Inter-Office
MEMORANDUM

DEPARTMENT OF PUBLIC SAFETY

No. _____

Suspense: _____

March 22, 2016

TO: ALL CONCERNED

FROM: Nolan P. Espinda, Director

SUBJECT: **NEW POLICY: ADM.07.01, BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

ADM.04.03: Bloodborne Pathogens Training and Immunization, and ADM.07.01: Management of Accidental Exposure to Blood or Body Fluids have been combined into a one policy, which is now ADM.07.01: Bloodborne Pathogens Exposure Control Plan. This policy also incorporates the latest Occupational Safety and Health Administration (OSHA) regulations.

If you require any clarification, please contact Shelley Nobriga at 808-587-1415 or shelley.d.nobriga@hawaii.gov. ADM.07.01 shall take effect on March 22, 2016.

1.0 PURPOSE

To minimize or eliminate the likelihood of occupational exposure to blood or other potentially infectious body material for PSD employees across the State.

2.0 REFERENCES AND FORMS

.1 References

a. Hawaii Revised Statutes (HRS) § 325-16, Informed Consent for Testing or Disclosure.

b. HRS, Part VI. HIV, ARC, and AIDS, §§ 325-101 to 325.104.

c. HRS Chapter 394, Occupational Safety and Health.

d. United States Department of Labor, Occupational Safety and Health Administration, 29 CFR, Chapter XVII (7-1-10 Edition), §1910.1030, Bloodborne Pathogens.

e. United States Department of Labor, Occupational Safety and Health Administration, 29 CFR, Chapter XVII (7-1-10 Edition), §1910.1020, Access to Employee Exposure and Medical Records.

f. Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post Exposure Prophylaxis, MMWR Recommendations and Reports, June 29, 2001.

.2 Forms

a. Attachment A – Employee Classification Exposure Determination listing.

b. Attachment B – Hepatitis B Declination Document.

c. Attachment C – Hepatitis B Vaccine Record.

d. Attachment D – Employee Exposure Packet.

e. Attachment J – TDCT Guidelines for the Use of Safety Feature Evaluations.

f. PSD 0402 – Informed Consent for HIV Antibody Blood Test form (attached).

g. PSD 0417 – Refusal to Consent to Medical/Surgical/Dental Treatment/Medication form (attached).

h. PSD 0421 – Staff/Visitor Illness/Injury Medical Report form (attached).

i. PSD 0423 – Sharps Injury form (attached).

j. PSD 0481 – Blood or Other Infectious Material Exposure form (attached).

k. PSD 0489 – Bloodborne Pathogen or Other Infectious Material Exposure Medical Report form (attached).

l. PSD 0494 – Confidentiality of Source Medical Information form (attached).

m. PSD 0500 – Federal Regulations Regarding Bloodborne Pathogen Exposure Medical Provider Copy form (attached).

n. PSD 0502 – Employee Decision to Not Wear PPE Report form (attached).

3.0 DEFINITIONS

.1 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 immunodeficiency virus (HIV).

.2 Color Coded: Red shall be the designated safety color indicating the presence of biohazardous medical waste. All trash bags, sharps containers, and tags used to contain contaminated medical waste shall be red in color to provide a visual cue regarding the presence of a biohazardous waste and the need to use safety precautions when handling.

.3 Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

.4 Contaminated Sharps: Any contaminated object that can penetrate the skin including but not limited to needles, scalpels, broken glass, and exposed ends of dental wires.

.5 CSA: Clinical Section Administrator. The title for the nurse administrator at each correctional facility.

.6 CSBA: Clinical Services Branch Administrator. The administrator responsible for statewide correctional nursing operations in Hawaii and is located in the Health Care Administrative Office.

.7 Engineering Controls: Controls (e.g., puncture resistant sharps disposal containers, safer medical devices, such as self-sheathing needles, sharps with engineered sharps injury protections, needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

.8 Exposure Control Plan: Describes staff actions to be taken to eliminate or minimize exposures to pathogens.

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

.10 HBV: Hepatitis B virus.

.11 HCV: Hepatitis C virus.

.12 HIV: Human immunodeficiency virus.

.13 Occupational Exposure: Reasonably anticipated skin, eye, mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

.14 Other Potentially Infectious Material: The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situation where it is difficult or impossible to differentiate between body fluids.

.15 Parenteral: Piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

.16 Personal Protective Equipment (PPE): Is specialized clothing or equipment worn by an employee against a hazard, e.g., masks, gloves. General work clothes (uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered PPE.

.17 Provider Staff: State employed physicians, nurse practitioners and psychologists.

.18 Sharp: Any object that can penetrate the skin including but not limited to needles, scalpels, broken glass, and exposed ends of dental wires.

.19 Sharps Container: Is a biohazard labeled, red color coded durable container that securely holds used medical sharps such as needles, scalpels and other sharp disposable medical equipment. The container must be puncture resistant, durable, closable and leak resistant on the sides and bottom.

.20 Source Individual: Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the employee.

.21 Standard Precautions: An approach to infection control that all human blood and certain body fluids are treated as if they are known to be infectious and therefore precautions are taken to minimize risk. These precautions consist of good hygiene habits, such as hand washing, the use of gloves, and other barriers, and the correct handling of sharps.

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

4.0 POLICY

.1 A written, standardized Bloodborne Pathogen Exposure Control Plan is established to minimize or eliminate occupational employee exposure to bloodborne or other infectious pathogens across all PSD Operations.

.2 The Exposure Control Plan must contain at least the following elements:

a. An Employee Classification Exposure Determination listing that includes:

1) A list of all job classifications in which all employees in that job classification have occupational exposure.

2) A list of job classifications in which some employees have occupational exposure.

3) A list of all tasks and procedures or groups of closely related tasks and procedures in that occupational exposure occurs and that are performed by employees in job classifications with some exposure.

4) Exposure determination shall be made without regard to the use of personal protective equipment.

b. A schedule and method of implementation for:

1) Methods of compliance consisting of engineering and work practice controls to be used to minimize or eliminate employee occupational exposure.

2) Hepatitis B vaccination and post exposure evaluation and follow-up.

3) Communication of hazards to employees.

4) Record keeping.

5) Procedure for the evaluation of circumstances surrounding exposure incidents.

.3 The Exposure Control Plan shall be accessible to employees.

.4 The Exposure Control Plan shall be reviewed and updated at least annually, and whenever necessary, to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

a. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

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

.5 Input shall be solicited from non-managerial health care staff responsible for direct patient care who are exposed to possible injury from contaminated sharps,

in the identification, evaluation and selection of effective engineering and work practice controls. This solicitation shall be documented in the Exposure Control Plan.

5.0 PROCEDURES

.1 Employee Occupational Exposure Listing

PSD Administration shall identify a list of all employee position classifications in which:

a. All employees in the job classifications have occupational exposure to bloodborne pathogens without regard to the use of personal protective equipment.

b. Employees in the job classifications have some occupational exposure without regard to the use of personal protective equipment.

PSD Administration shall identify a list of all tasks and procedures, or groups of closely related tasks and procedures in which occupational exposure occurs, and that are performed by employees on the list as having some exposure in their job classifications (Attachment A).

.2 Standard Precautions

All employees shall be instructed to follow Standard Precaution guidelines, which directs blood or other bodily fluids to be viewed as potentially infectious and require the use of hand washing and other appropriate protective measures to avoid contamination.

.3 Engineering and Work Practice Controls

The Department shall immediately implement the following Engineering and Work Practice Controls to minimize or eliminate occupational exposure to bloodborne and other body fluid pathogens:

a. Hand Washing:

1) Hand washing facilities are available to all employees. Hands and any other exposed skin should be washed with soap and running water, as

soon as feasible, after contamination, between contact with inmates, and after removal of gloves or other personal protective equipment.

2) In the event that a hand washing facility is not available, an appropriate alcohol based hand sanitizer shall be used followed by hand washing with soap and water, when feasible.

3) Contaminated or exposed mucous membranes, e.g., eyes, mouth should be flushed with water immediately or as soon as feasible.

b. It is **PROHIBITED** for contaminated needles or other contaminated sharps to be recapped, bent or removed from their syringes or handles. All sharps with safety-engineered devices shall have them engaged immediately after removal or withdrawal from the patient.

c. Immediately or as soon as possible after use, contaminated disposable needles and sharps shall have their safety-engineered mechanism activated and placed in appropriate designated red color-coded, puncture resistant, leak proof containers.

1) Each health care staff member planning to perform a procedure/treatment shall assure the immediate presence of a sharps container **PRIOR** to performing any procedure/treatment requiring the use of a needle or other sharp. This includes obtaining a portable sharps container when a wall-mounted unit is not in close proximity.

2) Portable sharps containers shall always be placed upright on a firm secure surface prior to initiating any procedure/treatment requiring the use of a needle or other sharp.

d. Reusable contaminated sharps shall immediately, or as soon as possible, be placed in appropriate puncture resistant containers that are leak proof on the sides and bottom, and labeled or red color coded per this policy.

e. Reusable contaminated sharps shall not be stored or processed in a manner that requires employees to reach into these containers holding these sharps.

f. Whenever possible, disposable sharps and equipment will be purchased and used by the Health Care Division.

g. When available, safety engineered sharps shall be ordered and used by the Health Care Division.

h. Eating, including the chewing of gum, drinking, smoking, the applying of cosmetics, lip balm or handling of contact lenses shall be **PROHIBITED** in work areas where there is a reasonable likelihood of occupational exposure.

i. No food and drink shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

j. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spatter, and the generation of droplets of these substances.

k. Specimens of blood or other potentially infectious materials shall be stored in containers that prevent leakage during collection, handling, processing, storage, transport or shipping.

   1) Containers for storage, transport, or shipping shall be labeled or red color-coded per this policy, and closed prior to being stored, transported, or shipped.

   2) In the event outside contamination of the primary container occurs, the primary container shall be placed within a second container that prevents leakage during handling, processing, storage, transport or shipping, and is labeled or color-coded as required by this policy.

   3) In the event a specimen container becomes punctured, the primary container shall be placed within a secondary container that is puncture-resistant, in addition to the above requirements.

l. Equipment that 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 such decontamination of the equipment or portions of the equipment is demonstrably not feasible.

   1) The equipment shall be labeled using a readily observable label stating what portions of the equipment remain contaminated.

2) The Clinical Section Administrator shall ensure that this information is conveyed to all affected employees, servicing representatives and/or manufacturers, as appropriate prior to handling, servicing, or shipping so that appropriate precautions will be taken when handling the equipment.

m. Personal Protective Equipment

1) Provision

a) When there is occupational exposure, PSD shall provide at no cost to staff, the appropriate personal protective equipment (PPE).

b) PPE includes but is not limited to gloves, gowns, face shields, pocket masks and respirators.

c) PPE is considered appropriate if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work cloths, street clothes, undergarments, skin, eyes, mouth, or other mucus membranes, when used.

2) Use

a) Supervisors shall ensure that employees use the appropriate PPE during the performance of their work unless:

The employee briefly and temporarily declines to use the PPE due to a rare occurrence where, in the employee's professional judgment, it would have prevented the delivery of health care, public safety services or would have posed an increased hazard to the safety of the worker or coworker.

b) Whenever an employee makes the decision to not wear PPE, the circumstances shall be documented by the employee on form PSD 0502, Employee Decision To Not Wear PPE Report (Attachment E). The report shall be given to the employee's Section Administrator or supervisor **PRIOR** leaving at the end of his/her workday.

c) The section administrator or supervisor shall conduct an investigation into the employee's decision to not wear PPE to determine whether changes can be instituted to prevent future occurrences. This document shall be forwarded to the Branch Administrator for review, and any appropriate further action and filling, as indicated at the bottom of the form.

3) Accessibility

a) PSD shall ensure that appropriate PPE in appropriate sizes is readily accessible at the worksite, or issued to the employees.

b) Hypoallergenic gloves, powderless gloves, or other similar alternative, shall be readily accessible to those employees who are allergic to the gloves normally provided.

4) Maintenance

a) PSD shall be responsible for the following at no cost to the employee:

i. Cleaning, laundering, repair, disposal and/or replacement of PPE to maintain effectiveness.

ii. Any garment penetrated by blood or any other potentially infectious material shall be immediately replaced, or as soon as feasible.

5) All PPE shall be removed prior to leaving the work area and disposed of in an appropriately designated area, or container for storage, washing, decontamination or disposal.

6) Gloves

a) Gloves shall be worn when it is anticipated that the employee may have hand contact with blood, or other potentially infectious materials, mucus membranes, and non-intact skin, such as performing a vascular access procedure or when handling or touching contaminated items or surfaces.

b) Disposable single use gloves such as exam or surgical gloves shall be replaced as soon as practical or feasible whenever contaminated, torn, punctured, or the barrier is otherwise compromised.

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

d) Utility gloves may be decontaminated for re-use if the integrity of the gloves are not compromised. Otherwise, the gloves shall be discarded if they are cracked, peeling, torn, punctured, or if other signs of deterioration or barrier compromise is present.

7) Masks, Eye Protection, Face Shields

a) Masks in combination with eye protection devices, such as goggles, glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter or droplets of blood or other possibly infectious materials may be generated and/or eye, nose or mouth contamination can be reasonably anticipated.

8) Gowns, Aprons, and Other Protective Body Clothing

a) Appropriate protective clothing such as but not limited to, gowns, aprons, lab coats, or other similar outer garments shall be worn in occupational exposure situations.

b) Surgical caps and/or shoe covers shall be worn in instances when splatter or gross contamination can be expected.

9) An evaluation of work practice and medical sharps shall be conducted by the Sharps Review Committee, which is composed of non-managerial health care staff consisting a minimum of three (3) nurses, one (1) dental hygienist or dental assistant, and input from the Health Care physician and nurse practitioner staff.

a) The Sharps Review Committee shall meet annually in July to select, evaluate, and recommend effective engineering and work practice controls in order to reduce or eliminate incidents of

employee occupational exposure across the state's correctional facilities.

b) The Committee shall review and utilize the Sharps Injury Logs and Sharps Report forms from all state correctional facilities as a component of the review process.

c) The Committee leader shall research and order samples of each new safety engineered medical sharps for the Committee's review. Samples of each safety engineer sharp currently available and in use at the facilities shall be obtained for comparison.

d) The Committee shall use the TDCT Guidelines for the Use of Safety Feature Evaluations (Attachment J) for the safety engineering review of each medical sharp.

e) The Committee shall compile its findings into a report indicating its recommendations for any work practice changes, and the addition or deletion of a particular device from the Department's ordering inventory.

f) The Committee's report with recommended changes shall be sent to the CSBA for review and implementation.

10) The CSBA shall retain the Committee's reports and make them available to any auditing agency.

.4 Housekeeping

a. Worksites shall be maintained in a clean and sanitary condition.

1) Work area supervisors shall determine and implement an appropriate written schedule for cleaning and identifying decontamination methods, based upon the facility work site location. The type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area shall be taken into consideration.

2) All staff or inmates assigned to perform housekeeping functions shall receive training on Standard Precautions and the proper use and

handling of any cleaning, infectious waste clean-up, or disinfecting products that are used in the performance of their job.

3) All equipment, environmental and working surfaces with a potential for contamination shall be cleaned and decontaminated with a disinfectant such as 1:10 bleach and water, or a germicidal solution at a minimum of once daily.

   a) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures.

   b) Surfaces overtly contaminated by any spill of blood or other potentially infectious material shall be decontaminated immediately, or a soon as feasible, after completion of the procedure.

   c) Surfaces that may have become contaminated since last cleaning shall be cleaned at the end of the work shift. Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper, shall be used to cover equipment and environmental surfaces which may become contaminated during the work shift. Protective coverings which become overtly contaminated by blood or other potentially infectious materials shall be removed and replaced as soon as feasible after the completion of the procedure.

   d) Protective Coverings shall be removed and replaced at the end of the work shift.

   e) All bins, pails, cans and similar receptacles intended for re-use, having a reasonable likelihood of becoming contaminate with blood or other potentially infectious materials, shall be inspected and decontaminated with a disinfectant or an appropriate germicide on a regularly scheduled basis, and cleaned and decontaminated immediately upon visible contamination.

   f) Broken glassware that 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 dustpan, tongs, or forceps.

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

b. Blood and Other Potentially Infectious Fluid Spills

1) All staff or inmates assigned to the clean-up of blood or other potentially infectious waste spills shall be trained in the use of Standard Precautions.

2) Small blood spills consisting of drops or an amount easily absorbed with paper towels shall be cleaned up as follows:

a) The person cleaning the spill shall don gloves and place paper towels of sufficient quantity over the spill so as to absorb the liquid.

b) A biohazardous waste can, or a plastic or other impervious bag of sufficient size to hold the contaminated paper towels shall be obtained. Bags should be placed inside a sturdy container which holds the bag open. The contaminated towels shall be carefully picked up using gloved hands and placed into the container/bag.

c) The contaminated gloves shall be placed into the container and new gloves shall be donned and the container shall be securely closed or sealed.

d) The contaminated bagged materials shall then be placed into a red color-coded receptacle or bag, and tagged per this policy to indicate the presence of potential infectious materials.

e) New gloves are donned and the area contaminated by the blood or infectious waste shall be cleaned using 1:10 bleach and water solution or available germicide. The area should be left damp and allowed to air-dry.

f) Upon completion of the clean-up, wash hands with soap and water.

3) Larger blood spills those, those requiring more than a few paper towels to clean up, shall be handled using a biohazardous waste clean-up kit.

a) Staff or inmates shall be trained in Standard Precautions and the use of a biohazardous waste clean–up kit prior to performing the procedure.

b) Biohazardous waste clean-up kits shall be available in Central Control and the Health Care Clinic.

c) Inmates or staff shall follow the directions on the clean-up kit, including donning appropriate PPE provided with the kit. Apply the "Red Z" solidifier/deodorizer to the spill. Scoop up the solidified waste using the enclosed scoop and scraper. Place the waste into the enclosed biohazard bag. Sanitize the contaminated area with the enclosed germicidal solution, all per the enclosed instructions. Use the enclosed hand sanitizer after completing the clean-up and removing the gloves.

d) More than one blood spill kit shall be used in the event there is insufficient solidifier to contain the spill.

e) Whenever a blood spill kit is used, notify the Health Care Clinic for a replacement.

.5 Regulated Waste

a. Contaminated Sharps Discarding and Containment.

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

a) Closable.

b) Puncture resistant.

c) Leak proof on sides and bottom.

d) Labeled or color-coded in accordance with this policy.

2) Containers for contaminated sharps shall be:

a) Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, or a portable container shall be obtained and transported to location.

b) Maintain in an upright position throughout use.

c) Check daily and replace routinely so as to avoid overfilling.

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

a) Be closed immediately prior to removal to prevent spillage or the protrusion of contents during handling, storage, transport, or shipping.

b) Placed in a secondary container if leakage is possible, the second container shall be closable so that it prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded as in accordance with this policy.

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

b. Other Regulated Waste Containment

1) Regulated waste shall 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) Labeled or color-coded in accordance with this policy.

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

2) If outside contamination of the regulated waste container occurs, it shall be placed inside a second container. The second container shall be:

   a) Closable.

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

   c) Labeled or color-coded in accordance with this policy.

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

3) All sharps and other regulated waste containers awaiting disposal, shall be secured in locked areas.

4) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, and the State of Hawaii.

.6 Laundry

a. Standard Precautions shall be used by all persons handling soiled laundry.

b. Appropriate PPE shall be made available to all who have contact with contaminated laundry.

c. Hand washing facilities shall be located in the laundry.

d. A puncture proof sharps container shall be made available in the laundry.

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

   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.

   2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded so that it permits laundry staff to

recognize the containers, as required in compliance with Standard Precautions.

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

f. Facilities shipping laundry off-site to a secondary facility where Standard Precautions are not utilized in the handling of all laundry, require that the sending facility sent contaminated laundry in bags or containers that are clearly labeled and red color-coded in accordance with this policy.

.7 Hepatitis B Vaccinations

a. The Hepatitis B vaccination series shall be made available to all staff who have potential occupational exposure (Attachment A) and shall be:

1) Provided at no cost to the employee.

2) Administered according to the recommendations of the U.S. Public Health Service current at the time of administration.

3) Performed under the supervision of a licensed healthcare professional.

4) Made available at a reasonable time and place during work hours.

b. The employee's Section Administrator, supervisor or training officer shall ensure that Hepatitis B vaccination is offered to the employee with occupational exposure after the employee has received Bloodborne Pathogen training, and within 10 working days of his/her initial assignment.

c. All staff who have occupational exposure shall be offered Hepatitis B vaccine unless:

1) The employee has previously received the complete vaccine series.

2) Antibody testing reveals the employee is immune.

3) The vaccine is contraindicated for medical reasons.

d. Employees shall be told that the vaccine is not mandatory. They have a right to refuse the vaccine without recrimination.

e. Prescreening shall not be a perquisite for receiving the Hepatitis B vaccine.

f. Any laboratory testing that is conducted shall be by accredited laboratories and at no cost to the employee.

g. The Section Administrator, supervisor or training officer shall ensure that staff declining the Hepatitis B vaccine sign the Hepatitis B Declination Document (Attachment B). The original document shall be forwarded to the Personnel Office, Employee Relations Division (PER/ER) for placement in the employee's personnel file.

h. Hepatitis B vaccine shall be administered through arrangements with the facility Clinical Section Administrator (CSA) for all facility staff, or through the Clinical Services Branch Administrator for all recruit classes and Law Enforcement Division staff.

i. A Hepatitis B Vaccination Record (Attachment C) shall be completed for all staff receiving the vaccine. Health Care shall initiate the vaccination record for facility non-uniform staff upon notification by the employee's supervisor of the vaccination request, and will hold the records until the series is completed.

j. TSD shall initiate the vaccination records for new recruits. Vaccination records shall be forwarded on to the correctional recruit's assigned facility CSA for the provision of any remaining vaccinations in the series. Sheriff recruits' vaccine records are retained by their training officer until the series is completed.

k. Employees shall be responsible to remember to get their vaccinations.

l. The PSD/PER section shall be responsible for purchasing employee vaccine, and the HCF Health Clinic shall store the Hepatitis B vaccine. Facility CSAs needing vaccine for staff use shall contact the HCF CSA to request the vaccine.

m. The Hepatitis B vaccine series shall be available to any employee who continues to have occupational exposure risk and has declined or failed to complete the vaccine series, and has a change of mind.

n. In the event 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 at no cost to the employee.

o. The Health Care Section upon initiating or continuing the HBV vaccine shall retain the vaccine records until the series is complete, or up to one (1) year. Employees not returning for second or third vaccine shall receive one written reminder to return for the vaccine (Attachment F). A copy of the written reminder will be attached to the original vaccination documents. Failure to follow-up within one month shall result in the employee's vaccine paper work being sent to PER/ER for filing.

p. Employees wishing to complete the HBV vaccine series may pick up the vaccine series wherever it was left off. If the employee received the first shot only, he/she will be able to receive the remaining two shots at 8-week intervals. If the employee received two shots previously, then he/she can receive the third shot. Health Care staff shall create a new vaccine record if the old record was purged and sent to PER/ER. The new record shall note that the employee received a prior vaccine, and the number of doses received in the past. When the new record is complete, Health Care will send that record to PER/ER for filing in the employee's personnel file.

.8 Post Exposure Incident Evaluation and Follow-up

a. Staff with a serious injury shall have EMS 911 notified and be transported to the hospital for treatment.

b. Staff without serious injury but exposure to blood or other potentially infectious material shall thoroughly wash the exposed skin area with soap and water. Mucus membranes such as eyes, mouth or nose shall be rinsed with copious amounts of water as soon as feasible.

c. Hand sanitizer may be used on contaminated skin areas when water is not readily available. Do not use sanitizers on mucus membranes. Exposed staff must notify their supervisor immediately of any contamination.

d.. The supervisor shall provide the employee with an Employee Exposure packet (Attachment D), and instruct the employee to complete the appropriate documentation following the instructions contained in the

Exposure packet, unless the employee is injured warranting urgent/emergent care.

e. The Employee Exposure packet contains:

1) Instruction sheet.

2) PSD 0421, Staff/Visitor Illness/Injury Medical Report.

3) PSD 0481, Blood or Other Infectious Material Exposure.

4. PSD 0423, Sharps Injury.

5) PSD 0489, Bloodborne Pathogen or Other Infectious Material. Exposure Medical Report.

6) PSD 0500, Federal Regulations Regarding Bloodborne Pathogen. Exposure Medical Provider Copy.

7) PSD 0402, Informed Consent For HIV Antibody Blood Test.

8) PSD 0494, Confidentiality of Source Medical Information.

f. The employee shall be referred to the facility Health Care Clinic, if open.

g. The Health Care Clinic shall:

1) Administer any necessary first aid.

2) Assist with any necessary flushing of contaminated sites.

3) Assign facility injury number (using a mm, dd, yy - and injury number for the day 01...02 format), e.g., 032010-01 equals March 20, 2010 first injury for the day. And provide the employee with guidance in the completion of the Employee Exposure packet (Attachment D).

4) Review source individual's medical record; if an inmate, check for his/her last HIV, HBV and HCV test results, noting findings on the bottom of PSD 0481 Blood or Other Infectious Material Exposure.

5) Request the source individual's consent, if an inmate, to test for HIV, HBV, and HCV, using PSD 0402 Informed Consent For HIV Antibody Blood Test, obtain test samples and send to the laboratory.

6) Should the source individual be an inmate who refuses to provide a test sample, obtain his/her signature on PSD 0417, Refusal To Consent To Medical/Surgical/Dental Treatment/Medication. File the form in the inmate's medical record and note the testing refusal on the bottom of PSD 0481, Blood or Other Infectious Material Exposure form.

7) Remind the exposed employee of the confidential nature of the inmate's medical information, and obtain the employee's signature on PSD 0494, Confidentiality of Source Medical Information.

8) Check for completion of the Employee Exposure packet forms – PSD 0421, PSD 0423 (if a sharp injury), PSD 0481, and PSD 0494 before allowing employee to leave the clinic. Completed forms shall be sent to the facility CSA for continued processing and entry on the sharps injury log (refer to paragraph .11).

9) Make a copy of PSD 0481, Blood or Other Infectious Material Exposure, and give copies of PSD 0481, PSD 0489 and PSD 0500 to the exposed employee. Instruct the employee to give form PSD 0489 to his/her physician and he/she should request the physician sign PSD 0489. A copy of the signed form shall be returned along with a copy of the Emergency Room records. The employee shall be instructed to return PSD 0489 and a copy of his/her emergency room records to the facility Health Care CSA.

10) Request that the employee be excused from duty and sent to the emergency room.

h. In the event the Health Care Clinic is closed, the exposed employee shall be given the Employee Exposure packet by his/her supervisor.

i. The employee shall complete PSD 0421, PSD 0481, and PSD 0494 before being released from his/her shift. The listed forms along with PSD 0402, PSD 0423, and PSD 0494 shall be forward to the facility Health Care CSA for follow-up and continued processing.

j. The exposed employee shall be instructed by their supervisor to give PSD 0481, PSD 0489 and PSD 0500 to his/her doctor. The employee must ask the doctor to complete PSD 0489, and return it along with a copy of the emergency room records to the employee.

k. The exposed employee must return PSD 0489 and a copy of his/her emergency room record to his/her facility Health Care CSA for review and determination regarding the need for follow-up Hepatitis B vaccination. A copy of the employee's medical documents and PSD 0489 shall be given to the employee.

l. The CSA shall, upon receipt of the employee's exposure medical documents, review the documents for the need for follow-up Hepatitis B vaccination. The CSA shall forward all medical documents on to PER/ER for filing, and distribute all remaining forms for appropriate filing according to the routing indicated on the bottom of the form, or as documented in this policy.

m. The CSA shall review any source individual inmate records to determine HIV, HBV, and HCV testing status. The CSA shall attempt to obtain inmate signed consent for HIV and Hepatitis testing. The CSA shall share the results of inmate testing with the exposed employee after the exposed employee has been reminded of the confidential nature of medical information and has signed PSD 0494.

n. The CSA shall arrange for any Hepatitis B vaccinations needed by the exposed employee, as indicated on form PSD 0489, to be administered by the Health Clinic staff at no cost to the employee.

.9 Communication of Hazards to Employees

a. Labels

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport or ship blood or other potentially infectious materials. Labels required by this section shall include the following legend:

BIOHAZARD

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

3) 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.

4) Red bags or red containers may be substituted for labels.

5) 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 requirement.

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

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

.10 Information and Training

a. Training shall be provided to all employees with work positions designated as having potential occupational exposure (Attachment A), at the time of initial assignment to tasks where occupational exposure may take place.

b. Training shall then take place at least annually (within but not more than 365 days of the actual date of the last training) thereafter.

c. Additional training shall be provided when changes such as modification of work, tasks, or procedures, or the institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to specifically addressing the new exposure created.

d. Training materials used shall be appropriate in content and vocabulary to the educational level, literacy and language of the employee.

e. The Training and Staff Development Office (TSD) shall be responsible for the overall development, coordination and maintenance of the bloodborne pathogens training program. The program shall consist of two parts:

1) Recruit training for law enforcement and correctional officers which shall incorporate bloodborne pathogen training as a component of new recruit training.

2) Bloodborne pathogen training for all civilian staff in PSD with a designated potential occupational exposure position.

f. Law enforcement and correctional facility training officers shall be responsible for:

1) Compiling and maintaining a list of names of all civilian staff within their respective organizations/facilities who may have occupational exposure to blood or other infections material (Attachment A).

2) Providing bloodborne pathogen training to all new civilian employees with potential occupational exposure, within ten (10) days of employment and annually thereafter.

3) Providing annual bloodborne pathogen training for all correctional and law enforcement officers.

4) Maintaining and tracking of all staff having received training. These records shall document annual refresher course attendance for those in the occupational exposure risk categories.

5) Retaining training records for at least three (3) years from the last training date.

g. The Health Care Division shall provide guidance and direction in the development of a standardized Department-wide, bloodborne pathogens training program including:

1) Any necessary training, guidance, and health care consultation to TSD in the development of training content and goals.

2) Assistance in policy development and identification of occupational employee positions at risk of exposure.

3) Review and approval of the content of the bloodborne pathogen training.

h. Bloodborne pathogen training shall contain at a minimum, the following elements:

1) An accessible copy of OSHA Section 1930 (Attachment G)

2) An explanation of bloodborne, what constitutes an exposure, diseases, symptoms, contagion, modes of transmission and distribution.

3) An explanation of the Department's exposure control plan and the means by which an employee may obtain a written copy of the plan.

4) An explanation of the appropriate methods for recognizing tasks and other activities which may involve exposure to blood and other potentially infectious materials.

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

6) Information of the types, proper use, removal, handling, decontamination and disposal of personal protective equipment.

7) Information on Hepatitis B vaccine, including information on its effectiveness, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be available free of charge.

8) Direction on the immediate actions to take in the event of an infectious material or blood exposure, and who and how they should notify management of their exposure.

9) Explanation of the procedure that will be followed in the event of an exposure. The documenting of the exposure through the use of the exposure packet (Attachment D) and potential medical treatment, post exposure evaluation, and follow-up care that may be provided.

10) Explanation of the signs, labels and/or color-coding of biohazard materials used in PSD.

11) The training shall be interactive and allow for questions and answers with the person conducting the training. Videos may be used as an adjunct to this training, but cannot be substituted for the presence of a knowledgeable trainer.

12) The union shall be consulted periodically, but at least annually in developing training plans. Specific training programs shall be developed in consultation between the Union and PSD.

i. The person conducting the training shall be knowledgeable in the subject matter contained in the training program as it relates to the workplace.

.11 Sharps Injury

a. All parenteral contamination injuries resulting from contaminated sharps are required to follow the procedures outlined under Section .8, Post Exposure Incident and Evaluation and Follow-up. The additional completion of the Sharps Injury Report, PSD 0423 (Attachment H), contained in the Employee Exposure Packet (Attachment D), is required prior to release from duty for non-urgent treatment at an emergency room.

b. Each facility Health Care CSA shall maintain a confidential Sharps Injury Log, PSD 0495 for the recording of sharps injuries from contaminated sharps (Attachment I).

c. Information on the sharps injury log shall be recorded and maintained in a confidential manner through the use of an assigned facility injury number formula (using a mm, dd, yy - and injury number for the day 01...02 format), e.g., 032010-01 equals March 20, 2010 first injury for the day.

d. The sharp injury log shall be completed by the facility CSA by obtaining the information regarding the injury from the employee completed PSD 0423, Sharps Injury Report (Attachment H).

e. The sharps injury log shall contain:

1) The type and brand of the device involved.

2) The department or work area where the exposure incident occurred.

3) An explanation of how the incident occurred.

4) Listing of all sharps injuries occurring within each calendar year.

f. The sharps injury log shall be used as an aid in the evaluation of medical devices used by the PSD Health Care Division throughout the state.

g. The sharps log must be retained for five (5) years following the end of the year to which it relates.

.12 Record Keeping - Medical Records

a. PER/ER shall establish and maintain an accurate record of each employee with occupational exposure.

b. This record shall include:

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

2) A copy of the employee's Hepatitis B vaccination status (Attachment B or C) and any medical records relative to the employee's ability to receive the vaccination.

3) A copy of all results of examinations, medical testing, and follow-up procedures as required under the Post-Exposure Evaluation and Follow-up of this policy.

4) A copy of healthcare professional's written opinion, PSD 0489, Bloodborne Pathogen or Other Infectious Material Exposure Medical Report.

5) A copy of the information provided to the healthcare provider, PSD 0481, Blood or Other Infectious Material Exposure.

c. The employee's medical records shall be kept Confidential and not disclosed or reported without the employee's express written consent to any person within or outside of the workplace, except as required by this section.

.13 Record Keeping -Training Records

a. Training records shall include the following information:

1) The dates of the training sessions.

2) The contents or a summary of the training sessions.

3) The names and qualifications of persons conducting the training.

4) The names and position titles of all persons attending training sessions.

b. Training records shall be maintained for three (3) years from the date of the actual training.

.14 Record Availability

a. All PSD employee medical and training records shall be made available upon request, to the Director of Department of Labor and Industrial Relations.

b. Employee training records shall be provided upon request for examination and copying to employees, the employees' representatives, and the Director of the Department of Labor and Industrial Relations.

c. Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the employee, and the Director of Department of Labor and Industrial Relations in accordance with 29 CFR § 1910.1020.

.15 Record Transfer

Should PSD cease to do business and there is no successor employee to receive and retain the records for the prescribed period, PSD shall notify the Director, at least three (3) months prior to their disposal and transmit them to the Director if required by the Director of Department of Labor and Industrial relations to do so.

6.0 SCOPE

This procedure applies to all PSD employees.

APPROVAL RECOMMENDED:

Michael E. Hegmann, M.D.

Medical Director — March 22, 2016 Date

Deputy Director for Administration — March 22, 2016 Date

Deputy Director for Corrections — March 22, 2016 Date

APPROVED:

Director — March 22, 2016 Date

ATTACHMENT A.

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

Employee Classification Exposure Determination

1. Job Classifications with Occupational Exposure

    - Adult Correctional Officers
    - Law Enforcement Officers
    - Physicians
    - Nurses
    - Paramedical Assistants
    - Dentists
    - Dental Hygienists
    - Dental Assistants
    - Correctional Laundry Staff
    - Correctional Food Service Staff
    - Recreational Therapists
    - Occupational Therapists
    - X-Ray Tech
    - Correctional Industries Staff
    - Correctional Maintenance Staff

2. Job Classifications with Some Exposure

    - Intake Workers
    - Case Managers
    - Unit Managers
    - Psychiatric Social Workers
    - Psychologists
    - Human Services Professionals
    - Medical Records Librarians
    - Medical Records Technicians
    - Clinical Services Office Assistants
    - Clinical Services Secretaries
    - Mental Health Office Assistants
    - Mental Health Secretaries

3. Procedures and list of all tasks and procedures or groups of closely related tasks and procedures in that occupational exposure occurs and that are performed by employees in listed as having some exposure in their job classifications.

- Intake processing of inmates with lacerations or open wounds or visibly contaminated clothing
- Provision of emergency first aid until health care staff arrive
- Work station located in health care clinic presenting a reasonable likeliness of occupational exposure.
- Collection or testing of urine samples

Handwashing/handsanitizer stations - signage
Standard precaution training on hire – signage
First aid kit – equipment
P & P on urine collection

ATTACHMENT B

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the 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.

PRINT NAME _____

SIGNATURE: _____

FACILITY: _____

DATE: _____

WITNESS: _____

DATE: _____

Reason For The Declination (check below):

- ☐ The employee has previously received the complete vaccine series.
- ☐ Antibody testing reveals the employee is immune.
- ☐ The vaccine is contraindicated for medical reasons.
- ☐ Other:

_____

_____

Original to PER/ER
Copy: Supervisor

PSD 1223 (5/10)

ATTACHMENT C

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

HEPATITIS B VACCINATION RECORD

Employee's Name _____

Facility or Area Assigned to Work _____

Date of Training _____

Medical Information _____

_____

_____

HEPATITIS B VACCINE SERIES

1. Date of first Hepatitis B Vaccine _____

   Site _____

   Allergies _____

   Name of vaccine type _____

   Administered by _____

2. Date of second Hepatitis B Vaccine _____

   Site _____

   Allergies _____

   Name of vaccine type _____

   Administered by _____

3. Date of third Hepatitis B Vaccine _____

   Site _____

   Allergies _____

   Name of vaccine type _____

   Administered by _____

Original - PER/ER Copy: Supervisor Personnel File

PSD 1225 (10/2001)

ATTACHMENT D

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

EMPLOYEE BLOODBORNE PATHOGEN EXPOSURE PACKET

Exposure Packet Processing Instructions

1. Employee completes the following forms and gives to their supervisor or Health Clinic nurse before leaving their work post or the Health Clinic :
   - DOC 0421 Staff/Visitor Illness/Injury Medical Report
   - DOC 0481 Blood or Other Infectious Material Exposure
   - DOC 0423 Sharps Injury (if injured by a contaminated medical sharp)

2. Health Care staff
   - Reminds the exposed employee of the confidential nature of the inmate's medical information and requests the employee's signature on DOC 0494 Confidentiality of Source Medical Information.
   - Reviews source individual's medical record, if an inmate, for last Hepatitis and HIV test results noting the findings on the bottom of DOC 0481 Blood of Other Infectious Material Exposure..

3. Employee takes the following documents giving them to the emergency room provider:
   - DOC 0489 Bloodborne Pathogen or Other Infectious Material Exposure Medical Report
   - DOC 0500 Federal Regulations Regarding Bloodborne Pathogen Exposure Medical Provider Copy

STATE OF HAWAII

DEPARTMENT OF PUBLIC SAFETY

STAFF / VISITOR
ILLNESS / INJURY MEDICAL REPORT

_____ Facility: _____

(Print Name/Title of Individual Injured)

Date/Time of Injury: _____ **Date/Time of Report:** _____

List specific location where incident occurred: _____

Explain what the employee/visitor was doing at the time of the incident: _____

_____

_____

Staff/Visitor/or Witnesses' description of illness/injury listing any specific body parts affected:
(Describe specifically what happened):

_____

_____

_____

_____

_____

_____

Nurse's Observation/Assessment/Initiated First Aid:

_____

_____

_____

_____

_____

_____

_____

Disposition: _____

_____

_____
Nurse's Signature/Title

Original: Health Care Division
Canary: PSD/PER (staff only)
Warden (visitor only)
Pink: Institutional Safety Officer

CONFIDENTIAL

STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY

BLOOD OR OTHER INFECTIOUS MATERIAL EXPOSURE

(Employee to complete when exposed to blood or other infectious material. A copy is given to the employee to take to the medical provider)

Facility _____ Facility Injury ID # _____ Date of Report Completion: _____

Name of Supervisor Notified: _____ Date & Time of Notification: _____

Date of Injury _____ Time of Injury _____ Sex: M F Age: _____

Hepatitis B Vaccine Series Completed: Y / N Date: _____

Description of Exposure Incident and Circumstances Under Which the Exposure Occurred, Including Route(s) of Exposure:

_____

_____

_____

_____

_____

_____

Description of Exposed Employee's Duties as They Relate to Exposure: _____

_____

_____

_____

Source Individual's HIV status (if known): Positive: ☐ Neg.: ☐ Date of Last Known Test: _____

Source Individual's HBV status (if known): Positive: ☐ Neg.: ☐ Date of Last Known Test: _____

Source Individual's HCV status (if known): Positive ☐ Neg.: ☐ Date of Last Known Test: _____

Source Individual Consented to HIV & HBV Testing: Y / N

Original: PER/ER
Copy: Employee Provider
Copy: Employee
Copy: Supervisor's Personnel File

CONFIDENTIAL

MEDICAL SHARPS INJURY

Employees complete form for each exposure incident involving a medical sharp. Check the blank corresponding to the most appropriate response. **(Use block print.)**

Facility _____ Facility Injury ID # _____ Date of Report Completion: _____

Name of Supervisor Notified: _____ Date & Time of Notification: _____

Date of Injury _____ Time of Injury _____ Sex: M F Age: _____

Description of the Exposure Incident:	Job Classification:	Department/Location:
	___ MD ___ Nurse Practitioner ___ State Nurse ___ Agency Nurse ___ Dentist ___ Dental Hygienist/Tech ___ Medical Floor Boy ___ Student ___ Other:	___ Clinic ___ Infirmary ___ Clinical Laboratory ___ Other:
Procedure: ___ Blood draw ___ SQ injection ___ Muscular injection ___ Start IV/Set up heparin lock ___ Heparin/Saline flush ___ Cutting ___ Suturing ___ Other:	Body Part: ___ Finger ___ Hand ___ Arm ___ Face/Head ___ Torso ___ Leg ___ Other:	Identify Sharp Involved: Type _____ Brand _____ Model _____ (e.g., 18g needle/ABC Medical/"no stick" syringe)

When Did the Exposure Incident Occur?	Did the Device Being Used Have Engineered Sharps Injury Protection? (If response is yes complete following 2 questions. If response is no or don't known then stop here.)
___ During the use of sharp ___ After use and before disposal of sharp ___ While putting sharp into disposal container ___ Sharp left, inappropriate place (table, bed, etc.) ___ Disassembling ___ Other:	___ yes ___ no ___ don't know Was the Protective Mechanism Activated? ___ yes-fully ___ yes-partially ___ no When did the Exposure Incident Occur? ___ before ___ during ___ after activation

Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?	Exposed Employee: Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury?
___ yes ___ no Explain:	___ yes ___ no Explain:

Original: PER/ER
Copy: Supervisor's Personnel File
DOC 0423 (03/10)

CONFIDENTIAL

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

BLOODBORNE PATHOGEN OR OTHER INFECTIOUS MATERIAL EXPOSURE MEDICAL REPORT

NAME:_____

DATE OF BIRTH: _____ SEX: M F DATE OF EXPOSURE: _____

(Below, to be completed by the examining provider)

Is Hepatitis B vaccine indicated for this patient? Y N

Has Hepatitis B vaccine been initiated? Y N

If yes, date of first vaccination:_____ Next dose due date: _____

Was blood collected for baseline HBV and HIV serological testing? Y N

Has the patient been informed of the results this post exposure evaluation? Y N

Has the patient been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment. Y N

_____
Print Provider Name

_____
Signature of Provider Date

Original: PERS/ER
Copy: Employee

CONFIDENTIAL

FEDERAL REGULATIONS REGARDING BLOODBORNE PATHOGEN EXPOSURE MEDICAL PROVIDER COPY

Per the following regulations you are being provided with this document:

Title 20, Code Of Federal Regulations, Occupational Health, Section 1910.1030, "Bloodborne Pathogens", (f), (4), (ii), Information Provided to Healthcare Professional.

(4) Information Provided to the Health Care Professional.
- (ii) The employer shall ensure that the health care professional evaluating an employee after an exposure incident is provided with the following information.
  - (A) A copy of this regulation
  - (B) A description of the exposed employee's duties as they relate to the exposure incident;
  - (C) Documentation of the route(s) of exposure and circumstanced under that exposure occurred;
  - (D) Results of the source individual's blood testing, if available; and
  - (E) All medical records relevant to the appropriate treatment of the employee including vaccination status that is the employer's responsibility to maintain.

Title 20, Code Of Federal Regulations, Occupational Health, Section 1910.1030, "Bloodborne Pathogens", (f), (5), Healthcare Professional's Written Opinion.

(5) Healthcare Professional's Written Opinion. The employer shall provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- (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 a vaccine.
- (ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - (A) That the employee has been informed of the results of the evaluation; and
  - (B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.
- (iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

DEPARTMENT OF PUBLIC SAFETY
INFORMED CONSENT FOR HIV ANTIBODY BLOOD TEST

INFORMATION

You have either requested or have been asked by medical personnel to submit to an HIV blood test. The blood test is designed to determine whether or not a sample of your blood contains antibodies/antigens to the Human Immunodeficiency Virus (HIV).

The HIV test results are extremely accurate when proper procedures are followed. However, the HIV test is not 100% accurate. The test results may indicate a person has antibodies/antigens to the virus when the person *does not* (false positive). The test may fail to detect antibodies/antigens when the person *is* infected (false negative). Most infected people make antibodies within three (3) months of being exposed to the virus, but it can take as long as six (6) months after infection. If you have engaged in behavior that can transmit the virus during the three (3) months before this test, you may be infected but still test negative for the reasons stated above.

When you are infected with HIV, your body makes antibodies. The test you are about to take detects these antibodies in your blood. An accurate positive HIV test means you are infected by the virus. HIV infection does not always mean you have AIDS. A medical evaluation and further testing must be done in order to know if you have AIDS or not.

TEST PROCEDURE

There are two types of HIV testing offered at this clinic. One, testing by medical personnel in this clinic where your identity is known. The test result will be placed in your medical record and health care personnel who provide health care to you are allowed access to your medical record.
Two, testing by the Department of Health (DOH) where you receive a paper with a number used to get the test result anonymously. This medical clinic will not be given the test results. It is up to you if you want to share a positive test result with us so we can immediately provide you with any care or medications you may need. If you are requesting the test and you want the type of test were the results are anonymous, let the nurse know you want to test with the DOH. Regardless of which type of testing method you choose, you will first meet with a health care provider in private to discuss and be counseled on the HIV virus, AIDS, your risk for infection, and what impact the test result might have on you.

A blood sample will be taken from your arm and the test results will be ready in about a week.

If you decide to be tested by this clinic, you must sign the consent for the blood test on the reverse side of this form.
Do not sign this consent and **do not** submit to the blood test if you have not:

1. Been given all the information you desire concerning this blood test, it's expected benefits, risks and limitations on the test results, the HIV virus, and AIDS;

2. Had an opportunity to ask questions and have them answered to your satisfaction.

I have read the information and test procedures on this page. _____
(Signature)

_____
(Date)

CONSENT TO THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) BLOOD TEST

I understand the results of the test will be placed in my medical record and that Health Care personnel who participate in providing health care to me have access to the record and the test results. The test results will not be released from my record without my written consent except in the following circumstances:

1. By court order;

2. To the Department of Health as require by State law and to identify a person who is HIV positive and who shows evidence of tuberculosis infection. The Department of Health has he authority to further release information by confidential communication to designated persons;

3. If I am unable to give my consent, to other medical personnel in a medical emergency to preserve my life and to continue care or treatment.

I have been advised I am entitled to the test results, to have counseling before my blood sample is drawn, and at the time the result is disclosed to me.

I have been given all the information I desire concerning the blood test, it's expected benefits, risks, limitations, and the release of test results. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction.

I give my consent for the performance of the HIV blood test, including any necessary confirmation testing, to detect antibodies/antigens to the Human Immunodeficiency Virus (HIV). I understand that this is a blood test designed to determine whether my blood contains antibodies/antigens to the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS).

_____	_____	_____
(Print Name)	(SID)	(DOB)
_____		_____
(Signature)		(Date)

Original: Medical Record
Canary: Inmate

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

Confidentiality of Source Medical Information

I am being provided laboratory test results for HIV and Hepatitis from the source individual of my bloodborne pathogen or other potential infectious disease exposure per Title 20, Code Of Federal Regulations, Occupational Health, Section 1910.1030, "Bloodborne Pathogens", (f), (3) Post-Exposure Evaluation.

This is confidential medical information and cannot be shared. I understand that the failure to maintain the confidentiality of this information could be a violation of PSD policy COR.10.1H.02 and a violation of HRS, Section 325-101 and possibly be subject to not less than $1,000 and not more than $10,000 in civil fines.

I have read the contents of this document and understand the confidential nature the information being released to me.

_____
Print Name

_____
Signature Date

_____
Print Name

_____
Witness Date

Original: PERS/ER
Copy: Employee

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

BLOODBORNE PATHOGEN OR OTHER INFECTIOUS MATERIAL EXPOSURE MEDICAL REPORT

NAME:_____

DATE OF BIRTH: _____ SEX: M F DATE OF EXPOSURE: _____

(Below, to be completed by the examining provider)

Is Hepatitis B vaccine indicated for this patient? Y N

Has Hepatitis B vaccine been initiated? Y N

If yes, date of first vaccination:_____ Next dose due date: _____

Was blood collected for baseline HBV and HIV serological testing? Y N

Has the patient been informed of the results this post exposure evaluation? Y N

Has the patient been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment. Y N

_____
Print Provider Name

_____
Signature of Provider Date

Original: PERS/ER
Copy: Employee

CONFIDENTIAL

EMPLOYEE DECISION TO NOT WEAR PERSONAL PROTECTIVE EQUIPMENT (PPE) REPORT

Employee Name:_____ Date: _____

Position: _____ Facility: _____

Decision to temporarily not wear PPE was because in your professional judgment the PPE would have (circle):

- ❑ Prevented the delivery of health
- ❑ Prevented public safety services
- ❑ Posed an increased hazard to your safety of the safety of a coworker

Explain the specific circumstances under which the decision to not wear PPE was made (attach additional pages, if needed):

_____

_____

_____

_____

_____

_____

Employee Signature: _____ Additional pages attached (circle) Y / N

INVESTIGATION

Supervisor/Section Adm. Name:_____ Date of Investigation:_____

Assessment of above incident:_____

_____

_____

_____

_____

Description of any future changes that can be implemented to prevent future occurrences or necessary follow-up actions:

_____

_____

_____

_____

_____

Date of Changes/follow-up:_____ Signature of Supervisor:_____

Original: Facility BBP File
Copy: Branch Administrator, PER/ER file, Employee File

Inter-Office
MEMORANDUM

DEPARTMENT OF PUBLIC SAFETY

No. _____

Suspense: _____

ATTACHMENT F

(Date)

TO: (Name of Employee)

THROUGH: (Employee's Supervisor)

FROM: (Health Care Section Administrator)

SUBJECT: Hepatitis B Vaccination

Our records indicate that you have not completed the 3 shot series of Hepatitis B vaccination. To assure adequate immunization against Hepatitis B the entire series must be completed.

Please contact me at (CSA phone number).

This will be your only reminder. You are responsible to follow-up with the Health Care staff to complete your vaccine series.

Cc: PER/ER

ATTACHMENT G

HEALTH CARE STANDARDS

CHAPTER 396
OCCUPATIONAL SAFETY AND HEALTH

Section
396-1 Short title
396-2 Findings and purpose
396-3 Definitions
396-4 Powers and duties of department
396-4.5 Certification of safety and health professionals
396-5 Repealed
396-5.1 Fees
396-5.5 Repealed
396-6 Employer responsibility: safe place of employment; safety devices and safeguards
396-7 Toxic materials
396-8 Employee responsibility and rights
396-9 Explosives
396-10 Violations and penalties
396-11 Review
396-11.5 Appeals board
396-12 Judicial review
396-13 Trade secrets
396-14 Evidence
396-15 Exception to liability
396-16 Exception for federal jurisdiction
396-17 Repealed
396-18 Safety and health programs for contractors bidding on state construction jobs
396-19 Hoisting machine operators advisory board
396-20 Hoisting machine operators' certification revolving fund

Cross References

Fireworks control law, see chapter 132D.

Case Notes

Company was properly served with, and received, safety violation citation, and mailing the citation to local company representative's residence did not violate company's due process rights where representative was served with the citation by certified mail delivered with return receipt in compliance with Hawaii administrative rule §12-51-15(a), and the mailing was to the "employer" who, under rule §12-50-2, included the representative, who had control over company's employees and was in charge of company's business within the State. 120 H. 135 (App.), 202 P.3d 596 (2009).

Discussed: 87 H. 71, 951 P.2d 934 (1998).

U.S. GOVERNMENT INFORMATION GPO

APPENDIX B TO §1910.1029—INDUSTRIAL HYGIENE AND MEDICAL SURVEILLANCE GUIDELINES

I. INDUSTRIAL HYGIENE GUIDELINES

A. *Sampling* (Benzene-Soluble Fraction Total Particulate Matter).

Samples collected should be full shift (at least 7-hour) samples. Sampling should be done using a personal sampling pump with pulsation damper at a flow rate of 2 liters per minute. Samples should be collected on 0.8 micrometer pore size silver membrane filters (37 mm diameter) preceded by Gelman glass fiber type A-E filters encased in three-piece plastic (polystyrene) field monitor cassettes. The cassette face cap should be on and the plug removed. The rotameter should be checked every hour to ensure that proper flow rates are maintained.

A minimum of three full-shift samples should be collected for each job classification on each battery, at least one from each shift. If disparate results are obtained for particular job classification, sampling should be repeated. It is advisable to sample each shift on more than one day to account for environmental variables (wind, precipitation, etc.) which may affect sampling. Differences in exposures among different work shifts may indicate a need to improve work practices on a particular shift. Sampling results from different shifts for each job classification should not be averaged. Multiple samples from same shift on each battery may be used to calculate an average exposure for a particular job classification.

B. *Analysis.*

1. All extraction glassware is cleaned with dichromic acid cleaning solution, rinsed with tap water, then dionized water, acetone, and allowed to dry completely. The glassware is rinsed with nanograde benzene before use. The Teflon cups are cleaned with benzene then with acetone.

2. Pre-weigh the 2 ml Teflon cups to one hundredth of a milligram (0.01 mg) on an autobalance AD 2 Tare weight of the cups is about 50 mg.

3. Place the silver membrane filter and glass fiber filter into a 15 ml test tube.

4. Extract with 5 ml of benzene for five minutes in an ultrasonic cleaner.

5. Filter the extract in 15 ml medium glass fritted funnels.

6. Rinse test tube and filters with two 1.5 ml aliquots of benzene and filter through the fritted glass funnel.

7. Collect the extract and two rinses in a 10 ml Kontes graduated evaporative concentrator.

8. Evaporate down to 1 ml while rinsing the sides with benzene.

9. Pipet 0.5 ml into the Teflon cup and evaporate to dryness in a vacuum oven at 40 °C for 3 hours.

10. Weigh the Teflon cup and the weight gain is due to the benzene soluble residue in half the Sample.

II. MEDICAL SURVEILLANCE GUIDELINES

A. *General.* The minimum requirements for the medical examination for coke oven workers are given in paragraph (j) of the standard. The initial examination is to be provided to all coke oven workers who work at least 30 days in the regulated area. The examination includes a 14" × 17" posterior-anterior chest x-ray reading, pulmonary function tests (FVC and FEV 1.0), weight, urinalysis, skin examination, and a urinary cytologic examination. These tests are needed to serve as the baseline for comparing the employee's future test results. Periodic exams include all the elements of the initial exam, except that the urine cytologic test is to be performed only on those employees who are 45 years or older or who have worked for 5 or more years in the regulated area; periodic exams, with the exception of x-rays, are to be performed semiannually for this group instead of annually; for this group, x-rays will continue to be given at least annually. The examination contents are minimum requirements; additional tests such as lateral and oblique x-rays or additional pulmonary function tests may be performed if deemed necessary.

B. *Pulmonary function tests.*

Pulmonary function tests should be performed in a manner which minimizes subject and operator bias. There has been shown to be learning effects with regard to the results obtained from certain tests, such as FEV 1.0. Best results can be obtained by multiple trials for each subject. The best of three trials or the average of the last three of five trials may be used in obtaining reliable results. The type of equipment used (manufacturer, model, etc.) should be recorded with the results as reliability and accuracy varies and such information may be important in the evaluation of test results. Care should be exercised to obtain the best possible testing equipment.

[39 FR 23502, June 27, 1974, 41 FR 46784, Oct. 22, 1976, as amended at 42 FR 3304, Jan. 18, 1977; 45 FR 35283, May 23, 1980; 50 FR 37353, 37354, Sept. 13, 1985; 54 FR 24334, June 7, 1989; 61 FR 5508, Feb. 13, 1996; 63 FR 1290, Jan. 8, 1998; 63 FR 33468, June 18, 1998; 70 FR 1142, Jan. 5, 2005; 71 FR 16672, 16673, Apr. 3, 2006; 71 FR 50189, Aug. 24, 2006; 73 FR 75585, Dec. 12, 2008]

§ 1910.1030 Bloodborne pathogens.

(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 means 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*—(1) *Exposure Control Plan.* (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.

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

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

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

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(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:

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

(B) Document annually consideration and implementation of appropriate commercially available and effective

safer medical devices designed to eliminate or minimize occupational exposure.

(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.

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

(2) *Exposure determination.* (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:

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

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

(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.

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

(d) *Methods of compliance*—(1) *General.* Universal precautions shall be observed to prevent contact with blood or 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.

(2) *Engineering and work practice controls.* (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.

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

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

(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.

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

(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.

(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.

(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.

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

(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:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

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

(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.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(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.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(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.

(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.

(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.

(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.

(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.

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

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) *Personal protective equipment*—(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.

(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 occurences in the future.

(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.

(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.

(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.

(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.

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

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

(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.

(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.

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

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

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

(*1*) Periodically reevaluate this policy;

(*2*) Make gloves available to all employees who wish to use them for phlebotomy;

(*3*) Not discourage the use of gloves for phlebotomy; and

(*4*) Require that gloves be used for phlebotomy in the following circumstances:

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

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

(*iii*) When the employee is receiving training in phlebotomy.

(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.

(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.

(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).

(4) *Housekeeping*—(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.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(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.

(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.

(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) 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.

(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.

(iii) *Regulated Waste*—(A) *Contaminated Sharps Discarding and Containment.* (*1*) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(*i*) Closable;

(*ii*) Puncture resistant;

(*iii*) Leakproof on sides and bottom; and

(*iv*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(*2*) During use, containers for contaminated sharps shall be:

(*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);

(*ii*) Maintained upright throughout use; and

(*iii*) Replaced routinely and not be allowed to overfill.

(*3*) When moving containers of contaminated sharps from the area of use, the containers shall be:

(*i*) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(*ii*) 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; and

(*C*) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(*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.

(B) *Other Regulated Waste Containment*—(*1*) Regulated waste shall be placed in containers which are:

(*i*) Closable;

(*ii*) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii*) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(*iv*) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(*2*) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(*i*) Closable;

(*ii*) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(*iv*) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(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.

(iv) *Laundry.* (A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (*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.

(*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.

(*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.

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

(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.* (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.

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

(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.

(ii) *Special practices.* (A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(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.

(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.

(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) 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.

(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.

(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.

(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.

(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.

(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.

(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.

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

(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.

(iii) *Containment equipment.* (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.

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

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

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

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

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

(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.

(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.

(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.

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

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

within or as near as possible to the work area.

(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).

(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*—(1) *General.* (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.

(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:

(A) Made available 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 by or under the supervision of another licensed healthcare professional; and

(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).

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

(2) *Hepatitis B Vaccination.* (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.

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

(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.

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

(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).

(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:

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

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

(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.

(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.

(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.

(iii) Collection and testing of blood for HBV and HIV serological status;

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

(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.

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

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

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

(A) A copy of this regulation;

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

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

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

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

(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.

(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.

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

(A) That the employee has been informed of the results of the evaluation; and

(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.

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

(6) *Medical recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) *Communication of hazards to employees*—(1) *Labels and signs*—(i) *Labels.* (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).

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

BIOHAZARD

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

(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.

(E) Red bags or red containers may be substituted for labels.

(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) 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.

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

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

(ii) *Signs.* (A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

BIOHAZARD

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

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

(2) *Information and Training.* (i) The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.

(ii) Training shall be provided as follows:

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

(B) At least annually thereafter.

(iii) [Reserved]

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

(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.

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

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

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

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(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;

(E) An explanation of the 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, 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 and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or 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 will be made available;

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

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

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

(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.

(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.

(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.

(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.

(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*—(1) *Medical Records.* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(ii) This record shall include:

(A) The name and social security number of the employee;

(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);

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

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

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

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

(A) Kept confidential; and

(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.

(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.

(2) *Training Records.* (i) 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.

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

(3) *Availability.* (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.

(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.

(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.

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

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

(i) *Dates*—(1) *Effective Date.* The standard shall become effective on March 6, 1992.

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

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

(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.

(5) *Sharps injury log.* (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:

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

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

(C) An explanation of how the incident occurred.

(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.

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

APPENDIX A TO SECTION 1910.1030—HEPATITIS B VACCINE DECLINATION (MANDATORY)

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 64175, Dec. 6, 1991, as amended at 57 FR 12717, Apr. 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5508, Feb. 13, 1996; 66 FR 5325, Jan. 18, 2001; 71 FR 16672, 16673, Apr. 3, 2006; 73 FR 75586, Dec. 12, 2008]

§ 1910.1043 Cotton dust.

(a) *Scope and application.* (1) This section, in its entirety, applies to the control of employee exposure to cotton dust in all workplaces where employees engage in yarn manufacturing, engage in slashing and weaving operations, or work in waste houses for textile operations.

(2) This section does not apply to the handling or processing of woven or knitted materials; to maritime operations covered by 29 CFR Parts 1915 and 1918; to harvesting or ginning of cotton; or to the construction industry.

(3) Only paragraphs (h) Medical surveillance, (k)(2) through (4) Recordkeeping—Medical Records, and Appendices B, C and D of this section apply

ATTACHMENT H

STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY

SHARPS INJURY REPORT

Employee completes this form for each exposure incident involving a medical sharp. Check the blank corresponding to the most appropriate response. **(Use block print.)**

Facility _____ Facility Injury ID # _____ Date of Report Completion: _____

Name of Supervisor Notified: _____ Date & Time of Notification: _____

Date of Injury _____ Time of Injury _____ Sex: ___ M ___ F Age: _____

Description of the Exposure Incident	Job Classification	Department/Location
	___ MD ___ Nurse Practitioner ___ State Nurse ___ Agency Nurse ___ Dentist ___ Dental Hygienist/Tech ___ Medical Floor Boy ___ Student ___ Other:	___ Clinic ___ Infirmary ___ Clinical Laboratory ___ Other:
Procedure	**Body Part**	**Identify Sharp Involved**
___ Blood draw ___ SQ injection ___ Muscular injection ___ Start IV/Set up heparin lock ___ Heparin/Saline flush ___ Cutting ___ Suturing ___ Other:	___ Finger ___ Hand ___ Arm ___ Face/Head ___ Torso ___ Leg ___ Other:	Type _____ Brand _____ Model _____ (e.g., 18g needle/ABC Medical/"no stick" syringe)

When Did the Exposure Incident Occur?	Did the Device Being Used Have Engineered Sharps Injury Protection? (If response is yes complete following 2 questions. If response is no or don't known then stop here.)
___ During the use of sharp ___ After use and before disposal of sharp ___ While putting sharp into disposal container ___ Sharp left, inappropriate place (table, bed, etc.) ___ Disassembling ___ Other:	___ yes ___ no ___ don't know Was the Protective Mechanism Activated? ___ yes-fully ___ yes-partially ___ no When did the Exposure Incident Occur? ___ before ___ during ___ after activation

Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?	Exposed Employee: Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury?
___ yes ___ no Explain:	___ yes ___ no Explain:

Original: PER/ER, Copy: Supervisor's Personnel File

DOC 0423 (03/10)

CONFIDENTIAL

FACILITY NAME: _____

SHARPS INJURY LOG

YEAR: _____

DATE	INJURY #	TYPE OF DEVICE (e.g. syringe needle, suture needle,	BRAND NAME OF DEVICE	WORK AREA WHERE INJURY OCCURRED (e.g. infirmary)	BRIEF DESCRIPTION OF INJURY AND HOW IT OCCURRED (e.g. procedure being done, body part injured, safety device present and engaged

ATTACHMENT J

GUIDELINES FOR THE USE OF SAFETY FEATURE EVALUATIONS

GUIDELINES FOR THE USE OF SAFETY FEATURE EVALUATION SHEETS

Coordinators:

Determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product. (Each evaluator should have enough samples to disassemble and examine the design thoroughly.)

Set up a testing station for each type of device which allows testers to evaluate products in a simulated patient procedure. Provide training dummies (injection pads, oranges, etc.) as necessary.

Provide visual instructions and demonstrate proper use of each device.

Review the instructions and rating system with each evaluator.

Encourage each evaluator to comment on the sheets and prioritize the questions at the end of the evaluation. This will provide a useful decision making tool and will help alert you to specific areas of concern which may not have been covered by the questionnaire.

Evaluators:

Re-enact all steps of intended or possible procedures performed with the device being tested.

Attempt to misuse the device and circumvent or disable the safety feature.

Answer each question, including the short answer section at the end. If you do not understand a question, please write comments directly on the sheets.

NOTE: The utility of these criteria is for initial screening of devices and **NOT** for clinical assessment/pilot testing. Certain assumptions have been made in the development of these forms based on information about currently available products. We recognize the likelihood that the ideal product may not exist. TDICT welcomes your comments on the use of these tools.

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June Fisher, M.D.
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Trauma Foundation, Bldg #1, Room #300
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

SAFETY FEATURE EVALUATION FORM
I.V. ACCESS DEVICES

TDICT

Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

	agree.....disagree
1. The safety feature can be activated using a one-handed technique	1 2 3 4 5 N/A
2. The safety feature **does not** interfere with normal use of this product	1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature	1 2 3 4 5 N/A
4. This product **does not** require more time to use than a non-safety device	1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes	1 2 3 4 5 N/A
6. The device allows for rapid visualization of flashback in the catheter or chamber	1 2 3 4 5 N/A
7. Use of this product **does not** increase the number of sticks to the patient	1 2 3 4 5 N/A
8. The product stops the flow of blood after the needle is removed from the catheter (or after the butterfly is inserted) and just prior to line connections or hep-lock capping	1 2 3 4 5 N/A
9. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated	1 2 3 4 5 N/A
10. The safety feature operates reliably	1 2 3 4 5 N/A
11. The exposed sharp is blunted or covered after use and prior to disposal	1 2 3 4 5 N/A
12. The product **does not** need extensive training to be operated correctly	1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

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SAFETY FEATURE EVALUATION FORM
I.V. CONNECTORS

TDICT

Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

---

agree.....disagree

1. Use of this connector eliminates the need for exposed needles in connections ..... 1 2 3 4 5 N/A
2. The safety feature **does not** interfere with normal use of this product ..... 1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature ..... 1 2 3 4 5 N/A
4. This product **does not** require more time to use than a non-safety device ..... 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes ..... 1 2 3 4 5 N/A
6. The safety feature allows you to collect blood directly into a vacuum tube, eliminating the need for needles ..... 1 2 3 4 5 N/A
7. The connector can be secured (locked) to Y-sites, hep-locks, and central lines ..... 1 2 3 4 5 N/A
8. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated ..... 1 2 3 4 5 N/A
9. The safety feature operates reliably ..... 1 2 3 4 5 N/A
10. The exposed sharp is blunted or covered after use and prior to disposal ..... 1 2 3 4 5 N/A
11. The product **does not** need extensive training to be operated correctly ..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

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SAFETY FEATURE EVALUATION FORM
SAFETY DENTAL SYRINGES

TDICT

Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree.....disagree

1. The safety feature can be activated using a one-handed technique ..... 1 2 3 4 5 N/A
2. The safety feature **does not** obstruct vision of the tip of the sharp and the intraoral injection site. ..... 1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature ..... 1 2 3 4 5 N/A
4. This product **does not** require more time to use than a non-safety device ..... 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes ..... 1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves ..... 1 2 3 4 5 N/A
7. The device is easy to handle when wet ..... 1 2 3 4 5 N/A
8. This device accepts standard anesthetic carpules and does not hinder carpule changing ..... 1 2 3 4 5 N/A
9. The safety feature **does not** restrict visibility of carpule contents intraorally ..... 1 2 3 4 5 N/A
10. This device accepts standard dental needles of all common lengths and gauges, and does not interfere with needle changing ..... 1 2 3 4 5 N/A
11. The device provides a better alternative to traditional recapping ..... 1 2 3 4 5 N/A
12. Sterilization of this device is as easy as a standard dental syringe ..... 1 2 3 4 5 N/A
13. For syringes with integral needles only: The needle on this syringe **will not** break while bending and repositioning in the tissue ..... 1 2 3 4 5 N/A
14. This device is no more difficult to break down after use for sterilization than a standard dental syringe ..... 1 2 3 4 5 N/A
15. The safety feature operates reliably ..... 1 2 3 4 5 N/A
16. The exposed sharp is permanently blunted or covered after use and prior to disposal ..... 1 2 3 4 5 N/A
17. There is a clear and unmistakable change (either visible or audible) that occurs when the safety feature is activated ..... 1 2 3 4 5 N/A
18. The user **does not** need extensive training to operate the product correctly ..... 1 2 3 4 5 N/A
19. The design of the device allows for easy removal of the needle from the syringe ..... 1 2 3 4 5 N/A
20. The design of the device allows for easy removal of the carpule from the syringe ..... 1 2 3 4 5 N/A

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SAFETY FEATURE EVALUATION FORM
SHARPS DISPOSAL CONTAINERS

TDICT

Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree.....disagree

1. The container's shape, its markings, or its color, imply danger ..... 1 2 3 4 5 N/A
2. The implied warning of danger can be seen from the angle at which people commonly view it (very short people, people in wheel chairs, children, etc) ..... 1 2 3 4 5 N/A
3. The implied warning can be universally understood by visitors, children, and patients .. 1 2 3 4 5 N/A
4. The container's purpose is self-explanatory and easily understood by a worker who may be pressed for time or unfamiliar with the hospital setting ..... 1 2 3 4 5 N/A
5. The container can accept sharps from any direction desired ..... 1 2 3 4 5 N/A
6. The container can accept all sizes and shapes of sharps ..... 1 2 3 4 5 N/A
7. The container allows single handed operation. (Only the hand holding the sharp should be near the container opening) ..... 1 2 3 4 5 N/A
8. It is difficult to reach in and remove a sharp ..... 1 2 3 4 5 N/A
9. Sharps can go into the container without getting caught on the opening ..... 1 2 3 4 5 N/A
10. Sharps can go into the container without getting caught on any molded shapes in the interior ..... 1 2 3 4 5 N/A
11. The container is puncture resistant ..... 1 2 3 4 5 N/A
12. When the container is dropped or turned upside down (even before it is permanently closed) sharps stay inside ..... 1 2 3 4 5 N/A
13. The user can determine easily, from various viewing angles, when the container is full ..... 1 2 3 4 5 N/A
14. When the container is to be used free-standing (no mounting bracket), it is stable and unlikely to tip over ..... 1 2 3 4 5 N/A
15. It is safe to close the container. (Sharps should not protrude into the path of hands attempting to close the container) ..... 1 2 3 4 5 N/A
16. The container closes securely. (e.g. if the closure requires glue, it may not work if the surfaces are soiled or wet.) ..... 1 2 3 4 5 N/A
17. The product has handles which allow you to safely transport a full container ..... 1 2 3 4 5 N/A
18. The product **does not** require extensive training to operate correctly ..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

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SAFETY FEATURE EVALUATION FORM
SAFETY SYRINGES

TDICT

Date: _____ Department: _____ Occupation: _____
Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree.....disagree

DURING USE:

1. The safety feature can be activated using a one-handed technique ..... 1 2 3 4 5 N/A
2. The safety feature **does not** obstruct vision of the tip of the sharp ..... 1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature ..... 1 2 3 4 5 N/A
4. This product does not require more time to use than a non-safety device ..... 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes ..... 1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves ..... 1 2 3 4 5 N/A
7. This device **does not** interfere with uses that do not require a needle ..... 1 2 3 4 5 N/A
8. This device offers a good view of any aspirated fluid ..... 1 2 3 4 5 N/A
9. This device will work with all required syringe and needle sizes ..... 1 2 3 4 5 N/A
10. This device provides a better alternative to traditional recapping ..... 1 2 3 4 5 N/A

AFTER USE:

11. There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated ..... 1 2 3 4 5 N/A
12. The safety feature operates reliably ..... 1 2 3 4 5 N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal . 1 2 3 4 5 N/A
14. This device is no more difficult to process after use than non-safety devices ..... 1 2 3 4 5 N/A

TRAINING:

15. The user **does not** need extensive training for correct operation ..... 1 2 3 4 5 N/A
16. The design of the device suggests proper use ..... 1 2 3 4 5 N/A
17. It is **not** easy to skip a crucial step in proper use of the device ..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

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