
5022	Nurse Asst II Extern	Y
5981	Chief Technologist	Y
6001	Director Disease State Mgmt	N
6002	Director Phys/Hospital Support	N
6003	VP/Assoc Dean Fac Planning	N
6004	V-P Professional Affairs	N
6005	VP/Assoc Dean Dev & Alum Aff	N
6006	V-P Pub Rel & Marke	N
6007	V-P Strategic Plan	N
6022	Pilot Nurse Assist II	Y
6102	Pilot Asst Unit Manager	Y
6103	Pilot Staff Nurse II	Y
6107	Pilot Nurse Assist I	Y
6123	Contracting Staff Nurse II P-T	Y
6178	Pilot Unit Manager	Y
6312	Decedent Aff Coord	Y
6608	Pilot Unit Secretary	Y
7001	Dietary Manager	N
7002	Assoc Dir Facility Svc	N
7003	Director of Facility Services	N
7004	Director of Food Svc	N
7008	Section Manager	Y
8001	Phlebotomy Tech III	Y
8002	Asst Mgr Data Audit	N
8003	Regulatory Compliance Mgr	N
8004	Construction Manager	N
8005	EDI Support Specialist	N
8006	e/Commerce Analyst	N
8008	Program Coordinator	N
8009	OD Project Mgr	N
8014	Mgr Case Management	N
8015	PICU Prg Coord	Y
8016	Customer Service Coord	N
8017	Facility Services Coord	N
8020	HRIS Manager	N
8021	Breast Care Coordinator	Y
8022	Percertification Nurse	N
8024	Mail Processor I	Y
8025	Mail Processor II	Y
8026	Mail Svc Specialist	Y
8027	Supv Mail Services	Y
8028	Sr Public Relations Mgr	N
8031	Coord Clinical Documentation	N
8032	Guest Services Supv	N
8033	Public Relations Mgr	N
8034	Van Driver	N
8035	Patron Attendant	Y
8036	Van Dispatcher	N
8037	Safety/Security Officer	Y
8038	Sr Safety/Security Officer	Y

Job Code	Job Title	Occupational Exposure Anticipated
8039	Sr Patron Attendant	N
8040	Publications Specialist	N
8042	Safety/Security Supv	N
8043	Investigation Consultant	Y
8044	Chief of Security	N
8045	Valet Parker	N
8046	Sr Van Driver	N
8047	Van Supervisor	N
8048	Dir Finance Leased Hosp	N
8049	Dir Const & Real Estate	N
8050	Assoc Mgr Adv & Communications	N
8051	Commmunity Outreach Asst	N
8052	Asst Chief Tech MRI	Y
8053	HRIS Assistant	N
8054	Neo-nate Driver	Y
8055	Inside Emer Dept Officer	Y
8056	Outside Emer Dept Officer	Y
8057	Stereotactic Coord	Y
8060	Dir Value Analysis	N
8062	Dir Div Financial Oper	N
8063	Asst Mgr Pt Food Svcs	N
8064	Medical Mgmt Specialist	N
8065	Cardiovascular Sys Specialist	N
8066	Asst Chief Clin Equip Spec	Y
8067	Sr Physio Monitor Tech	Y
8068	Marketing Manager	N
8069	Social Work Team Leader	N
8070	Case Mmgt Team Leader	N
8071	Performance Tracking Coord	N
8072	Mgr Inpatient PACU	Y
8074	Dir Women's & Behav Hlth Serv	N
8075	Outreach Services Coord	N
8076	Compensation Assistant	N
8077	Pharmacy Admin Mgr	N
8078	PAL Shift Coordinator	N
8080	Guest Svc Rep Fam Waiting	N
8081	Employee Relations Mgr - NCOS	N
8082	Manager Anesthesia Systems	N
8083	Because We Care Prg Coord	Y
8084	Contract Compliance Mgr	N
8085	Dental Center Coordinator	N
8086	Clin Instr Cardiac Cath	Y
8087	Web Content Manager	N
8088	OD Administrative Supv	N
8089	Access II Asthma Educator	Y
8090	Director of Nsg - COA	Y
8091	Asst Dir of Nsg - COA	Y
8093	PBX Attendant II	N
8094	PBX Attendant III	N
8095	Sr. Benefits Analyst	N
8096	OR Inst Processing Supv	Y
8097	OR Charge Support Coord	Y
8099	Wellness & Nutrition Coord	Y
8100	Trauma Sys Nurse Coord	Y
8101	Dental Hygienist	Y
8102	Clinical Outcomes Mgmr Program	N
8103	Operations Analyst	N

Job Code	Job Title	Occupational Exposure Anticipated
8104	Asst Nurse Mgr Cardiac Cath	Y
8105	Clinical Nutrition Manager	Y
8106	Manager Wellness Prgm	Y
8107	Auditor, Pt Financial Res	N
8108	Heart Station Supervisor	Y
8109	EP/Heart Station Nurse Mgr	Y
8110	Clinical Data Analyst	N
8111	Prog/Analyst-Sr Staff Spec	N
8112	Director of Construction	N
8113	Data Coord Central Svc	N
8114	Sr Emergency Dispatcher	Y
8115	Cardiac Cath Lab Assistant	Y
8116	Staff Nurse GCRC	Y
8117	Card Cath Lab Tech Trainee	Y
8118	Legal Nurse Consultant	N
8119	V-P Legal Services	N
8120	Clinical Sys Project Asst	N
8121	Receiving & Install Supv	N
8122	Mgr PatientTransportation	N
8123	Mobile Dental Unit Prog Coord	N
8124	Coder II	N
8125	Coder III	N
8127	Mgr WFUBMC Wellness	N
8128	Senior Recruiter	N
8129	Inventory Scheduler	N
8130	Coordinator, Translation	N
8131	CAD Database Specialist	N
8132	Patient Simulation Lab Coord	Y
8133	Standards Compliance Officer	N
8134	Compliance Analyst	N
8135	Truck Driver	N
8136	PFS Project Mgmt Specialist	N
8137	OR Senior Coordinator	Y
8138	Staff Dev Instr/NIC	Y
8139	Sr Marketing Manager	N
8140	Manager, Receiving	Y
8141	Sr Cardiac Cath Lab Assistant	Y
8142	Asst Dir Strategic Plan	N
8143	Sr Planning Mgr	N
8144	Mgr Clinical Systems	N
8145	Quality Control Coordinator	N
8146	Health Info Spec III	N
8147	Health Info Clerk II	N
8148	Sr Cardiac Stress Tech	Y
8149	Mgr Clinical Ultrasound	Y
8150	Safety Technician	N
8151	Mgr Privacy Program	N
8152	Card Access Tech	N
8153	Pharmacy Admin Specialist	N
8154	Oncology Outreach Coord	N
8155	Coord Nuclear Pharmacy	Y
8156	Mgr Emer Resuscitation	Y
8157	Rehab Marketing Rep	N
8158	Assoc Dir RM Chf Privacy Ofcr	N
8159	Purchasing Assistant	N
8160	Contract Administrator	N
8161	Database Specialist	N

Job Code	Job Title	Occupational Exposure Anticipated
8162	Ultrasound Assistant	Y
8163	Sr Ultrasound Assistant	Y
8164	Training Center Coordinator	Y
8165	Medicaid Assistant II	N
8166	EP Lab Nurse Coordinator	Y
8167	Radiology Screening Coord	N
8168	Asst Coord Life Support Ed	Y
8169	Rehab/TCU IS Coord	N
8170	Stroke Registry Coord	N
8171	Purchasing/Storeroom Mgr	N
8172	Production Manager	N
8173	Financial Discharge Coordinato	N
8174	Coord Outpatient Surgical Cntr	Y
8175	Interventional Svc Coord	Y
8176	Comp Analyst/Projects	N
8177	Account Rep Coordinator	N
8178	Unit Manager	Y
8179	IS Trainer	N
8180	Shift Coordinator - HOC	N
8181	Cardiology Tech III	Y
8182	Admin Mgr Food Services	N
8183	Lead MedPort Administrator	N
8184	OR Multi-Skilled Tech	Y
8185	Lead Disability Case Mgr	Y
8186	Crew Leader - Engineerig	Y
8187	Digital Library Tech	N
8188	Staff Nurse/Burn Wound Coord	Y
8189	Dir Fin Analysis & Spec Proj	N
8190	CV Network Systems Analyst	N
8195	Assoc Dir Nursing Research	Y
8196	Nsg Inform Sys Mgr	Y
8197	Information Systems Specialist	Y
8198	Breast Care Clinician	Y
8199	Assist Nurse Manager	Y
8200	Materials Use Coordinator	Y
8204	Regulatory & Privacy Prgm Coor	Y
8205	DHP Office Manager	N
8206	DHP - Registration Supervisor	Y
8207	Asst Director Phy & Com Health	Y
8208	Oncology Outreach Assistant	N
8209	Transplant Data Manager	N
8210	Compliance Coordinator	N
8211	Point of Care Testing Coord	Y
8212	Respiratory Adv Practitioner	Y
8213	Respiratory Protocol Coordinat	Y
8214	Mgr Abdominal Transplant	Y
8215	Sr Pl/Mktg Research Mgr	N
8216	HR Project Specialist	N
8217	Community Trauma Coordinator	Y
8218	Outcomes Mgmt Programmer/Analy	N
8225	Manager Pre Assessment Clinic	Y
8226	Manager Outpatient PACU	Y
8227	Medicaid/Disability Field Spec	N
8228	Mgr Exec Registry/Exec Health	N
8229	Radiology Applications Spec	N
9100	Orient LPN II Pt	Y
9103	Orient Staff Nurse II	Y

Job Code	Job Title	Occupational Exposure Anticipated
9104	Orient LPN II	Y
9105	Orient LPN I	Y
9107	Orient Nurse Asst I	Y
9122	Orient Nurse Asst II	Y
9123	Orient Staff Nurse II P-T	Y
9124	Orient LPN I P-T	Y
9127	Orient NA I P-T	Y
9144	Orient Pref St Nurse II	Y
9183	Orient NA II p-t	Y
9608	Orient Unit Sec	Y
9609	Orient Unit Sec Pt	Y

* EXCEPTIONS

Departments in which the position **would not** anticipate occupational exposure

0011	Translator	Dept. 181
0014	Case Manager	Dept. 652
0223	Staff Pharmacist	Dept. 188, 761 or 762
0224	Pharmacy Technician	Dept. 188, 761 or 762
0227	Pharmacy Clinical Coord	Dept. 188, 761 or 762
0348	Clinical Nutritionist	Dept 804
0456	Guest Serv Repres	Dept. 893
0473	Computer Operator	Dept. 931, 593, 875
0504	Registration Clerk	Dept. 186, 782, 778, 695 672, 754
0523	Dispatcher Pt Transport	Dept, 897
0751	Materials Handler	Dept. 721

APPENDIX D

RESPONSIBILITIES FOR BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. Oversight Committees

A. The responsibility for oversight of the Bloodborne Pathogens Exposure Control Plan is delegated to the Infection Control and Safety Committees.
B. These committees are jointly responsible for annually reviewing and revising as needed the Exposure Control Plan.

II. **Hospital Infection Control** is responsible for:

A. Providing consultation to departmental heads/managers to determine job classifications with occupational exposure.
B. Providing ongoing consultation regarding implementation of OSHA's final rule on occupational Exposure to Bloodborne Pathogens.
C. Developing educational programs.
D. Ensuring that training programs are appropriate in content and vocabulary.
E. Assisting with compliance evaluation.
F. Making recommendations for occupational bloodborne pathogen exposure prevention.

III. Employee Health is responsible for:

A. Coordinating, managing, and providing the Hepatitis B Vaccination Program.
B. Providing post-exposure management
C. Maintaining documentation of exposures and follow-up as required by the most current OSHA final rule.
D. Assisting with compliance consultation and evaluation.
E. Monitoring trends of occupational exposures and making recommendations for exposure prevention.

IV. Risk and Insurance Management are responsible for:

A. Processing and maintaining all employee occurrences.
B. Monitoring injury and near miss incidents for trends.
C. Coordinating with Employee Health and Infection Control to assure proper follow-up on all occurrences with an emphasis on prevention.
D. Work with management and front line staff to identify opportunities to replace needle devices when appropriate.
E. Work with Materials Management and the Product Evaluation Committee to evaluate safer needle devices as appropriate.

V. Department Directors/Managers, Supervisors are responsible for:

A. Determining which departmental job classifications have reasonably anticipated occupational exposure to bloodborne pathogens and communicating those to Human Resources.
B. Ensuring compliance with new employee orientation and annual training and that suitable education/training programs are provided to employees by a knowledgeable educator(s).
C. Assessing all task (procedures) specific to their department(s) which involve potential exposure to bloodborne pathogens and ensure that personal protective equipment and other necessary supplies are available in accessible locations as required under 1910.132.d (PPE Hazard Assessment).
D. Evaluating compliance by:

1. Incorporating compliance with OSHA's final rule into the employee's performance evaluation
2. Initiating retraining or education for non-compliance
3. Initiating and documenting disciplinary action for failure to comply
4. Ensuring annual review with frontline workers the currently available engineering controls specific to the department and submitting recommendations to Materials Management through the Product Evaluation Committee and the Needlestick Prevention Task Force.
5. Evaluating the circumstances surrounding exposure incidents including an evaluation for: "failures of control" at the time of the exposure incident and submitting this information to Risk Management
6. Ensuring that instructors/students from allied health programs external to the Hospital have completed bloodborne pathogens training prior to the first clinical rotation.
7. Orienting instructors/students to the Hospital's Bloodborne Pathogens Exposure Control Plan
8. Ensuring that contract personnel are oriented to Hospitals Exposure Control Plan.

VI. **Facilities Services** are responsible for:

A. Reviewing and revising medical waste disposal guidelines.
B. Developing policies and procedures for cleaning, and disinfecting of work areas.
C. Developing, reviewing and revising protocols for clean-up of contaminated spills.

VII. **Managers** are responsible for:

A. Orienting new employees with occupational exposures to departmental specifics and documenting the date, time and content of training.
B. Identifying and communicating bloodborne pathogen hazards in the department

VIII. **Occupationally-Exposed Employees** are responsible for:

A. Knowing the tasks they perform that may result in occupational exposure.
B. Attending and maintaining personal records for the bloodborne pathogens training sessions.
C. Planning and conducting all tasks with potential occupational exposure in accordance with this plan.
D. Reporting to Hospital Employee Health Services for follow-up of all occupational exposures.
E. Reporting the absence or inadequate performance of Personal Protective Equipment (PPE) and or engineering controls to their supervisor.
F. Participating in the identification, evaluation, and selection of effective engineering and work practice controls.

IX. **Human Resources** are responsible for:

A. Maintaining documentation of job classifications with occupational exposure to loodborne pathogens
B. Maintaining inservice records of all employees with occupational exposure for at least 3 years.

X. **Materials Management** is responsible for:

A. Compiling information on appropriate engineering controls available to decrease or minimize exposure.
B. In conjunction with clinical departments and the Product Evaluation Committee, coordinate clinical trials and evaluations of engineering controls and safety devices.
C. Soliciting input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification,

evaluation, and selection of effective engineering and work practice controls.

D. Facilitating the implementation of products and devices chosen as part of the overall effort to reduce occupational exposures to the lowest possible extent through a comprehensive program for engineering controls.
E. In conjunction with clinical departments, coordinating education and training of employees in the proper use of safety devices.
F. Maintaining records of safety device product evaluations.
G. Annually submitting to the Infection Control Committee:
    1. A list of the engineering controls that reflect changes in technology.
    2. The participation from non-managerial employees in the identification, evaluation, and selection of effective engineering and work practice controls.
    3. The consideration and implementation of commercially available and effective safer medical devices that eliminate or reduce exposures to bloodborne pathogens.

XI. Wake Forest University School of Medicine is responsible for:

A. All faculty, staff, students, and volunteers of WFUHS who are determined to have occupational exposure to bloodborne pathogens shall comply with the Hospital's Exposure Control Plan during the performance of their duties
B. WFUHS Environmental Health and Safety are responsible for orientating and training of WFUHS faculty, staff, students, and volunteers regarding the Hospital's Exposure Control Plan.

XII. Contract Personnel are responsible for:

A. Employer: The employer of contract personnel is responsible for compliance with OSHA Bloodborne Pathogens Standard 29 CFR part 1910.1030, December 6, 1991 and subsequent revisions.
B. Contract employees
    1. Shall participate in the Hospital specific training programs
    2. Shall follow the procedures designed to minimize or eliminate potential exposure to bloodborne pathogens. (Failure to comply with the requirements for health and safety may result in a loss of privileges.)
    3. Shall report exposure incidents to the Hospital and their occupational health provider.

XIII. Allied Health Training Programs are responsible for:

A. Allied Health Training Programs external to the Hospital are responsible for ensuring that instructors and students receive bloodborne pathogens training prior to clinical rotations.
B. Instructors are responsible for obtaining departmental specific training from the clinical training area.

APPENDIX E:

ENGINEERING CONTROLS

Alaris "Smartsite" needleless IV system, including IV administration tubing,

Micro-Clave needleless device

BD “Autoguard” angiocaths (retracting stylet)

BD “Push Button” blood collection winged set (retracting needle)

BD “Eclipse” hypodermic needles, including insulin syringes with attached needle (shielded needle)

BD “Blunt Fill” needles (half bevel needle for accessing multidose vials)

BD “Blunt Filter” needles (for drawing up meds that need to be filtered, such as from a glass ampule)

BD “Eclipse” vacutainer needle (shielded needle)

BD single use vacutainer holders

BD plastic vacutainer tubes

BD “Blood Transfer Device” (to transfer blood from a syringe to the vacutainer tubes without using a needle)

BD “Blood Collection Assembly” (to draw blood from lines without a needle)

BD “Genie” and “Quickheel” lancets

Lifescan Unistick II lancets

Curved suture needles and needle holders in most line insertion kits

BD Sharps Disposal containers (three sizes)

Biosafety cabinets

Lifeguard Huber needle

Safeset Blood draws

Effective as of: March 2010. Contact Materials Management for modifications after March 2010

APPENDIX F
CLEANING OF CONTAMINATED PERSONAL UNIFORMS OR CLOTHING

I. POLICY

A. Personal clothing or uniforms contaminated with blood or body fluids shall be changed as soon as possible after an exposure and laundered by the Hospital.
B. Replacement clothing shall be provided for the employee while personal clothing is being cleaned.
C. Every clinical area shall have designated, secured area for replacement clothing packs that are accessible 24 hours/7 days a week.
   1. Replacement clothing packs shall contain:
      a) a set of replacement clothing (medium, large, extra large)
      b) a clear biohazard bag
      c) a pair of exam gloves to remove contaminated clothing
      d) a cable tie to close bag
      e) a copy of the procedure telling exposed staff what to do
      f) a contaminated clothing form
   2. Unit financial coordinator or his/her designee shall order standard replacement clothing packs.
      a) The standard replacement clothing packs shall contain one set of medium, large and extra large scrubs and cost the unit $25 per pack.
      b) When 2X to 5X size scrubs are needed and not readily available, the charge person or employee shall contact the Laundry during regular hours or Security after hours, weekends or holidays to obtain a set of reusable misty green scrubs.
         (1) The employee will sign for the 2X-5X loaner scrubs on the Nursing Unit/Department log and return the scrubs to the Laundry the next workday. If the 2X to 5X loaner scrubs are not returned to the Laundry on the next workday, $30 shall be deducted from the employee’s next paycheck.
         (2) The Unit Financial Coordinator will initiate the appropriate form to have $30 deducted from employee's next paycheck
         (3) The 2X to 5X loaner packs are charged to the unit at a cost of $25 each. The department number and account number shall be submitted to the Laundry for charge purposes.
D. The Laundry shall wash the contaminated clothing and/or washable shoes with cold water, removing as much of the contaminated material as possible.
   1. Articles designed for washing shall be washed, dried, pressed and folded, the garment and held for up to 10 days for owner pick-up.
   2. 'Dry Clean Only", items shall be washed, extracted, and bagged wet for employee pick-up.
   3. Any additional expenses incurred by the employee for commercial laundering, commercial dry cleaning, and/or the cost of replacement shall be charged back to the employee's home department/section.
E. Employees who are classified with occupational exposure to blood or body fluids should wear wash-and-wear type clothing and washable shoes while engaged in their job duties. Wearing clothing or shoes that may be damaged or destroyed by the laundering/decontamination process is discouraged, as the hospital is NOT responsible for any damage that may result from the decontamination process. NOTE:

The decontamination process removes the blood or body fluids, it does NOT render the garment ready to wear. Additional washing, dry cleaning and / or ironing may be necessary before wearing and is the responsibility of the employee.

II. PURPOSE

To prevent or minimize employee exposure to bloodborne pathogens by providing replacement clothing and laundry services in instances where personal clothing or uniforms have been contaminated with blood or body fluids.

III. PROCEDURES

A. When an employee's personal clothing or uniform is contaminated with blood or body fluids, the following steps should be followed:
B. Report the incident to their immediate supervisor.
C. Employee should obtain a “Replacement Clothing Pack” from the area or unit charge person.
D. Put gloves on, remove contaminated clothing, place in clear biohazard bag, and close with cable tie. Note: Use only the clear Biohazard bag to bag contaminated personal clothing. The clear biohazard bag indicates that the item in the bag is a contaminated reuseable item. Items received in trash or white biohazard bags are discarded as trash.
E. Wash the affected area thoroughly.
F. Put on the replacement clothing.
G. Complete the top section of the form “Incident of Contaminated Personal Clothing” starting with "Date:" through "Description of Clothing and/or Shoes". Example form attached.
H. Deliver the bag of personal clothing and the completed form to the Laundry office.
    1. During the hours of 7AM to 4PM Monday through Friday (excluding holidays), the Laundry supervisor signs the contaminated clothing form, enters the date and time of receipt, and has the employee sign the Laundry log form.
    2. During off-hours, weekends and holidays, any Laundry staff may check in contaminated clothing, sign the form, and have the employee sign the Laundry Log.
        a) If there are no Laundry staff present when employee takes their contaminated clothing to the Laundry, the employee should place their bagged clothing at the Production Office door.
        b) Complete the required information on the Laundry Log sheet (also in the Production Office door box). Employee should note (under the Supervisor signature line) that no one was present to accept the clothes.

c) On the contaminated clothing form, fill in the date and time clothing was left, sign in appropriate space, remove originator's copy (green), (retaining it for clothing pick-up), and leave the rest of the form in the box on the Production Office door.

I. As applicable, the laundry supervisor will complete the Laundry's section of the "INCIDENT OF CONTAMINATED PERSONAL CLOTHING" form and then send the original copy to the applicable Unit Financial Coordinator within 40 days of the incident.

J. Take the copy of the contaminated clothing form to the immediate supervisor so that the section labeled "Action Taken by the Employee's Supervisor" can be completed.

K. Return the replacement clothing to the Laundry when picking up personal clothing or place in a soiled linen bag anywhere in the Hospital.

L. Pickup personal clothing from the Laundry within 10 days. After 10 days, the Laundry will discard the personal clothing as rags.

NCBH, WFUSM, AND WFUP
INCIDENT OF CONTAMINATED PERSONAL CLOTHING

Date: _____ Employee's Name: _____Shift:_____

Department Name: _____ Dept. #/Account #:_____

Immediate Supervisor: _____ Phone Ext./Beeper:_____

***I, THE UNDERSIGNED EMPLOYEE, UNDERSTAND IF THE SCRUB SUIT THE HOSPITAL IS LOANING ME TODAY IS NOT RETURNED TO THE LAUNDRY WITHIN 30 DAYS OF THE RECEIVED DATE BELOW, $30 WILL BE DEDUCTED FROM MY PAYCHECK TO OFFSET COSTS.**

Employee Printed Name & Signature_____/_____

Brief Description of Incident:

Was Barrier Gown and/or other Protective Wear Being Used? Yes_____ No_____

Description of Clothing and/or Shoes:

Received By: _____ Date: _____ Time: _____ _____
Signature of Laundry Employee …….OR Employee Signature

Clothing Status:

Washed	Extracted	Dried	Bagged Damp	Ironed	Folded	Picked Up/Date	Discarded/Date

Action Taken by the Employee's Supervisor:

Feed Back:

Returned Scrubs Date/Initials_____ Issued Credit Date/Initials_____

Comments:

EMPLOYEE REMINDER: You must bring your copy of this form with you to pick up your clothes.

Incident No.

NOTE: Contaminated clothing forms cannot be copied since the incident # in the bottom right corner is used to track the scrubs.

APPENDIX G (PPB_WFBMC_142)
PROCEDURE IN EHS FOR MANAGING EXPOSURES:
WORKUP, COUNSELING, and RE-TRAINING
POST-EXPOSURE FOR
HUMAN BLOOD AND BODY FLUIDS

TABLE OF CONTENTS

GENERAL

- Purpose
- Authority
- Resources
- Terms and Definitions
- Responsibilities
- Training of EHS Staff

STAFF INFORMATION

- Workup of Exposure
- Compliance Assurance
- Counseling
- Training

REPORTING

DOCUMENTATION / FORMS

Counseling

Training

Notification

GENERAL

Purpose/ Objective

It is the intent of this procedure to manage exposures that occur in the workplace:

1. To maximize EE (Employee) protection from developing adverse consequences related to the exposure, including but not limited to interruptions of the EE's work / life activities, temporary limitations placed upon the EE, and disease(s) caused by the organism of exposure.
2. To maximize the protection of that EE's coworkers, patients for whom he/she cares, and for his/her family, friends, and community.
3. To reinforce safe work practices, and to promote a healthy life / healthy living habits.
4. To minimize the likelihood of future exposures in the same individual as well as others.

Authority

EHS is responsible for post-exposure management, as provided in Appendix D to the WFBMC Blood Borne Pathogens Exposure Control Plan (PPB_WFBMC_ 142). This procedure is appended to that policy to clarify the post-exposure management responsibilities of EHS, as well as the respective roles of Infection Control and Risk Management.

Resources:

OSHA Standard for Bloodborne Pathogens: 29 CFR 1910.130.

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

BBP (Blood Borne Pathogens) Control Plan PPB_WFBMC_142

http://infinet.wfubmc.edu/policies/admin/Bloodborne%20Pathogens%20Exposure%20Control%20Plan%20-%20WFBMC-142.pdf

Training –New Employee Orientation

Annual Infection Control Training

Additional Training/Retraining as Prescribed

Terms, Definitions, and Abbreviations

BBF – Blood and Body Fluids

CMO – Chief Medical Officer

Conversion – the changing of a laboratory value from a qualitatively or quantitatively negative value to one of a positive value, generally signifying the change in one's status from being free of a particular disease to confirmation or high probability of the disease

Counseling (Information & Instruction) – consists of, but is not limited to, individual advice, handouts, or retraining on personal safe hygiene practices, location and proper use of PPE (gloves, masks, gowns, etc.), review of all or part of the Exposure Control Plan, retaking of the annual Infection Control training, the risks and benefits of post-exposure treatment, as well as any applicable lifestyle changes, privacy rights, and other safe work practices.

Dual Exposure – Both the EE and the Patient are each the Source to each other, mutually exposing each other to one's own BBF.

EE – Employee(s)

EHS – Employee Health Services

EHR – Electronic Health Record

Exposed – The person who incurred the contamination (exposure) of another (the Source)

HAI – Healthcare Associated Infection

HOC – Health-on-Call

IC – Infection Control

ICC – Infection Control Committee

ICP – Infection Control Practitioner

ID – Infectious Diseases (department / physician)

NEO – New Employee Orientation

Reverse Exposure – Employee is the Source of the exposure; generally, the patient is the Exposed, though another EE could be.

RM/S – Risk Management Department, Division of Safety

Source – The person whose BBF contaminated those of another (the Exposed Employee)

Staffer – Member of the EHS Staff, especially, clinical Staff

Training (Instruction) – A combination of standardized and individual sets of instructions and work practices techniques designed specifically to minimize the risk of future occurrences, and to enhance safety among Medical Center personnel and patients. This includes the terms **Training, Retraining, and Additional Training, and Remedial Training.**

VP – Vice President

Responsibilities for Training (Training / Retraining / Additional Training) (in addition to PPB_WFBMC_142, Appendix D, p. 54)

EHS (Employee Health Services) – Determines number of exposures and circumstances, provides and documents Counseling after each exposure, and classifies exposures by level of complexity, then prescribes level of Retraining / Additional Training necessary.

1. EHS tracks and monitors exposure numbers and patterns, sharing with ICC, RM, and others as appropriate.
    a. Weekly – Exposure compliance (Initial, Counseling, Training)
    b. Monthly – Training compliance; multiple exposures; manager compliance
    c. Quarterly – Overall compliance; multiple exposures; conversions to illness
    d. Annually – Overall compliance; multiple exposures; conversions to illness – similar to quarterly, but annualized.
2. At each exposure EHS counsels the EE and prescribes the level of Additional Training necessary.
3. EHS notifies Infection Control as soon as possible, but within the same half shift of any "Reverse Exposure", "Dual Exposure", or any other exposure where the Employee is the Source, as well as any exposure involving more than one Employee.
4. EHS enrolls those EE identified as needing Re-training / Additional Training to take the online BBF training module at the earliest feasible opportunity, generally within 1 week (7 calendar days). EHS, IC and HRIS will collaborate on establishing the best enrollment method.
5. EHS tracks EE exposures and maintains documentation of successful completion of Re-Training / Additional Training provided.
6. EHS notifies Infection Control of any BBF exposures that would be anticipated to prompt further investigation (e.g., cluster, concern related to a particular device, multiple exposures, concerns of patterns of exposure, multiple people exposed at one incident).

IC (Infection Control) – In collaboration with the ICC, IC will develop the content of Training/ Retraining / Additional Training; once approved by the ICC, this content will be made available to identified employees as per PPB_NCBH_139 (Infection Control / Employee Health).

1. IC develops content for BBF Training, making it available to EE at the appropriate times.
    a. Initial / New Hire
    b. Annual
    c. Re-Training / Re-medial Training / Additional Training.
2. IC maintains all the completion records of training. IC notifies EHS when the EE has successfully completed the training. Compliance will be monitored on a biweekly basis.
3. Infection Control will investigate instances of BBF exposure that suggest clusters of exposures or fundamental problems with human aspects of exposures – procedures, techniques, etc.
4. IC maintains records of its investigations and its interventions; reports them to the ICC at least quarterly.

RM/S (Risk Management / Safety) –

1. RM investigates environmental issues related to exposure(s), including device malfunctions, and works with applicable departments, Materials Management, Product Evaluation Committee, IC and EHS as indicated to affect a solution.
2. RM / Worker Compensation assures occurrence reports are completed for each person reporting an exposure. RM works with EHS to ensure all staff filing occurrences with EHS are added to the employee occurrence system reporting database. Reports them to ICC at least quarterly.
3. Tracks all "near misses", and reports them to the ICC at least quarterly.
4. Reports any other trends of significance to ICC, IC, and EHS as they occur.

Supervisor (Educator, Program Director, etc.) of Employee with Level 2 or Greater Exposure -

1. Evaluates Exposure information provided by EHS and RM/S.
2. Collaborates with IC, RM/S, EHS, or others as needed to tailor Re-Training of the EE.
3. Makes specific recommendations or administers specific Re-Training to the EE as to how the risk of further B&BF exposures can be minimized.
4. Notifies EHS of action taken, who Re-Trained the person, and when it was completed.

Training of EHS Staff to Workup Exposures

Prior to working up an EE exposure each clinical Staff member of EHS who might become involved in post-exposure management will undergo an interactive training on blood and body fluid exposures, with opportunities to ask questions. Further, each such clinical Staffer will be assigned to read the references listed within this procedure, as well as any other institutional policies that apply, along with any new applicable information, and will participate in a clinician led discussion on applying this procedure to exposed EE. The person will sign a roster for the session, which will be kept in an appropriate location within EHS as designated by the Director. The Staffer will have opportunity to have questions answered; also, the new Staffer will shadow an experienced, incumbent Staffer until such time as he/she demonstrates adequate knowledge and work practices skills in the area of handling such exposures, to the satisfaction of the Staffer's superior. The supervisor will document satisfactory completion of this Training.

Of note, for this procedural iteration, the scope, type, frequency, order and other information drawn on Source and Exposed blood will be as per the most current Infection Control policy for EHS.

STAFF INFORMATION

Checklist of Steps and Script for EHS Staff to Initiate Exposure Work up and Followup

When the EHS Staff is notified of an exposed EE, the EHS Staffer will assure that the following steps are to be completed:

1. EHS is notified of an exposure (by EE, mgt, HOC, ICP, etc.);
2. EHS encourages Exposed EE to complete an occurrence report ASAP if not already done, preferably the online occurrence report with the supervisor, and submit it to Risk Management, prior to presenting to EHS. Alternately, the EE may complete a paper version in EHS or in RM.
3. EE instructed to come to EHS (by EHS or HOC) to begin post-Exposure evaluation and management.
4. EE presents to EHS; if EE does NOT present as instructed, the EHS staff proceeds to section entitled "Assurance of Compliance" below.
5. EE is interviewed by EHS Staffer(usually is a nurse initially);
6. EHS Staffer (nurse) determines whether an exposure truly has occurred;
7. If EHS determines that there is not a true exposure, then EHS (nurse) ceases the process and dismisses the Exposed EE, AFTER counseling him/her on safe work practices and completing the Counseling form. The EE is still encouraged to complete an occurrence form if not already done.
8. If EHS (nurse) determines that an exposure truly has occurred then the nurse proceeds as below:
9. EHS (nurse) determines whether the EE is the Exposed or the Source, and proceeds accordingly; the possibility of a "Reverse Exposure" or a "Dual Exposure" exists (Source = EE <u>and</u> the Patient to each other).
10. EE is registered in BBF / Contaminated Exposure entry log, along with pertinent information available about the exposure;
11. EHS (nurse) makes note in EHS EHR (electronic health record -currently Centricity), referencing exposure and "confidential file folder", and in PeopleSoft, once set up.
12. EHS (nurse) determines which number Exposure this represents for EE, and notes this in the EHS EHR, in the designated locus.
13. EHS (nurse) registers EE in confidential file laboratory log #, designating a secure, unique number for that exposure for purposes of laboratory confidentiality and follow up, linking to that specific exposure. Confidential files (currently manual for maximum confidentiality) are tabbed and filed alphabetically in a central, secure location.
14. EHS (nurse) facilitates Source blood to be analyzed, or existing documentation of Source blood lab status of Hep B, Hep C, and HIV to be made available to the appropriate EHS staff.
15. EHS (nurse) determines whether the Exposed EE needs blood work as well; advises EE as per IC protocols / procedures.
16. EHS (nurse) attempts to determine whether exposure was potentially avoidable;
17. EHS (nurse) determines the Exposure Level category (see chart and description below), based upon multiple factors, including the total number of Exposures per rolling twelve (12) months (based upon the EE's last Exposure date); whether there was more than one person exposed (e.g., a cluster requiring Infection Control notification) or involved; whether there was a new or modified process for which the EE had not received training prior to the Exposure incident; and whether there was a possible device related failure resulting in the exposure (prompting notification of IC and RM).
18. EE signs either permission or declination of labs to be drawn / analyzed.

19. EHS (nurse) provides counseling, verbal and written per the Counseling form – gives a copy to the EE for future reference.
20. EHS (nurse) arranges for referral of EE to ID (faculty or House Officer clinics) if the Source is HIV (+), preferably within 24 (twenty-four) hours.
21. EHS (nurse) initiates Training prescription form, sending copies to applicable entities around the Medical Center, i.e., EE supervisor, IC and RM.
22. EHS (nurse) completes and sends to supervisor the Notification document, apprising the supervisor that the EE has had an exposure of concern, especially Level II or Level III.
23. EHS (nurse) schedules follow up appointments with EE as exposure circumstances dictate, to completion.

Further, ***at each exposure***, the EHS Staffer is to ask the following questions to determine whether an immediate need exists for more intensive retraining (per Safety/Risk Management and per OSHA - 1910.1030(g) (2) (v)), and whether other action should be taken:

1. Was at least one Source the Employee?
    a. If no, the resume the Post-Exposure Levels criteria;
    b. If yes, then begin the workup as a "Reverse Exposure", i.e., the Source is the EE; the Exposed is the patient, visitor or another employee; vs. a "Dual Exposure"? EHS notifies Infection Control right away. Go to Level II Training. (See below for explanation of Levels.)
2. Was your exposure the result of another Employee's actions?
    a. If no, then resume the Post-Exposure Levels criteria;
    b. If yes, then EHS notifies Infection Control right away. Go to Level II.
3. Has the task or the procedure been **MODIFIED** that you were performing when the exposure occurred?
    a. If no, then resume the Post-Exposure Levels criteria;
    b. If yes, then ask: "Have you been trained on the modification?"
        i. If yes, then resume the Post-Exposure Levels criteria;
        ii. If no, then EHS notifies Infection Control right away. Go to Level II.
4. Was the task or procedure **NEW** that you were performing when the exposure occurred?
    a. If no, then resume the Levels criteria below;
    b. If yes, then ask: "Have you been trained on the procedure?"
        i. If yes, then resume the Post-Exposure Levels criteria;
        ii. If no, then EHS notifies Infection Control right away. Go to Level II.

5. Was a device malfunction involved?
    a. If no, then resume the Levels criteria.
    b. If yes, then ask "Have you been trained on this device?"
        i. If yes, the resume the Post-Exposure Levels criteria.
        ii. If no, then EHS notifies IC and RM/S right away.

Explain the circumstances: _____

_____

<u>Assurance of Compliance</u> (Progressive notification of non-compliance)

If EE does not come to EHS or does not participate as or when instructed post-Exposure:

IMMEDIATELY POST EXPOSURE

1. EHS will attempt to contact EE by email, pager, telephone or notifying manager. (EHS is to try up to twice in the same half shift)
2. If EE still does not come, then Chair, program director, manager is notified once. (By next half shift)
3. If EE still does not come , then CMO / VP is notified. (By next shift, 1st half)

TRAINING / RE-TRAINING / ADDITIONAL TRAINING

1. EHS will prescribe Re-Training (Level II), which the EE takes via PeopleSoft, once set up.
2. EHS receives notification, currently from IC, that the EE completes the Re-Training, once done. HRIS will explore a system to program PeopleSoft to do this electronically.
3. If the EE does not comply as instructed then EHS will notify the EE's supervisor.
4. Generally, the Re-Training (Level II) will be expected to be completed within a week; occasionally, specific circumstances will delay this. At such times the EE is expected to complete the Re-Training at the earliest possible time following the delay.
5. For Re-Training for complex Level II or for Level III, the supervisor will determine the earliest possible time frame that the EE is to complete the Re-Training, as well as any Additional Training.

HUMAN BLOOD AND BODY FLUIDS EXPOSURE

COUNSELING THE EMPLOYEE

Counseling of Employee

General counseling measures that are to be reviewed with each EE include, but are not limited to:

1. Always use Standard Precautions when interacting with each patient.
2. Always wear PPE at the appropriate times and in the appropriate manner for optimum protection.
3. Always practice Hand Hygiene consistent with the Medical Center emphasis.
4. Always take care to avoid contaminating yourself or others when in a situation when an exposure could be anticipated to occur.
5. If an exposure does occur, separate yourself from the Source, and wash immediately and thoroughly for 15 minutes with soap and running water.
6. Notify your supervisor immediately and contact EHS (HOC if EHS is closed – through EHS Tel# 336/ 716-4801).
7. Other measures will be included as the individual case indicates.

The Counseling for HIV Control Measures are to include but not limited to:

1. Do not have sexual intercourse unless condoms are used; exercise caution when condoms are used due to possible condom failure.
2. Never share needles or syringes.
3. Do not donate or sell blood, blood products semen, ova, organs, tissues, and breast milk.
4. Notify future sexual/needle sharing partners.
5. If HIV is reactive, have a skin test for tuberculosis every 6 months while the CD4 count is < 200. Then replace with TB Health Evaluation.

Specific Counseling will be provided based upon the specific circumstances of the exposure.

Documentation of Counseling and Training will be manual when necessary and will become electronic as soon as is feasible. EHS will maintain the original document(s); the employee will be given a copy upon request. Other areas of the Medical Center will be provided a copy on an as needed basis.

Training / Retraining / Additional Training the Employee

Levels of Training

Initial – Baseline / first training through Infection Control and specific home departments as business need dictates. Per OSHA, "At the time of the initial assignment to tasks where the occupational exposure may take place". Typically, this is at New Employee Orientation, or shortly thereafter, but primarily online.

Annual – Updated / recurrent training through Infection Control. Per OSHA, "Annual training for all employees shall be provided within one year of their previous training." Typically, this is online.

Post-Exposure (Additional Training / Re-Training Levels) – Additional education and training based upon the nature of the exposure, its specific circumstances and the total number of exposures of the EE as the Exposed, or as the Source. For details, see the table below; meeting at least one of the criteria listed determines that Level. "**Multiple Exposures**" will be defined as greater than 1 (one) Exposure per rolling 12 (twelve) month period, beginning with the date of the last Exposure.

Level I – 1 exposure; only one EE is involved; no device malfunctions; no new or modified procedures.

Level II – 2 exposures; or more than one EE is involved; or device malfunction; or new or modified procedures.

Level III – 3 or more exposures, or the next exposure after any Level II criteria is met.

Post-Exposure Levels for Retraining / Additional Training

# Exposures	Level	Exposure Classification	Counseling	Training	Additional	Infection Control
1	I	Individual / Simple	EHS		EHS will send name and date of each exposure no later than the next business day to RM, so that they can assure the completion of an occurrence report.	Report to Infection Control Committee on a quarterly basis
2	II	Low Multiple / Additional Factors	EHS	Re-Training online – preferably through PeopleSoft.	EHS notifies the Supervisor, / education or program director, and Infection Control (IC) and Risk Management/Safety (RM/S).	Report to Infection Control Committee on a quarterly basis
3 or more	III	High Multiple / Additional Factors / Complex	EHS		EHS notifies the supervisor and administrator above supervisor, education / program director/ chair, and IC and RM/S. EHS prescribes additional steps at the home department level. IC, RM/S and EHS function as resources as needed.	Report to Infection Control Committee on a quarterly basis

REPORTING

1. Regularly
    a. Monthly – Each month EHS will generate for the EHS Director a monthly report of exposures, EE compliance, along with, multiple exposures, and manager compliance.
    b. Quarterly - Each quarter, within one month after the new quarter, or at the ICC meeting just after that time, EHS will provide to the ICC summary data of the BBF for the preceding quarter, including EE compliance with the procedure. Any illness conversions documented by laboratory testing are noted.
    c. Annually - Within the first two months of the new FY, or at the ICC meeting just after that time, EHS will provide summary data for the immediately preceding FY. Same as quarterly but annualizing the data.

2. Episodically
    a. EHS will enter into the Executive Alert Dashboard at the earliest possible time, generally by the conclusion of the next business day, the name of the EE, and the name of any laboratory-documented conversion(s) of the EE's blood to any of the disease markers followed during the post-Exposure period, and the date of the laboratory documentation of the conversion.
    b. EHS will provide additional report data as requested by the ICC, IC or RM, in a mutually agreed upon time frame.

3. ICC – Reports sent to the Infection Control Committee are sent up to the Medical Center Quality Council as a part of its reporting process.

POST-EXPOSURE COUNSELING

HUMAN BLOOD AND BODY FLUIDS

PERSON COUNSELED (NAME):_____

Number of Employees involved in this Exposure: ___1___2 or more; (number _____)

Did another Employee contribute to this Exposure? ___No___Yes

Did the Exposure involve the malfunction or mishandling of a device? ___No___Yes___N/A

Has the Employee been trained on the new or modified device, if involved? ___No___Yes___N/A

Post-Exposure Action Level classification -___I ___II___III

General counseling measures reviewed with Employee:

1. Always use Standard Precautions when interacting with each patient.
2. Always wear PPE at appropriate times and in appropriate manner for optimum protection.
3. Always take care to avoid contaminating yourself or others when in a situation when an exposure could be anticipated to occur.
4. If an exposure does occur, separate yourself from the Source and the scene of the incident, and wash immediately and thoroughly for 15 minutes with soap and running water.
5. Notify your supervisor immediately and contact EHS (HOC if EHS is closed – through EHS Tel# 336/ 716-4801).

If the Source is HIV Positive, and especially if the Employee Exposed tests HIV Positive, then review the following with the Employee:

1. Do not have sexual intercourse unless condoms are used; exercise caution when condoms are used due to possible condom failure.
2. Never share needles or syringes.
3. Do not donate or sell blood, blood products, semen, ova, organs, tissues and breast milk.
4. Notify future sexual / needle sharing partners.
5. If the Employee is HIV reactive, have a skin test for tuberculosis every 6 months while the CD4 count is less than (<) 200. Then replace with TB Health Evaluation.

Specific counseling measures reviewed with Employee for this particular Exposure:

1. _____
2. _____
3. _____
4. _____

Remarks: _____

Documentation of Counseling:

I affirm with my signature below that I have received counseling on or about this date by the EHS Staff or designate below. I have had the opportunity to ask questions and to have them answered. I understand the counseling and its implications for my health and for the health of my patients,

coworkers and my family. I agree to use appropriate PPE, techniques, and to exercise proper judgment and caution in situations in which Exposures could be anticipated to occur. I have given all answers truthfully and freely.

Remarks: _____

_____

Exposed Employee EHS Counselor

Print Name: _____ _____

Sign Name: _____ _____

Medical Record Number (MRN): _____-_____-_____

Date: _____/_____/_____ Time: _____:_____AM___PM

POST-EXPOSURE RE-TRAINING PRESCRIPTION

HUMAN BLOOD AND BODY FLUIDS

(Prescription for and Documentation of Training / Remedial Training / Re-Training / Additional Training)

ACTION PRESCRIBED BY EHS FOR (NAME): _____

Notification / Referral (check all below that apply): A copy will be sent to each person checked.

Please provide documentation to EHS as soon as the person completes the item you have provided.

Counseling:Completed – per Counseling sheet.

Post-Exposure Action Level classification -___I (nothing else required)___II___III

Title Name

___Supervisor:_____

___Education Director/ ___Program Director: _____

___Administrator / Chair: _____

___ EH&S (Director)_x_ RM/S (Director)_x_ IC (Medical Director / Administrative Director)

Other: _____

Training / Action required:Date CompletedBy (Dept. No. & Person)

___Remedial Online Training ____/____/____ _____

___Training re: Device / Technology____/____/____ _____

___ Training re: Procedure(s) ____/____/____ _____

___ Competency Testing ____/____/____ _____

___ Additional Training / Action(s) (below): To be determined by Supervisor (Education Director, Program Director, Administrator, Chair or designate)

_____ ____/____/____ _____

_____ ____/____/____ _____

DOCUMENTATION OF COMPLETION OF TRAINING / RETRAINING / ADDITIONAL TRAINING

Date all Training completed: _____/_____/_____Date EHS received notification: _____/_____/_____

EHS Staff signature: _____

POST-EXPOSURE NOTIFICATION

HUMAN BLOOD AND BODY FLUIDS

EXPOSED PERSON (NAME): _____

DATE: _____/_____/_____TIME: _____:_____AM_____PM

TO: _____

FROM: MEDICAL CENTER EMPLOYEE AND OCCUPATIONAL HEALTH SERVICES

SUBJECT: EXPOSURES

_____MULTIPLE TIMES

_____COMPLEX SITUATIONS (e.g., device failures, procedure failures, multiple people exposed)

Dear Administrator,

EHS is sending this email to you to apprise you that the person listed above who reports to you, has recently experienced a Human Blood / Body Fluids Exposure of concern, the nature of which is listed above. A copy of the Post-Exposure Re-Training Prescription is included. Your department is responsible to carry out the steps, with an ideal time frame of one week (seven calendar days). Please notify EHS when this is accomplished, along with a listing of what was done, who administered the instruction, and the date of completion.

Further, please review your department's pertinent procedures, processes, and techniques applicable to this person's skill set necessary to execute his/her work safely and competently. Please use the usual resources at your disposal to accomplish this. Infection Control, Risk Management / Safety and Employee Health Services are available resources.

Thank you.