

**Hillsdale Housing Commission**

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**Bloodborne Disease Plan**

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## Section I - General Information

### ***Purpose***

The Hillsdale Housing Commission will attempt to the best of its ability to provide employees a place of employment which is free from recognized hazards that may cause death or serious physical harm. In providing services to the residents of Hillsdale Housing Commission, employees may come in contact with life-threatening infectious diseases which can be transmitted by bloodborne pathogens encountered through job-related activities. It is important that both residents and employees are protected from the transmission of such diseases.

The purpose of the Plan is to comply with federal regulations and to establish a comprehensive set of rules and regulations governing the prevention of potential occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), the Human Immunodeficiency Virus (HIV - AIDS), and other bloodborne diseases.

### ***Coverage***

Occupational exposures to bloodborne pathogens may occur in many ways, including needle sticks, cut injuries or blood spills. Several classes of employees are assumed to be at varying levels of risk for bloodborne infections due to their routinely increased exposure to infectious material from potentially infected individuals. The attached Appendices B and C reflect job categories and levels of risk for each category based upon typical duties and responsibilities.

### ***Administration***

This Bloodborne Disease Plan shall be administered for Hillsdale Housing Commission by the Executive Director. Under this umbrella fall the following typical duties and responsibilities:

1. Exercise leadership in implementation and maintenance of an effective Bloodborne Disease Plan subject to the provisions of federal and state law relating to Occupational Safety and Health Administration (OSHA) regulations.
2. Permanently maintain records of all employees and incidents subject to the provisions of this program.
3. Conduct periodic inspections to determine compliance with this plan by Hillsdale Housing Commission employees.
4. Monitor and document all relevant training activities in support of this plan.
5. Perform such other duties as may be necessary to come into and remain in compliance with federal regulations.
6. Compile a list of all job descriptions or classifications in which employees have potential occupational exposure to bloodborne pathogens. (See Appendices B and C for details.)
7. Distribute this policy to each employee of the Hillsdale Housing Commission. Each employee shall sign a form indicating receipt and understanding of this policy. A copy of this form shall be permanently kept in the employee's personnel file.
8. Shall arrange for an immunization program for exposed employees. All new employees described in "7" above shall be offered the Hepatitis B Vaccine series and boosters if necessary thereafter, according to the manufacturers guideline and Centers for Disease Control Guidelines.

9. Shall maintain, and permanently retain, all health and immunization records of departmental employees. All employees rejecting the immunization must sign a rejection form. If immunization is rejected, the employee may rescind the rejection at any time and receive immunization. All employees rejecting immunization will have it re-offered annually.
10. Shall serve as the liaison between the employees, the health care facilities and other appropriate health care professionals. When notified of a potential exposure, shall investigate the incident, notify all employees who were exposed, and instruct them on the completion of the appropriate forms.
11. Shall be responsible for providing exposed employees with access to post-exposure follow-up and counseling.

### **Definitions**

1. **Body Fluid** - fluids that have been recognized by the Centers for Disease Control as directly linked to the transmission of HIV, and/or HBV and/or Hepatitis C, to which universal precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses. (Fluids must contain visible blood to be highly transmittable).
2. **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.
3. **Hepatitis B Virus (HBV)** - serious bloodborne virus with potentially life-threatening complications. Possible complications include: massive hepatic necrosis, cirrhosis of the liver, chronic active hepatitis, and hepatocellular carcinoma.
4. **Hepatitis C Virus (HCV)** - serious bloodborne virus with potentially life-threatening complications. This virus is thought to account for a large percentage of non-A, non-B Hepatitis infections. The long term prognosis is not known but some may develop permanent scarring of liver, chronic active Hepatitis and Cirrhosis.
5. **Human Immunodeficiency Virus (HIV)** - the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is transmitted through sexual contact and exposure to infected blood or blood components and perinatally.
6. **Universal Precautions** - refers to a system of infectious disease control which assumes that every direct contact with body fluid is infectious and requires every employee exposed to direct contact with potentially infectious materials to be protected as though such body fluid were HBV, HCV, or HIV infected.

## **Section II - General Policies And Procedures**

### **Policy Statement**

All blood and other potentially infectious materials are infectious for several bloodborne pathogens. Some body fluids can also transmit infections. For this reason, the Centers for Disease Control developed the strategy that everyone should always take particular care when there is a potential exposure. These precautions have been termed "universal precautions".

Universal precautions stress that all persons should be assumed to be infectious for HIV and/or other bloodborne pathogens. Universal precautions apply to blood, tissues, and other potentially infectious materials. Universal precautions also apply to semen, vaginal secretions, and to cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids (although occupational risk or exposure is quite limited). Universal precautions do not apply to feces, nasal secretions, human breast milk, sputum, saliva, sweat, tears, urine, and vomitus unless these substances contain visible blood.

## General Guidelines

General guidelines which shall be used by everyone include:

1. Think when responding to emergencies and exercise common sense when there is potential exposure to blood or other potentially infectious materials which require universal precautions.
2. Keep all open cuts and abrasions covered with adhesive bandages which repel liquids.
3. If hands are contaminated with blood or other potentially infectious materials to which universal precautions apply, then wash immediately and thoroughly. Hands shall also be washed after gloves are removed even if the gloves appear to be intact. When soap and water or handwashing facilities are not available, then use a waterless antiseptic hand cleaner according to the manufacturers recommendation for the product.
4. All workers shall take precautions to prevent injuries caused by needles. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, or removed from disposable syringes. After they are found, disposable syringes and needles shall be placed in puncture resistant containers for disposal. The puncture resistant container shall be located as close as practical to the use area.
5. The Hillsdale Housing Commission will provide gloves of appropriate material and quality for affected employees. The gloves are to be worn when there is contact (or when there is a potential contact) with blood or other potentially infectious materials to which universal precautions apply:
  - A. While handling an individual where exposure is possible;
  - B. While cleaning or handling contaminated items or equipment;
  - C. While cleaning up an area that has been contaminated with one of the above.

Gloves shall not be used if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration. Employee shall not wash or disinfect surgical gloves for reuse.

6. Masks or protective eyewear or face shields shall be used during procedures that are likely to result in exposure to droplets of blood or other potentially infectious materials to prevent exposure to mucous membranes of the mouth, nose, and eyes.
7. Disposable garments shall be used during procedures that are likely to generate splashes of blood or other potentially infectious materials.
8. Areas and equipment contaminated with blood shall be cleaned as soon as possible. An EPA sterilant or household (chlorine) bleach solution (1 part chlorine to 10 parts water) shall be applied to the contaminated surface as a disinfectant leaving it on for at least 30 seconds. A solution must be changed and re-mixed every 24 hours to be effective. The bleach must contain a minimum of 5.25 percent sodium hypochloride.
9. Contaminated clothing (or other articles) shall be handled carefully and washed as soon as possible. Laundry and dishwashing cycles at 120 degrees Fahrenheit are adequate for decontamination.
10. Place all disposable equipment (gloves, masks, gown, etc.) in a clearly marked red plastic bag. Place the bag in a second clearly marked bag (double bag). Seal and dispose of by placing in a designated "hazardous" dumpster. NOTE: Sharp objects must be placed in an impervious container and properly disposed of.
11. Disposable rags soiled with blood or other potentially infectious materials shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linen. All soiled linen shall be bagged at the location where it was used. It shall not be sorted or rinsed in the area. Soiled linen shall be placed and transported in bags that prevent leakage.

12. Whenever possible, disposable equipment shall be used to minimize and contain clean-up.
13. Except in an emergency situation, no Hillsdale Housing Commission employee shall enter into, or remain in, a contaminated area unless properly attired in personal protective equipment.

## **Section III - Vaccinations, Testing And Post-Exposure Management**

### ***Hepatitis B Vaccinations***

Hillsdale Housing Commission shall offer the appropriate Hepatitis B Vaccination to employees at risk of exposure free of charge and in amounts and at times prescribed by standard medical practices. The vaccination shall be voluntarily administered. High risk employees who wish to take the HBV vaccination should notify their supervisor who shall make the appropriate arrangements through the Executive Director.

### ***Reporting Potential Exposures***

Employees shall observe the following procedures for reporting a job exposure incident that may put them at risk for HIV or HBV infections (i.e., needle sticks, blood contact on broken skin, body fluid contact with eyes or mouth, etc.);

1. Notify the employee's supervisor of the contact incident and details thereof.
2. Complete the appropriate on-the-job injury reports and exposure forms.
3. Arrangements will be made for the employee to be seen by a physician as with any job-related injury. Serologic testing should be made available by Hillsdale Housing Commission to all workers who have had a documented on the job exposure and may be concerned they have been infected with HIV. A blood sample should be drawn from the employee and tested for Hepatitis and the antibody to human immunodeficiency virus (HIV antibody). Testing should be done at a location where appropriate pretest counseling is available. Post-test counseling and referral for treatment should also be provided.

### ***Hepatitis B Virus Post-Exposure Management***

Any employee with a documented exposure who has not previously been given the hepatitis B vaccine (HBV), should receive the vaccine series, beginning preferably within 24 hours but at no time to exceed 72 hours of the exposure. A single dose of hepatitis B immune globulin (HBIG) is also recommended, if it can be given within seven (7) days of exposure. (To be determined by the physician).

### ***Human Immunodeficiency Virus Post-Exposure Management***

For any exposure the employee should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The worker should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Such an illness, particularly one characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV infection.

Following the initial test at the time of exposure, seronegative workers should be retested at periods identified by the physician after exposure to determine whether transmission has occurred. During this follow-up period (especially the first 6 1/2 weeks after exposure) exposed workers should follow the U.S. Public Health Service recommendations for preventing transmission of HIV. These include refraining from blood donations and using appropriate protection during sexual intercourse. During all phases of follow-up, it is vital that worker confidentiality be protected.

## ***Disability Benefits***

Entitlement to workers' compensation benefits and any other benefits available for employees who suffer from on-the-job injuries will be determined by claims administrators for the Hillsdale Housing Commission's Worker's Compensation policy carrier.

## **Section IV – Training**

### ***Potentially Exposed Employees***

Potentially exposed employees shall receive training regarding the location and proper use of personal protective equipment. They shall be trained concerning proper work practices and understand the concept of "universal precautions" as it applies to their work situation. They shall also be trained about the meaning of color coding and other methods used to designate contaminated material.

### ***New Potentially Exposed Employees***

During the new employee's orientation to his/her job, all new employees with potential exposure will be trained on the effects of bloodborne disease.

## **Section V - Records And Reports**

### ***Exposure Reporting***

Hillsdale Housing Commission employees who are exposed to blood or body fluids during the performance of work duties must report the incident to protect themselves and the public. Reporting the exposure initiates an investigation into the potential for infection and determines the course of action to follow.

### ***Exposure Notification***

When Hillsdale Housing Commission employees are exposed to blood or body fluids, the Executive Director must be notified. All exposures require that the Executive Director be contacted as soon as possible. The Executive Director will be in contact with the selected hospital. SIGNIFICANT, MODERATE, and MINIMAL exposures must be documented by the exposed employee.

### ***Exposure Documentation***

Initial contact between the exposed employee and the Executive Director consists of determining the details of the incident, severity of the exposure and required medical treatment. Exposures must be documented by the exposed employee on an Infectious Disease Exposure Form approved by the Executive Director (See Appendix). Details of the incident must include the following:

1. When was the exposure?
2. How did exposure occur?
3. What body fluids were involved?
4. Was employee's skin intact?
5. What specific part of employee's body was exposed?

## ***Medical Exposure Severity Rating***

Evaluating the significance of an exposure depends on the information provided by the exposed employee. Three categories define exposure levels that all personnel may face when treating individuals. In all cases, it is assumed that the exposed employee can immediately clean the exposed area of the body. If unable to do so, the severity of the exposure may be upgraded. For the purposes of this rating system, exposure can occur by contact with blood, body fluids visibly contaminated with blood, or body fluids which include but are not limited to: urine, feces, vomitus, saliva, tears, and mucous, semen, vaginal secretions.

### **Severity Rating Levels:**

**SIGNIFICANT** exposure occurs whenever an individual's blood or body fluids contact an employee through percutaneous inoculation (e.g., needlestick), an open wound, non-intact skin (e.g., chapped, abraded, weeping or dermatitic), or mucous membrane (e.g., eyes, nose, mouth). The single most common example is a needlestick.

**MODERATE** exposure occurs whenever an individual's body fluids contact an employee's mucous membranes. Performing mouth-to-mouth resuscitation is one example.

**MINIMAL** exposure occurs whenever an individual's blood or body fluids contact an employee's intact skin. For example, a maintenance worker arrives at an apartment without gloves and comes into contact with a person who is covered with blood.

## **Section VI – Confidentiality**

All medical information and records are confidential under state and federal laws. Any employee who disseminates such confidential information in regard to a victim or suspected victim of communicable disease is in violation of such laws, could be subject to serious disciplinary and/or civil action.

Approved by Housing Commission on March 04, 1999.

## Appendix

### **Appendix A – Bloodborne Pathogens: Five Basic Questions**

These five basic questions will be asked to employees by a TOSHA inspector when determining if a facility is in compliance with the training section of the Bloodborne Pathogen Standard, 29 CFR 1910.1030.

**Q.1. What does "Universal Precautions" mean?**

- A. Refers to a system of infectious disease control which assumes that every direct contact with body fluid is infectious and requires every employee exposed to direct contact with potentially infectious materials to be protected as though such body fluid were HBV, HCV, or HIV infected.

**Q. 2. What do you do when there is a blood spill?**

- A.: All of the following:
1. **Personal Protection** - use complete attire including goggles, mask, gloves, gown, and shoe covering.
  2. **Clean-up and Disposal** - prevent transmission through blood. Don't touch any one else's blood. No one else should touch your blood. Wipe up blood with disposable rags; place into red bag marked "bio-hazard".
  2. **Disinfection** - disinfect area with an EPA approved sterilant or with solution of 1 part chlorine bleach to 10 parts water.

**Q. 3. What do you do with contaminated sharps and laundry?**

- A. Place all needles in a sharps container. Place all contaminated laundry in red bags marked "bio-hazard" and send out for cleaning.

**Q. 4. Have you been offered the hepatitis vaccination free of charge?**

- A. Yes, the agency offers the HBV vaccination annually to employees with reasonable risks of routine exposure.

**Q. 5. Where is the "Bloodborne Disease Plan" and has it been explained to you, and have you received a copy?**

- A. The Bloodborne Disease Plan is located in the management office. A copy is given to each employee, and each employee signs a receipt for this policy.

***Appendix B – Bloodborne Pathogens Risk by Job Classification***

The following classification listing reflects the federal regulations for list A/B. List A includes all high risk job classifications and list B of the same document includes all moderate risk job classifications. Also attached in a separate document is list C, which includes a listing of job tasks where a potential exposure may occur.

**List A (High Risk)** – represents classifications with an almost daily risk of occupational exposure (encountering blood or infectious materials).

**List B (Moderate Risk)** – represents classifications with a reasonable risk of occupational exposure, but not on a daily basis.

All employees in list A (High Risk) classifications will be offered the opportunity to receive hepatitis B inoculations.

To err on the side of safety, employees in selected list B (Moderate Risk) classifications will also be offered hepatitis B inoculations because they have a higher likelihood than others in the moderate risk category of encountering body fluids and infectious materials. These selected classifications are noted on list B by an asterisk (\*).

***Appendix C – Job Tasks Where A Potential Exposure May Occur***

1. Employee cleaning up any unit where blood is present, or other violent acts has occurred.
2. Employee giving first aid to injured person.
3. Employee picking up needles.
4. Employee working in sewage.
5. Employee transporting infectious clean up supplies to be disposed of or laundered.
6. Employee cleaning public restroom areas.
7. Employee cleaning common areas in buildings and grounds where blood or other infectious material may be present.
8. Employee assisting in removal of expired residents.
9. Any employee who is exposed by another infectious individual through hostile acts.
10. Any work involving body fluid or blood contact.

***Appendix D – Hillsdale Housing Commission Bloodborne Disease Plan Receipt***

By signing below, I hereby acknowledge that I have read and understand the Hillsdale Housing Commission’s Bloodborne Disease Plan and have been given a copy of the plan.

_____	_____	_____
Signature	Title	Date
_____	_____	_____
Witness	Title	Date

**Appendix E – Bloodborne Pathogen Exposure Form**

1. Exposed Employee: \_\_\_\_\_ 2. Department: \_\_\_\_\_  
 Exposure \_\_\_\_\_  
 3. Job Classification: \_\_\_\_\_ 4. Date/Time: \_\_\_\_\_

5. Type of Incident (Auto Accident, Fall, Trauma, etc.): \_\_\_\_\_  
 6. Route of Exposure  
 Parenteral Exposure (needle stick/cut)  
 Blood Exposure to mucous membrane or open skin  
 Other bodily Fluid to mucous membrane or open skin  
 Other (Describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Precautions Taken  
 Gloves  Mask  
 Gown  Eye covering  
 CPR Mouthpiece  
 Other (Describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Were you exposed to:  
 Blood  Sweat  
 Feces  Spectrum  
 Urine  Saliva  
 Vomit  Tears  
 Other (Describe) \_\_\_\_\_  
 \_\_\_\_\_

9. Name and Address of Source: \_\_\_\_\_  
 \_\_\_\_\_

10. Blood Sample Requested  Yes  No Blood Sample Obtained  Yes  No

11. What part(s) of your body became exposed? (Be specific): \_\_\_\_\_  
 \_\_\_\_\_

12. Did you have any open cuts, sores or rashes that became exposed? (Be specific): \_\_\_\_\_  
 \_\_\_\_\_

13. How did Exposure occur? (Be specific): \_\_\_\_\_  
 \_\_\_\_\_

14. Did you seek medical attention?  Yes  No Where: \_\_\_\_\_

15. Did you contact your supervisor?  Yes  No Date/Time: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Management Witness Date

**Appendix F – Physician Statement**

**Hillsdale Housing Commission**

45 N. West Street Hillsdale, MI 49242

Phone: (517) 439-1210 Fax: (517) 439-9577 E-mail: hhc@dmci.net

**Physician Statement**

Name \_\_\_\_\_

SS # \_\_\_\_\_

I recommend this patient receive the hepatitis B vaccination.

Yes

No If no, \_\_\_\_\_

This patient has been informed of the results of the medical evaluation and has been told about any medical conditions resulting from exposure to blood or other potentially infectious material which require further evaluation or treatment.

Specific findings or diagnosis shall remain confidential.

M.D. \_\_\_\_\_

Date \_\_\_\_\_

## Appendix G – Summary Of OSHA's Bloodborne Pathogen Standard

### Summary Of OSHA's Bloodborne Pathogen Standard February 5, 1992

The employer must develop an exposure control plan for exposure to blood or Other Potentially Infectious Material (OPIM includes most body fluids, but not stool or urine unless contaminated with blood, and also includes unfixed tissues or organs).

- A. The plan must contain:
  - 1. Exposure determination for all job classifications
  - 2. Schedule of implementation for:
    - a. Methods of compliance
    - b. Hepatitis B vaccine, post exposure evaluation
    - c. Post exposure counseling
    - d. Record keeping requirements
  - 3. Incident reporting and investigation mechanism
- B. Plan must be accessible to all employees
- C. Plan is to be reviewed and updated at least annually
- D. Plan is available to OSHA (TOSHA) at on-site visit

#### Mechanism Of Plan

- II. Exposure determination (eliminating/minimizing occupational exposure)
  - A. Universal Precautions must be observed.
  - B. Engineering and work practice controls.
    - 1. Must have readily accessible hand washing facilities. If this is not possible, employer must provide antiseptic hand cleansers.
    - 2. Employer must ensure that employees wash hands after removal of gloves and wash hands (and other affected areas) after contact with blood or OPIM.
    - 3. Needle/Sharps safety
      - a. No bending, shearing, breaking of contaminated needles.
      - b. No recapping unless proven medically necessary or unavoidable. No two-handed recapping of needles; any recapping must be accomplished through the use of a mechanical device or a one-handed method.
      - c. Sharps must be placed into a container which:
        - a. is puncture resistant
        - b. is labeled or color coded
        - c. is leak-proof on sides and bottom
        - d. does not require that an employee reach by hand into the container where these sharps have been placed.
    - 4. There can be **no eating, drinking, applying cosmetics/lip balm, or handling contact lenses** in work areas where there is a reasonable likelihood of occupational exposure.
    - 5. No food/drink in refrigerators, cabinets, freezers, shelves etc. that contain blood or OPIM.
    - 6. Procedures must be performed in a manner which will minimize splashing and splattering.
  - C. Personal Protective Equipment
    - 1. When there is reasonable likelihood for occupational exposure, the employer shall provide personal protective equipment(PPE) (eyewear, masks, gowns, etc.) The purpose of personal protective equipment is to prevent blood or OPIM from reaching

- the employee's personal work clothes, street clothes, underwear, skin, eyes, or mucous membranes under normal conditions of use.
2. The employer must ensure that the PPE is accessible to employees and appropriately used.
  3. The employer must supply, launder, clean, repair, replace and/or dispose of the PPE.
  4. Contaminated PPE must be removed immediately or as soon as possible.
  5. All PPE must be removed before leaving the work area. However, if PPE is not contaminated and worker is only briefly between work areas (e.g., to room to another) OSHA has indicated they will not require removal.
  6. There must be a designated place for storage, or disposal of used PPE.
  7. Gloves:
    - a. Must be used for any anticipated hand contact with blood or OPIM.
    - b. Disposable gloves must not be washed or decontaminated.
    - c. Utility gloves may be decontaminated and reused if not torn, punctured, etc.
  8. Masks, eyewear, face shields:
    - a. Must be worn whenever splashes, splatter, sprays are reasonably expected.
    - b. Must have solid side shields (eyeglasses are OK if clip-on side shields are used).
  9. Gowns, aprons, other protective body clothing - use will depend upon task and extent of exposure anticipated.
  10. Protective caps/hoods and boots are to be worn where gross contamination may occur.
- D. Housekeeping
1. Employers must maintain a clean and sanitary work site.
  2. All equipment and surfaces must be cleaned and decontaminated after contact with blood or OPIM.
    - a. Must use appropriate disinfectant.
    - b. Work surfaces must be cleaned immediately or as soon as possible when there is a spill or overt contamination.
    - c. Protective coverings may be used on work surfaces, but they must be removed and replaced when overtly contaminated.
  3. Wastes
    - a. Contaminated sharps must be disposed of in a container that is:
      1. Closable.
      2. Puncture resistant.
      3. Leak proof on sides and bottom.
      4. Labeled or color coded.
    - b. During use, sharps disposal containers must be:
      1. Easily accessible to personnel, located as close as possible to immediate area of use.
      2. Maintained in an upright position.
      3. Not allowed to overfill.
    - c. When being disposed of, the container must be:
      1. Closed immediately.
      2. Placed in a secondary container if leakage is possible. The secondary container must be closable, able to prevent leakage, and color coded or labeled.
    - d. Contaminated laundry:
      1. Must be handled as little as possible.
      2. Must be bagged where it is used and not sorted or rinsed.
      3. Must be handled utilizing universal precautions.
      4. Must be placed in leak proof secondary container if it is likely to soak through the primary container.
    - e. All waste products will be taken to the nearest Fire Department location.

- E. Hepatitis B Vaccination and post exposure evaluation and follow up are available free to all employees covered by the Standard.
- F. Communication of Hazards to employees
  - a. Red bags or red containers are acceptable substitutes for labels.
- G. Training
  - a. Employees must be trained at orientation and annually thereafter.
  - b. Employer must provide additional training when the job tasks or job classification changes resulting in a change in the occupational exposure (departmentally specific training).
  - c. Training must:
    - 1. Be appropriate to the educational level of the employee.
    - 2. Include a general explanation of the epidemiology/symptoms of bloodborne diseases.
    - 3. Explain the employer's exposure control plan.
    - 4. Explain the PPE used for personal protection.
    - 5. Include information on availability of Hepatitis B vaccine/needle safety, information on post-exposure follow-up.
    - 6. Include emergency exposure actions.
    - 7. Explain the labels and/or color coding used under the Standard.