

TABLE OF CONTENTS

<u>PREFACE</u>	2
<u>Coordination and Responsibilities</u>	2
<u>A. Safety</u>	2
<u>B. Individual Responsibility</u>	2
<u>C. Supervisor/Instructor Safety Responsibilities</u>	3
<u>Emergencies</u>	3
<u>A. Reporting Emergencies</u>	3
<u>1. Student Accidents</u>	4
<u>2. Faculty/Staff and Visitor Accidents</u>	4
<u>B. Medical Emergency Information</u>	5
<u>1. First Aid Kit Locations on each campus</u>	5
<u>2. Blood borne Pathogens</u>	6
<u>C. Emergency Evacuation Responsibility</u>	6
<u>1. General Means of Egress</u>	6
<u>2. Building Evacuation</u>	7
<u>3. Fire Safety Procedures</u>	8
<u>4. Major Disaster Preparedness</u>	8
<u>5. Grounds Safety</u>	9
<u>6. Hazardous Chemicals</u>	10
<u>7. General Safety and Housekeeping</u>	10
<u>8. College Vehicle Driver Safety Responsibility</u>	11
<u>9. Firearms</u>	11
<u>Appendix A</u>	13
Occupational Safety and Health Standards	
<u>Appendix B</u>	54
H-G TC Exposure Control Plan	
<u>Appendix C</u>	61
Zone Monitors	
<u>Appendix D</u>	64
Hazard Communication Training Program Outline	

PREFACE

This Safety Manual is designed to be a guide only and pertains to all three campuses. It covers basic operational guidelines and does not specifically address every situation that may arise. No safety rule is a complete substitute for common sense. Safety is considered to be the responsibility of all employees and students. The emergency procedures and safety guidelines in this guide are intended to provide a safe work environment.

COORDINATION AND RESPONSIBILITIES

A. Safety

The Vice President for Business Affairs is responsible for the overall College safety program. All safety hazards, requests for changes, suggestions and/or recommendations are to be reported to a member of the Safety, Health and First Aid Committee, Vice President for Business Affairs, or Superintendent of Buildings and Grounds.

Horry-Georgetown Technical College utilizes the Safety, Health and First Aid Committee that meets biannually to review the Safety Manual, to receive complaints and suggestions relative to College safety operations, and to advise the administration concerning such matters.

The Safety, Health and First Aid Committee shall consist of nine members appointed by the Vice President for Business Affairs. Committee members will include the Vice President for Business Affairs, the Superintendent of Buildings and Grounds, two faculty members, one administrative specialist who shall act as Secretary for the Committee, one administrator from the Grand Strand Campus, one administrator from the Georgetown Campus, one student appointed by the Vice President of Student Affairs and Campus Life, the Conway Campus Continuing Education Director, and the Associate Vice President for Human Resources and Employee Relations.

Committee meetings shall be announced one month in advance. Called meetings may occur within 24 hours with notice to all Committee members and Cabinet. Minutes of all meetings shall be kept and copies of such provided to all members of the Cabinet and to all members of the Committee.

B. Individual Responsibility

- ♣ Follow the approved practices and procedures outlined in this manual, and any other approved manual or standards that apply, for any work performed at Horry-Georgetown Technical College.

- ♣ Use only the appropriate and approved protective equipment and devices provided as specified in this manual or other applicable manuals. Use such equipment or devices whenever the hazard justifies use or when so instructed by supervisor or employee in charge.
- ♣ Make frequent inspections of tools and other equipment used to make sure such tools and equipment are in good physical condition.
- ♣ Report to supervisor immediately any condition that may injure any person or damage property.
- ♣ Report to supervisor immediately any personal injury that occurs at work or any accident that causes damage to property. Seek first aid promptly.
- ♣ Use approved lifting techniques: bend your knees, grasp the load firmly, raise the load keeping back as straight as possible. Get help for heavy loads.
- ♣ Practice good housekeeping etiquette.
- ♣ Use of drugs and/or intoxicating beverages is prohibited.

C. Supervisor/Instructor Safety Responsibilities

- ♣ Create and maintain effective interest in safety.
- ♣ Follow emergency procedures as outlined in this manual.
- ♣ Provide proper supervision commensurate with the potential dangers surrounding prescribed laboratory experiments and/or job duties.
- ♣ Complete proper paperwork and needed follow-up requirements.

EMERGENCIES

All employees are responsible for knowing College logistical procedures concerning emergencies and all faculty, both full-time and part-time, are responsible for educating students about these same procedures.

A. Reporting Emergencies

If an accident/illness involving faculty, staff, or students occur, one of the following procedures should be followed. The President's Office must be informed immediately of any accidents involving students, faculty/staff or visitors

as soon as the proper medical attention has been rendered. Any accidents/illnesses that occur after 5 p.m. should be reported to the Evening Division staff, which will notify the President, and follow the appropriate procedure as outlined below.

1. Student Accidents

- ♣ If a student has an accident/illness requiring any medical attention while on campus, the accident/illness should be reported directly to the Vice President for Student Affairs and Campus Life on the Conway Campus, or to the respective Provost and/or Associate Provost of the Georgetown or Grand Strand campuses. If the accident/illness occurs in the classroom or a laboratory setting, the instructor may administer first aid if appropriate. If the accident/illness does not require medical attention, the student, along with any witnesses must complete an accident/incident form (available in the offices of the Vice President for Student Affairs and Campus Life and Vice President of Business Affairs).
- ♣ If the injury or illness of the student is determined to be of a more serious nature to require more than first aid attention, call “911” immediately. The student should not be moved without the supervision of qualified medical personnel. A faculty/staff member should remain with the student and should accompany the student to the hospital. An immediate family member should be called as soon as possible.
- ♣ In the event the Vice President for Student Affairs and Campus Life determines the student is a college work-study or institutional work-study and the accident occurred while performing job duties, the procedure for faculty/staff accidents as outlined below should be followed. The accompanying faculty/staff member should inform the hospital to call the Benefits Office for verification of workers’ compensation coverage.

The Vice President for Student Affairs and Campus Life shall notify the Human Resources Department immediately following the accident. The Human Resources Department will file the necessary forms to the State Workers’ Compensation fund upon completion by the injured College work-study or institutional work-study student.

2. Faculty/Staff and Visitor Accidents

- ♣ An accident/illness involving faculty/staff or visitors must be reported immediately to the President’s Office. The appropriate

vice president, and the Human Resources Department. First aid kits are available; however, if the nature of the injury is serious, “911” should be called and the injured or ill faculty/staff member or visitor should be accompanied to the hospital by someone of the administration and a family member should be notified immediately. The injured person should not be moved without supervision of qualified medical personnel.

- ♣ In the event the faculty/staff member is involved in an accident requiring medical attention at a hospital, the hospital is required to call the Human Resources Department for verification of workers’ compensation coverage. All accidents, including medical and non-medical treatment, involving faculty or staff must be reported to the Human Resources Department for recordkeeping.
- ♣ If a visitor is involved in an accident, an Accident/Incident Report should be completed and maintained by the Vice President for Business Affairs.

B. Medical Emergency Information

1. First aid kits are located throughout each campus. The Superintendent of Buildings and Grounds is responsible to insure that the kits are properly stocked at all times. First aid kits are located in the following areas:

Conway

- Admissions (Building 1100)
- Barnes and Noble Bookstore
- Belk Bistro
- Building 500
- Building 800 (Reception area)
- Building 900 (Lobby area)
- Business Office (Building 1100)
- Chemistry/Biology Laboratories (4) (Building 1000)
- Child Care Center (Building 1100)
- Dental Hygiene Clinic (Building 200)
- Electronics Engineering Technology Department (Building 300)
- Fowler Dining Room
- Human Resources Office
- Turf Equipment Department (Building 200)
- HVAC Department (Building 200)
- Golf Course Management Department (Building 400)
- Learning Resource Center
- Maintenance Shop
- Physical Fitness Center
- Print Shop

- Nursing Department (Building 1000)
- Radiologic Technology Department (Building 1000)

Georgetown

- Main Office
- Forestry Management Department
- Nursing Lab

Grand Strand

- Administrative/Learning Resource Center (Building 300)
- Conference Center (Building 600)
- Criminal Justice Center (Building 100)
- Main Office (Building 200)

*Rubber gloves must be worn whenever any body fluid is present.

2. Bloodborne Pathogens, such as the human immunodeficiency virus (HIV) and hepatitis B virus are infection- and disease-causing microorganisms carried by the blood. These and other bloodborne pathogens can be a concern for workers exposed on the job to blood, infectious materials, and certain other body fluids.

Exposure to such bloodborne pathogens can occur through:

- contact with broken, chapped, or cut skin
- needlestick injury
- contact with mucous membranes
- blood transfusion.

The Occupational Safety and Health Administration (OSHA) has developed a standard that outlines safeguards to protect you against the health hazards related to bloodborne pathogens (see Appendix A) and an Exposure Control Plan (Appendix B).

C. Emergency Evacuation Responsibility

1. General Means of Egress

Exits must be readily accessible at all times. If exits are not immediately accessible from an open floor area, then safe and continuous passageways, aisles or corridors leading directly to every exit and so arranged as to provide convenient access for each occupant to at least two exits by separate ways of travel must be maintained. Means of egress must be continuously maintained free of any obstructions or impediments that would limit full instant use in the case of fire or other emergency.

Any door, passage or stairway which is neither an exit nor a way of exit access, and which is so located or arranged as to be likely to be mistaken

for an exit, must be identified by a sign reading “Not an Exit” or similar designation, or must be identified by a sign indicating its actual character, such as, “to Basement,” “Storeroom,” etc.

Every required sign designating an exit or way of exit access must be so located and have such size, color and design as to be readily visible. No decorations, furnishings, or equipment that impairs visibility of an exit sign may be permitted, nor may there be any brightly illuminated sign (for other than exit purposes), display, or object in or near the line of vision to the required exit sign which might so detract attention from the exit sign that it not be noticed. Every exit sign must be distinctive in color and must provide contrast with decorations, interior finish, or other signs.

A sign reading “Exit,” or similar designation, with an arrow indicating the directions, must be placed in every location where the direction of travel to reach the nearest exit is not immediately apparent. Every exit sign must be suitably illuminated by a reliable light source. Each internally illuminated exit sign must be provided in all occupied areas where reduction of normal illumination is permitted. Every exit sign must have the word “Exit” in plainly legible letters not less than 6 inches high, with the principal strokes of letters not less than three-fourths-inch wide.

All exits must discharge directly to the street, or to a yard, court or other open space that gives safe access to a public way. The streets, yards, courts or other open spaces to which exits discharge must also be of adequate width and size to provide all persons leaving the building with ready access to the street.

2. Building Evacuation

In the event buildings must be evacuated, faculty members and supervisors are responsible for insuring that classrooms and work areas are clear before leaving the building. Elevators are not to be used in real emergencies where the building must be evacuated quickly because of imminent danger. “AOK Emergency Rescue Chairs” have been installed in stairwells of buildings with elevators for use in evacuating individuals with disabilities and monitors (see Appendix C) assigned to those areas are responsible for assisting faculty/staff members with evacuation.

After the buildings have been evacuated, each individual should stand at least one hundred (100) feet away from the particular building and should not enter the building again until all danger is over. College faculty and staff should become familiar with proper exit routes from each building and lead students and guests from the building during a real emergency.

3. Fire Safety Procedures

In all cases of fire, notify the Vice President for Business Affairs, Vice President for Student Affairs and Campus Life, Evening Director and/or campus provost, and Superintendent of Buildings and Grounds immediately after setting the alarm!

- Know the location of fire extinguishers, exits and alarm systems in your area and know how to use them.
- If a minor fire appears controllable, promptly locate the nearest fire extinguisher. Pull the pin, aim the nozzle at the base of the fire, squeeze the handle, and sweep from side to side.
- If the fire seems uncontrollable, pull the fire alarm, evacuate all rooms in the building, and close all doors to confine the fire and reduce oxygen (DO NOT LOCK DOORS).
- When the building evacuation alarm is sounded, an emergency exists. Walk quickly to the nearest marked exit and alert others to do the same.
- ASSIST ANY PERSON WITH DISABILITIES IN EXITING THE BUILDING! Smoke is the greatest danger in a fire, so stay near the floor where the air will be less harmful.
- Once outside, move to a clear area at least one hundred (100) feet away from the affected building. Keep fire lane, hydrants, and walkways clear for emergency vehicles and crews.
- If requested, assist emergency crews as necessary.
- A campus Emergency Command Post may be set up near the emergency site. Keep clear of the Command Post unless you have official business.
- DO NOT RETURN TO AN EVACUATED BUILDING unless told to do so by a college official.

NOTE: if you become trapped in a building during a fire and a window is available, place an article of clothing (shirt, coat, etc.) outside the window as a marker for rescue crews. If there is no window, stay near the floor where the air will be less harmful. Shout at regular intervals to alert emergency crews of your location. Use the telephone to notify someone of your location. DO NOT PANIC!

4. Major Disaster Preparedness

The State of South Carolina is vulnerable to a wide range of emergencies, including natural, technological, and manmade disasters, all of which threaten life, health, and safety of its people; damage and destroy property;

disrupt services and everyday business and recreational activities; and impede economic growth and development. All prudent action has been taken to reduce the vulnerability of the people and property of this state; to prepare for the efficient evacuation and shelter of threatened or affected persons; to provide for the rapid and orderly provision of relief to persons and for the restoration of services and property; and to provide for the coordination of activities relating to emergency preparedness, response, recovery, and mitigation among and between agencies and officials of this state with similar agencies and officials of other states, with local and federal governments, with interstate organizations, and with the private sector.

In the event of a major disaster, Horry-Georgetown Technical College is required to adhere to the South Carolina Emergency Operations Plan, the South Carolina Hurricane Plan, and guidelines for responding to weapons of mass destruction threats. Also, the college is designated as a Regional Staging Area for donated resources. Complete and updated copies of these publications are housed in the Vice President for Business Affairs' office.

5. Grounds Safety

Signs are posted throughout the campus grounds to insure safe movement of vehicles and for safe flow of traffic. The Superintendent of Buildings and Grounds is responsible for grounds management and must insure that these basic procedures are followed.

- All dead limbs are picked up and dead trees have been removed from grounds.
- Potholes have been filled.
- Broken glass, litter, and debris have been picked up.
- Insecticides and herbicides are applied in compliance with state and federal guidelines, spraying activities are conducted under the supervision of a licensed operator, and all products are EPA approved.
- All driveways, sidewalks, and steps are in good state of repair.
- Gates and fences are in good condition and do not present hazards to students or employees.
- Grounds are free of poisonous plants and snakes.
- Traffic and regulatory signs are posted.
- Grounds are properly drained—all storm drain covers are in place.
- Outside electrical wiring and equipment is installed in accordance with N.E.C.
- Necessary barricades or other safety devices are installed when maintenance activities are performed.

6. Hazardous Chemicals

- All curriculum and other areas that store hazardous substances on campus are required to abide by the Hazardous Chemicals Right to Know Act (General Statutes 95-173-95-218). In general, the Act applies to all chemicals stored in quantities of 500 pounds or 55 gallons whichever is greater.
- All curriculums using hazardous chemicals are required to maintain Material Safety Data Sheets (MSDS).
- The Superintendent of Buildings and Grounds is required to maintain Material Safety Data Sheets for any chemicals housed and/or used by the Maintenance Department.
- Any MSDS received from the manufacturer for any chemicals used in the workplace must be, upon request, shown to students, employees or members of the general public if requested.
- Existing container labels are not to be removed or defaced.
- All employees that handle hazardous materials must complete an educational program as set forth in the Hazard Communication Program Outline (Appendix D).
- The Hazard Communication Standard (Appendix E) must be posted in every laboratory, work or administrative area where hazardous substances are used or stored.

7. General Safety and Housekeeping

- Good housekeeping is a sign of good workmanship and provides safe working conditions. Good housekeeping will prevent accidents caused by tripping, tumbling, slipping, stepping on or bumping into equipment, materials or other objects.
- Each employee is responsible for immediate area to keep it free from hazards. Extension cords or cables are to be used only when necessary and are to be used only in continuous lengths without splices. Cords or cables are not to be used to connect permanently installed equipment. If extension cords are used, they must all be three-wire type.
- Employees will immediately report any unsafe conditions or defective equipment to immediate supervisor.
- Any incident involving theft, physical altercations, assaults, fire or similar incidents shall be reported immediately to the Vice President for Business Affairs' office. If the incident requires immediate attention, the faculty/staff member should call "911."
- No one shall use equipment for other than its intended purpose. Improper use may result in accident, injuries, or maintenance problems.

- Employees handling flammable liquids or chemicals of any type are to wear appropriate protective clothing and will comply with safety instructions on the containers.
- Valuables shall be secured in a locked area.
- All crimes, no matter how minor, shall be reported to the Vice President for Business Affairs.
- Cords for electrical equipment shall not be strung across walkways or aisles where people may trip over them.
- Cords for electrical equipment shall be inspected periodically and replaced if frayed or show broken insulation.

8. College Vehicle Driver Safety Responsibility

- Drive in a safe, lawful and courteous manner at all times.
- Conduct a pre-trip safety check. Report any deficiencies immediately.
- In case of an accident:
 - a. obtain all available information such as names of people involved, date, time and location of accident, and witnesses, etc.
 - b. call collect to James C. Greene Company, Adjuster at (803) 771-8820.
 - c. Notify vehicle coordinator
- Always lock vehicle when unattended. Do not get out of vehicle and leave motor running—doors may lock automatically.
- Back with care. Backing is the most hazardous movement you are called on to make with your vehicle.
- Keep a safe distance from the car ahead. Colliding with the vehicle in front of you is the direct result of following too closely.
- Signal intentions when moving from a parking position or making a turn.
- Be sure it is safe before crossing an intersection. There is no such thing as having the right-of-way. You have the right-of-way only when the way is clear.
- Watch out for pedestrians, especially for persons stepping from between parked cars. Remember, pedestrians have the right-of-way at intersections even when crossing against the light.
- No eating or drinking in college vehicles. The use of drugs and/or intoxicating beverages is prohibited.
- Weapons of any kind are prohibited.

9. Firearms

- It is unlawful for a person to carry into a private or public school, college, or university building, or any publicly owned building, or have in his possession in the area immediately adjacent to these

buildings, a firearm of any kind without the express permission of the authorities in charge of the buildings.

- It is unlawful for a person to enter these buildings, or the immediately adjacent areas, and to display, brandish, or threaten others with a firearm.
- A person who violates the provisions of this law is guilty of a felony and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than five years, or both.
- This law does not apply to a guard, law enforcement officer, or member of the armed forces.

APPENDIX A

Regulations (Standards - 29 CFR)
Bloodborne pathogens. - 1910.1030

[1 Regulations \(Standards - 29 CFR\) - Table of Contents](#)

- **Part Number:** 1910
 - **Part Title:** Occupational Safety and Health Standards
 - **Subpart:** Z
 - **Subpart Title:** Toxic and Hazardous Substances
 - **Standard Number:** [1910.1030](#)
 - **Title:** Bloodborne pathogens.

 - **Appendix:** [A](#)
-

[1910.1030\(a\)](#)

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.

[1910.1030\(b\)](#)

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).

1910.1030(c)

Exposure Control --

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)

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

1910.1030(c)(1)(ii)(A)

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

..1910.1030(c)(1)(ii)(B)

1910.1030(c)(1)(ii)(B)

The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

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

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

1910.1030(c)(1)(iii)

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

1910.1030(c)(1)(iv)

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

1910.1030(c)(1)(iv)(A)

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

1910.1030(c)(1)(iv)(B)

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

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

Exposure Determination.

1910.1030(c)(2)(i)

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

1910.1030(c)(2)(i)(A)

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

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

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

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

1910.1030(c)(2)(i)(C)

A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

1910.1030(c)(2)(ii)

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

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

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

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

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

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

1910.1030(d)(2)(ii)

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

1910.1030(d)(2)(iii)

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

1910.1030(d)(2)(iv)

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

1910.1030(d)(2)(v)

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

1910.1030(d)(2)(vi)

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

1910.1030(d)(2)(vii)

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

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

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

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

1910.1030(d)(2)(vii)(B)

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

1910.1030(d)(2)(viii)

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

1910.1030(d)(2)(viii)(A)

Puncture resistant;

1910.1030(d)(2)(viii)(B)

Labeled or color-coded in accordance with this standard;

1910.1030(d)(2)(viii)(C)

Leakproof on the sides and bottom; and

1910.1030(d)(2)(viii)(D)

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

1910.1030(d)(2)(ix)

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

1910.1030(d)(2)(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.

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

1910.1030(d)(2)(xi)

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

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

1910.1030(d)(2)(xiii)(A)

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

1910.1030(d)(2)(xiii)(B)

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

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

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

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

1910.1030(d)(2)(xiv)

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

1910.1030(d)(2)(xiv)(A)

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

1910.1030(d)(2)(xiv)(B)

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

1910.1030(d)(3)

Personal Protective Equipment --

1910.1030(d)(3)(i)

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

1910.1030(d)(3)(ii)

Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was

the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

..1910.1030(d)(3)(v)

1910.1030(d)(3)(v)

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

1910.1030(d)(3)(vi)

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

1910.1030(d)(3)(vii)

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

1910.1030(d)(3)(viii)

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

1910.1030(d)(3)(ix)

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

1910.1030(d)(3)(ix)(A)

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

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

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

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

1910.1030(d)(3)(ix)(C)

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

1910.1030(d)(3)(ix)(D)

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

1910.1030(d)(3)(ix)(D)(1)

Periodically reevaluate this policy;

1910.1030(d)(3)(ix)(D)(2)

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

1910.1030(d)(3)(ix)(D)(3)

Not discourage the use of gloves for phlebotomy; and

1910.1030(d)(3)(ix)(D)(4)

Require that gloves be used for phlebotomy in the following circumstances:

1910.1030(d)(3)(ix)(D)(4)(i)

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

1910.1030(d)(3)(ix)(D)(4)(ii)

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

1910.1030(d)(3)(ix)(D)(4)(iii)

When the employee is receiving training in phlebotomy.

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

1910.1030(d)(3)(x)

Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

1910.1030(d)(3)(xi)

Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

1910.1030(d)(3)(xii)

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

1910.1030(d)(4)

Housekeeping --

1910.1030(d)(4)(i)

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

1910.1030(d)(4)(ii)

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

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

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

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

1910.1030(d)(4)(ii)(B)

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

1910.1030(d)(4)(ii)(C)

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

1910.1030(d)(4)(ii)(D)

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

1910.1030(d)(4)(ii)(E)

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

1910.1030(d)(4)(iii)

Regulated Waste --

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

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

Contaminated Sharps Discarding and Containment.

1910.1030(d)(4)(iii)(A)(1)

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

1910.1030(d)(4)(iii)(A)(1)(i)

Closable;

1910.1030(d)(4)(iii)(A)(1)(ii)

Puncture resistant;

1910.1030(d)(4)(iii)(A)(1)(iii)

Leakproof on sides and bottom; and

1910.1030(d)(4)(iii)(A)(1)(iv)

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

1910.1030(d)(4)(iii)(A)(2)

During use, containers for contaminated sharps shall be:

1910.1030(d)(4)(iii)(A)(2)(i)

Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

1910.1030(d)(4)(iii)(A)(2)(ii)

Maintained upright throughout use; and

1910.1030(d)(4)(iii)(A)(2)(iii)

Replaced routinely and not be allowed to overfill.

1910.1030(d)(4)(iii)(A)(3)

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

1910.1030(d)(4)(iii)(A)(3)(i)

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

1910.1030(d)(4)(iii)(A)(3)(ii)

Placed in a secondary container if leakage is possible. The second container shall be:

1910.1030(d)(4)(iii)(A)(3)(ii)(A)

Closable;

1910.1030(d)(4)(iii)(A)(3)(ii)(B)

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

1910.1030(d)(4)(iii)(A)(3)(ii)(C)

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

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

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

1910.1030(d)(4)(iii)(B)

Other Regulated Waste Containment --

1910.1030(d)(4)(iii)(B)(1)

Regulated waste shall be placed in containers which are:

1910.1030(d)(4)(iii)(B)(1)(i)

Closable;

1910.1030(d)(4)(iii)(B)(1)(ii)

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

1910.1030(d)(4)(iii)(B)(1)(iii)

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

1910.1030(d)(4)(iii)(B)(1)(iv)

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

1910.1030(d)(4)(iii)(B)(2)

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

1910.1030(d)(4)(iii)(B)(2)(i)

Closable;

1910.1030(d)(4)(iii)(B)(2)(ii)

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

1910.1030(d)(4)(iii)(B)(2)(iii)

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

1910.1030(d)(4)(iii)(B)(2)(iv)

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

1910.1030(d)(4)(iii)(C)

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

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

1910.1030(d)(4)(iv)

Laundry.

1910.1030(d)(4)(iv)(A)

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

1910.1030(d)(4)(iv)(A)(1)

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

1910.1030(d)(4)(iv)(A)(2)

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

1910.1030(d)(4)(iv)(A)(3)

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

1910.1030(d)(4)(iv)(B)

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

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

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

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

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

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

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

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

1910.1030(e)(2)(ii)

Special Practices.

1910.1030(e)(2)(ii)(A)

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

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

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

Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

1910.1030(e)(2)(ii)(C)

Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

1910.1030(e)(2)(ii)(D)

When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

1910.1030(e)(2)(ii)(E)

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

1910.1030(e)(2)(ii)(F)

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

..1910.1030(e)(2)(ii)(G)

1910.1030(e)(2)(ii)(G)

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

1910.1030(e)(2)(ii)(H)

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

1910.1030(e)(2)(ii)(I)

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

1910.1030(e)(2)(ii)(J)

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

1910.1030(e)(2)(ii)(K)

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

..1910.1030(e)(2)(ii)(L)

1910.1030(e)(2)(ii)(L)

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

1910.1030(e)(2)(ii)(M)

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

1910.1030(e)(2)(iii)

Containment Equipment.

1910.1030(e)(2)(iii)(A)

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

1910.1030(e)(2)(iii)(B)

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

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

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

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

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

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)

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

1910.1030(e)(4)(vi)

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

1910.1030(e)(5)

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

1910.1030(f)

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

..1910.1030(f)(1)

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

1910.1030(f)(1)(ii)

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

1910.1030(f)(1)(ii)(A)

Made available at no cost to the employee;

1910.1030(f)(1)(ii)(B)

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

1910.1030(f)(1)(ii)(C)

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

1910.1030(f)(1)(ii)(D)

Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

1910.1030(f)(1)(iii)

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

..1910.1030(f)(2)

1910.1030(f)(2)

Hepatitis B Vaccination.

1910.1030(f)(2)(i)

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

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1910.1030(f)(3)(i)

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

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

1910.1030(f)(3)(ii)

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

1910.1030(f)(3)(ii)(A)

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

1910.1030(f)(3)(ii)(B)

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

1910.1030(f)(3)(ii)(C)

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

1910.1030(f)(3)(iii)

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

1910.1030(f)(3)(iii)(A)

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

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

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

1910.1030(f)(4)

Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)

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

1910.1030(f)(4)(ii)

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

1910.1030(f)(4)(ii)(A)

A copy of this regulation;

1910.1030(f)(4)(ii)(B)

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

1910.1030(f)(4)(ii)(C)

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

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

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

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

1910.1030(f)(4)(ii)(E)

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

1910.1030(f)(5)

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

1910.1030(f)(5)(i)

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

1910.1030(f)(5)(ii)

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

1910.1030(f)(5)(ii)(A)

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

1910.1030(f)(5)(ii)(B)

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

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

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

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

1910.1030(g)

Communication of Hazards to Employees --

1910.1030(g)(1)

Labels and Signs --

1910.1030(g)(1)(i)

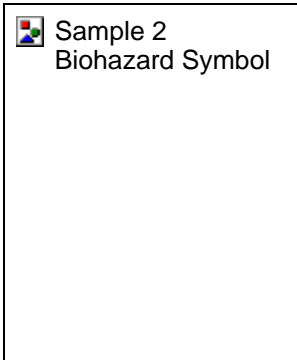
Labels.

1910.1030(g)(1)(i)(A)

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

1910.1030(g)(1)(i)(B)

Labels required by this section shall include the following legend:



1910.1030(g)(1)(i)(C)

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

1910.1030(g)(1)(i)(D)

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

..1910.1030(g)(1)(i)(E)

1910.1030(g)(1)(i)(E)

Red bags or red containers may be substituted for labels.

1910.1030(g)(1)(i)(F)

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

1910.1030(g)(1)(i)(G)

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

1910.1030(g)(1)(i)(H)

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

1910.1030(g)(1)(i)(I)

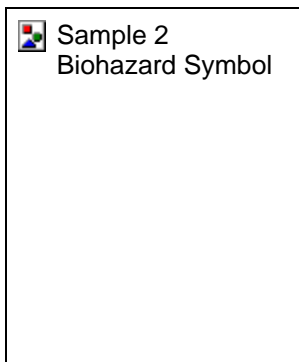
Regulated waste that has been decontaminated need not be labeled or color-coded.

1910.1030(g)(1)(ii)

Signs.

1910.1030(g)(1)(ii)(A)

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



(Name of the Infectious Agent)

(Special requirements for entering the area)

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

..1910.1030(g)(1)(ii)(B)

1910.1030(g)(1)(ii)(B)

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

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

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

1910.1030(g)(2)(ii)

Training shall be provided as follows:

1910.1030(g)(2)(ii)(A)

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

1910.1030(g)(2)(ii)(B)

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

1910.1030(g)(2)(ii)(C)

At least annually thereafter.

1910.1030(g)(2)(iii)

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

1910.1030(g)(2)(iv)

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

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

1910.1030(g)(2)(v)

Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

1910.1030(g)(2)(vi)

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

1910.1030(g)(2)(vii)

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

1910.1030(g)(2)(vii)(A)

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

1910.1030(g)(2)(vii)(B)

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

1910.1030(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;

1910.1030(g)(2)(vii)(D)

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

1910.1030(g)(2)(vii)(E)

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

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

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

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

1910.1030(g)(2)(vii)(G)

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

1910.1030(g)(2)(vii)(H)

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

1910.1030(g)(2)(vii)(I)

Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

1910.1030(g)(2)(vii)(J)

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

1910.1030(g)(2)(vii)(K)

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

1910.1030(g)(2)(vii)(L)

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

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

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

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

1910.1030(g)(2)(vii)(N)

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

1910.1030(g)(2)(viii)

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

1910.1030(g)(2)(ix)

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

1910.1030(g)(2)(ix)(A)

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

1910.1030(g)(2)(ix)(B)

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

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

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

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

1910.1030(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

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

1910.1030(h)(1)(ii)

This record shall include:

1910.1030(h)(1)(ii)(A)

The name and social security number of the employee;

1910.1030(h)(1)(ii)(B)

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

1910.1030(h)(1)(ii)(C)

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

1910.1030(h)(1)(ii)(D)

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

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

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

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

1910.1030(h)(1)(iii)

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

1910.1030(h)(1)(iii)(A)

Kept confidential; and

1910.1030(h)(1)(iii)(B)

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

1910.1030(h)(2)(i)(A)

The dates of the training sessions;

1910.1030(h)(2)(i)(B)

The contents or a summary of the training sessions;

1910.1030(h)(2)(i)(C)

The names and qualifications of persons conducting the training; and

..1910.1030(h)(2)(i)(D)

1910.1030(h)(2)(i)(D)

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

1910.1030(h)(2)(ii)

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

1910.1030(h)(3)

Availability.

1910.1030(h)(3)(i)

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

1910.1030(h)(3)(ii)

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

1910.1030(h)(3)(iii)

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

..1910.1030(h)(4)

1910.1030(h)(4)

Transfer of Records.

1910.1030(h)(4)(i)

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

1910.1030(h)(4)(ii)

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

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

1910.1030(h)(5)(i)(A)

The type and brand of device involved in the incident,

1910.1030(h)(5)(i)(B)

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

1910.1030(h)(5)(i)(C)

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

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

1910.1030(h)(5)(iii)

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

1910.1030(i)

Dates --

1910.1030(i)(1)

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

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001]

[1 Next Standard \(1910.1030 App A\)](#)

[1 Regulations \(Standards - 29 CFR\) - Table of Contents](#)

APPENDIX B

Horry-Georgetown Technical College Exposure Control Plan OSHA Bloodborne Standards

Hepatitis B virus (HBV) has long been recognized as a pathogen capable of causing serious illness and death. The virus is transmitted through blood and certain body fluids. Personnel who handle blood and other potentially infectious materials as part of their jobs have an increased risk of contracting HBV. The human immunodeficiency virus (HIV), the virus that causes AIDS, has only been recognized in the last decade. Because the transmission of HIV is considerably less efficient than HBV, the risk of HIV infection to employees who must handle blood and other potentially infectious materials is less than for HBV. The consequences of HIV infection are grave, however, because HIV causes the fatal disease, AIDS. Accordingly, the following policy is established to further our efforts to provide a college environment for faculty, students, employees, and volunteers which is free from recognized hazards that cause or are likely to cause serious physical harm or death.

Exposure Determination

OSHA requires employees to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. Employees are considered to be exposed even if they wear personal protective equipment. This exposure determination requires the listing of all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

Job Classification	Tasks/Procedures
Allied Health Instructors	Handling of body fluids Performing venipuncture Handling dressings contaminated with blood or other body fluids Mouth-to-mouth resuscitation Handling blood or other body fluids
Biological Science Instructors	Performing blood testing (manufactured blood products)
Phlebotomists	Phlebotomy procedures
Housekeeping Personnel	Cleaning up blood and other body fluids
Environmental Services Personnel	Coming into contact with blood or other body fluids during repair of equipment
Radiologic Technology	Exposure to blood or other body fluids
Emergency Medical Technician, Paramedic, Nursing Assistant	Mouth-to-mouth resuscitation Contact with blood or other body fluids
Early Childhood Workers	Contact with blood or other body fluids

In addition, OSHA requires a list of job classifications in which some employees may have occupational exposure. Because not all the employees in these categories would be expected to incur exposure to blood and other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure must also be

listed in order to understand clearly which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification	Tasks/Procedures
Physical Plant Employees	Housekeeping/environmental services operations involving substantial risk or direct exposure to body fluids while cleaning rooms/blood spills or spills of potentially infectious materials as previously defined Infectious waste handling operations by housekeeping or environmental services
Public Safety Office	Contact with blood or blood contaminated materials while in the course of duty
First Aid Providers	First aid procedures involving contact with blood or other potentially infectious materials

Hepatitis B Vaccine

All employees at substantial risk of directly contacting blood or body fluids are offered the Hepatitis B vaccination in the amounts and at the times prescribed by standard medical practice at no cost to the employee. Those employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine also. The vaccine will be offered within 10 working days on initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing that shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver based on the OSHA standard. Employees who initially decline the vaccine but who later wish to have it while still covered under the standard may then have the vaccine provided at no cost. The offer of Hepatitis B vaccine will be part of the initial education program concerning the Bloodborne Pathogens policy. Any waivers of the vaccine will be obtained at this time or will be obtained by the trainer as the first possible date after completion of the program. Contract physician located near the campus will administer the vaccine.

Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard.

Compliance Methods

Universal precautions have been established here as a policy of the institution. Universal precautions are a system of infectious disease control, which assumes that every direct contact with body fluids is infectious and requires that every employee exposed to direct contact with body fluids be protected as though such body fluids were HBV or HIV infected. Body fluids which have been directly linked to the transmission of HBV or HIV and to which universal precautions apply include blood, semen, blood products,

vaginal secretions, cerebrospinal fluid, pericardial fluid, amniotic fluid and concentrated HBV or HIV viruses. These fluids will be considered infectious regardless of the perceived status of the source individual. Universal precautions are intended to prevent health care workers and others from exposures to bloodborne pathogens.

Engineering and work practice controls will be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. At this facility the following engineering controls will be used:

- Handwashing facilities
- Eye wash kits
- Sharps containers for appropriate departments
- Biohazard labels

The above controls will be examined and maintained on a regular schedule. Department heads or designees will maintain a log of monthly inspections and will be responsible for reviewing the effectiveness of the controls.

Personal protective equipment, including personal protective equipment for eyes, face, head and extremities, protective clothing and protective shields and barriers, shall be provided, used and maintained in sanitary and reliable condition whenever it is necessary by reason of the processes or environment to protect against contamination by blood or body fluids. This equipment or clothing must be provided by the department concerned and be available in the work area at all times.

The use of gloves will vary according to the procedure involved. The use of disposable gloves is required where body fluids are handled and is particularly important if the worker has cuts, abraded skin, chapped hands, dermatitis or the like. The wearing of gloves is required during the instrumental examination of the oropharynx (mouth/throat), when examining abraded or non-intact skin or patients with active bleeding, during invasive procedures, and during all cleaning of body fluids and decontaminating procedures.

Gloves must be of appropriate material and quality for the procedures to be performed, and of appropriate size for each worker. Surgical and examination gloves must be disposed of after use and may not be washed or disinfected. General purpose utility (rubber) gloves must be worn by maintenance, housekeeping and other non-medical personnel. No gloves shall be used if they are peeling, cracked, or discolored, or if any have punctures, tears, or other evidence of deterioration.

Gowns, aprons, or lab coats must be worn when splashes to skin or clothing with body fluids are likely to occur. Gowns, including surgical gowns shall be made of, or lined with, impervious material and shall protect all areas of exposed skin.

Masks and protective eye wear and/or face shields are required when contamination of eyes, mouth or nose is likely to occur due to splashed or aerosolization of materials.

Pocket masks, resuscitation bags, or other ventilation devices shall be provided in strategic locations and to key personnel such as paramedics and nurses where the need for resuscitation is likely to occur to eliminate the need for emergency mouth-to-mouth resuscitation.

Personal protective equipment and clothing is required when performing invasive procedures. When an employee's skin or mucous membrane may come in contact with body fluids, gowns, masks, and eye protection shall be worn.

Gloves will be provided to and used by phlebotomist technologists. They must be used for performing phlebotomy when the health care worker has cuts, scratches or other breaks in his/her skin; in cases where hand contamination with blood may occur such as when performing phlebotomy on an uncooperative patient; when performing finger and/or heel sticks on infants and children; and when receiving training in phlebotomy.

Gloves are required for contact with oral mucous membranes.

In laboratories, the use of gloves is required for processing body fluid specimens and includes faculty and students. Masks and protective eyewear are required when the worker's mucosal membranes may come in contact with body fluids.

Housekeeping and environmental services operations involving substantial risk or direct exposure to body fluids shall take into account the application of proper precautions while cleaning rooms and blood spills. Cleaning schedules shall be as frequent as is necessary depending upon the area to be cleaned, the type of surface to be cleaned and the amount and type of soil present. Chemical germicides that are approved for use as disinfectants and are tuberculoidal when used as recommended shall be used to decontaminate spills of blood and other fluids. A solution of 5.25% hypochlorite (household bleach) diluted 1:10 with water or other suitable disinfectant shall be used for disinfection.

Needles shall not be recapped, purposely bent or broken, removed from disposable syringes or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other sharp items shall be put in puncture resistant containers for disposal. The containers shall be easily assessable to personnel needing them and located in all areas where needles are commonly used including campus laboratories, and shall be so constructed that they will not spill contents if knocked over and will not cause injuries when handled. These containers shall be located in any setting where blood is drawn or needles are used.

All specimens of body fluids shall be put in a well-constructed container with a secure lid to prevent leaking during transport and shall be disposed of in an approved manner. Contaminated materials used in laboratory tests shall be placed in biohazard bags and disposed of in accordance with OSHA standards for disposal of infectious waste.

Hands and other skin surfaces shall be washed thoroughly after removing gloves and immediately after contact with blood or body fluids.

Post-Exposure Evaluation and Follow-up

If an Horry-Georgetown Technical College employee has a percutaneous (needle stick or cut) or mucous membrane (splash to eye, nasal mucosa or mouth) exposure to body fluid or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise non-intact, the source person/patient shall be informed of the incident and tested for HIV and HBV infection after consent is obtained. If patient consent is refused or if the source person/patient tests positive, the employee shall be evaluated clinically by HIV antibody testing and advised to report and seek medical evaluation within 45 minutes to one hour of exposure. A contracted physician will perform testing. HIV seronegative workers shall be retested 6 weeks post exposure and on a periodic basis thereafter (12 weeks to 6 months after exposure). Follow-up procedures shall be taken for an employee potentially exposed to HBV. The type of follow-up depends on the immunization status of the employee and the HBV serologic status of the source person/patient. If an employee refuses to submit to the foregoing procedures when such procedures are medically indicated, no adverse action can be taken on that ground alone since the procedures are designed for the benefit of the exposed employee.

Work Practice Controls

The following controls are applicable to Horry-Georgetown Technical College faculty, staff, employees, students, volunteers and contract employees, all of which are hereafter referred to as "employees," who may reasonably anticipate skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials in the performance of duties.

1. Hand-washing facilities are generally accessible. When the provision of hand-washing facilities is not feasible, the employee's department shall provide an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
2. Employees shall wash hands immediately after removal of gloves or other protective equipment.
3. Bending or shearing of contaminated needles is prohibited.
4. Contaminated needles and other contaminated sharps shall not be recapped.
5. Contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. Containers must be puncture resistant, labeled with the biohazard warning label, leak proof on the sides and bottom, and processed in such a manner that employees are not required to reach by hand into the container.

6. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.
7. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or desktops where blood or other potentially infectious materials are present.
8. All procedures involving blood or other potentially infectious materials shall be performed in a manner to minimize splashing, spraying, spattering or the generation of droplets.
9. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
10. Specimens of blood or other potential infectious materials shall be placed in containers that prevent leakage during collection, handling, storage, transport or shipping.
11. Internal containers for storage transport or shipping shall be color coded red/orange and marked with the biohazard symbol. Outer containers will be marked with the biohazard symbol. Containers shall be closed prior to being stored, transported or shipped.
12. The employee's department shall provide, at no cost to the employee, access to appropriate personal protective equipment such as gloves, gowns, lab coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks and other ventilation devices.
13. The employee's department shall provide protective clothing and equipment in appropriate sizes that are readily available or is issued to employees. Hypoallergenic gloves, glove liners, and powder-less gloves must be readily available for employees who are allergic to the gloves normally provided.
14. The employee's department shall clean, launder and dispose of personal protective clothing and equipment at no cost to the employee. Disposable protective clothing and equipment provided by the department is an acceptable alternative to cleaning and laundering.
15. All personal protective clothing and equipment, including imperious or fluid resistant lab coats, masks and shoe covers shall be removed prior to leaving the work area and placed in appropriately designated container for storage, washing or disposal.
16. Gloves and other personal protective clothing and equipment shall be worn when the possibility for contamination exists.
17. Gloves are to be worn for all phlebotomies or intravascular access.

APPENDIX C

ZONE MONITORS

Conway Campus (Day)

Building 100: Marilyn Fore
Bob Fedortion
Lorene Cooper

Building 700: Jimmy Fowler
Ricky Pope

Building 200: Rhett Stevenson
Lucy Pope
Lori Kaim

Building 800: Clint Hallman
Mary Leiter

Building 300: Tim Jessup
Erick Greer
Dewayne Milburn

Building 900: Corey Amaker
Cassie Richardson

Building 400: Donald Lovette
Chip Lane

Building 1000: Fred Bauer
Kevin Brown
Diana Brown

Building 500: Paul Daniel
Brian Evans

Building 600: Carmen Catino
Robert Broughman

Building 1100: Rennie Lansberg
Sylvia Housley
Faye Richardson

Conway Campus (Evening)

All Buildings: Security

Georgetown Campus (Day)

Bryan England
Murray Vernon
Jackie McConnell
Peter Nelson

Georgetown Campus (Evening)

Security
Bryan England
Murray Vernon

APPENDIX D

HAZARD COMMUNICATION TRAINING PROGRAM OUTLINE

Introduction

All employees and/or students handling hazardous substances shall undergo a training program as set forth herein. This training program was developed to inform all employees about the requirements of OSHA's Hazard Communication Standard 1910.1200. This training will provide employees with a basic understanding of how to deal with chemical hazards associated with work areas and to instruct employees on methods that may be used as protection from these hazards.

This is accomplished by:

- Container labeling.
- Material Safety Data Sheets.
- Employee Training.

Hazardous Chemicals

- Explosive
- Flammable
- Combustible
- Compressed gas
- Oxidizer
- Pyrophoric – ignites spontaneously in air
- Reactive – unstable when mixed with other chemicals
- Water reactive

Health Hazards

- Carcinogen – known or suspected from animal study
- Corrosive
- Sensitizer
- Toxic
 - Listed in OSHA's Z List
 - Listed in Threshold Limit Value List
 - Any positive study indicating a chemical is toxic

Health Determination

- The Material Safety Data Sheet should be used first to determine the hazards associated with the material.
- If a mixture contains greater than 1% of a hazardous chemical or .1% of the chemical is a carcinogen, then the mixture shall be assumed to present the same hazard as the individual chemical.

Material Safety Data Sheets

- Provided by the manufacturer or distributor for all hazardous chemicals or mixtures of hazardous chemicals.
- Specific information that must be provided by MSDS:
 - General information
 - Chemical components
 - Physical data
 - Fire and explosion hazards
 - Reactivity data
 - Health hazard data
 - Exposure limits
 - Emergency and first aid procedures
 - Special handling information
 - Spill, leak disposal and storage information
- OSHA views the MSDS as the main source of information about chemical hazards and all employees must have access to them.

Labels and Other Warning Forms

- Warnings are required on all containers of hazardous chemicals.
- Warning labels must contain:
 - Identity of hazardous chemicals.
 - Appropriate hazard warning.
 - Identity of chemical manufacturer.
- Labels are required on all portable containers unless used immediately by the person who performs the transfer.

Employee Information and Training

- Employees must be instructed on hazardous chemicals in work area at the time of initial assignment and whenever introduced to a new hazard.
- Employee training subjects:
 - requirements of the Hazard Communications Standard
 - operations where hazardous chemicals are present
 - locations and availability of Material Safety Data Sheets
 - methods and observations used to detect hazardous chemicals
 - physical and health hazards of chemicals in work area.
- Measures employees can use to protect themselves
 - specific work procedures
 - emergency procedures
 - personal protective equipment
- Details of hazard communication program
 - labeling requirements

- Material Safety Data Sheets
- How to obtain appropriate information

Presentation

Show the video tape “Hazard Communication – Industrial.”

This videotape covers an explanation of the Hazard Communication Standard, Material Safety Data Sheets, labeling and general knowledge.

APPENDIX E