

The George Washington University
**BLOODBORNE PATHOGENS
EXPOSURE CONTROL
PLAN**

Revised: June 2002

Developed in accordance with OSHA **29 CFR 1910.1030**, Bloodborne Pathogens Standard and **29 CFR 1910.1020**, Access to Employee Exposure and Medical Records.

**THE GEORGE WASHINGTON UNIVERSITY
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

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The George Washington University Bloodborne Pathogens Exposure Control Plan

Policy Purpose:

To reduce the risk of occupational exposure to bloodborne pathogens and / or other potentially infectious materials at The George Washington University.

Policy Statement:

It is the policy of The George Washington University to provide a safe and healthful work environment and to comply with the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030, Bloodborne Pathogens Standard. This policy establishes general procedures for full and part-time faculty and staff for exposure determination, methods of implementation, hepatitis B vaccination, post-exposure evaluation and follow-up, communications of hazards to employees and a definition of roles and responsibilities.

1.0 PURPOSE

The Bloodborne Pathogens Exposure Control Plan (ECP) serves as the standard for all full and part-time George Washington University (GWU) employees who may come into contact with blood and other potentially infectious material while performing their duties. The plan informs employees of their responsibility, as well as the University's responsibility to comply with OSHA 29 CFR 1910.1030, **Bloodborne Pathogens**. The general intent of this policy is to minimize all exposure to bloodborne pathogens and to maintain a safe and healthful workplace for University employees. This policy covers the Foggy Bottom campus, Mount Vernon College, and the Virginia campus. It does not include Ross Hall, Building K, or Warwick Building. The George Washington University Medical Center's Office of Laboratory Safety and Compliance (OLSC) is responsible for the activities in these buildings.

1.1 Background

The Occupational Safety and Health Administration (OSHA) estimates that approximately 5.6 million workers in health care and other facilities are at risk of exposure to bloodborne pathogens such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses and other potentially infectious materials. Those workers who have occupational exposure to bloodborne pathogens include, but are not limited to nurses, physicians, dentists and other dental workers, laboratory and blood bank technologists, medical examiners, morticians, phlebotomists, emergency room personnel, intensive care and operating room nurses and technicians, orderlies, housekeeping personnel, and laundry workers. Others at risk include law enforcement personnel, firefighters, paramedics, emergency technicians, and anyone whose job might require providing first-response medical care in which there is a reasonable expectation of contact with blood or other potentially infectious materials.

Recognizing the need for a regulation that prescribes safeguards to protect workers against health hazards from blood and body fluids containing bloodborne pathogens, OSHA issued a final rule for **Occupational Exposure to Bloodborne Pathogens** in December of 1991. It is the intent of the George Washington University to comply with the OSHA **Bloodborne Pathogen Standard** by establishing this comprehensive Exposure Control Plan which includes provisions for: Exposure Determination, Methods of Compliance, Sharps Injury Prevention Program, Hepatitis B Vaccination, Post-Exposure Evaluation and Follow-up, Labels and Signs, Information and Training, and Recordkeeping.

1.2 Objectives

The objectives of this policy are:

- 1.2.1 Ensure the safety and health of all employees in occupations where there is a reasonable expectation of contact with blood or other potentially infectious material.

1.2.2 Provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

1.2.3 Assure compliance with the OSHA Bloodborne Pathogen Standard 29 CFR Part 1910.1030.

2.0 SCOPE

The scope of this policy pertains to all University employees who have a potential “occupational exposure” to blood or other infectious materials as defined by **Appendix 1** of this policy. This policy does **NOT** apply to the George Washington University Medical Center employees. Bloodborne pathogen training and information specific to health care facilities will be administered by the Medical Center’s Office of Laboratory Safety and Compliance.

3.0 RESPONSIBILITIES

Responsibility for exposure control rests at all levels including:

3.1 Chief Executive Officer:

Director of Risk Management, who has overall responsibility for the management of the Exposure Control Plan and must, with other administrators, provide continuing support for institutional compliance.

3.2 Exposure Control Officer:

Safety Manager, Safety Specialist (Office of Risk Management) will:

3.2.1 Work with administrators and other employees to develop and implement appropriate exposure control policies and procedures.

3.2.2 Conduct an annual exposure assessment for each employee who may have the potential of coming into contact with blood or other potentially infectious material and will make a diligent effort to identify covered employees and departments within the University community.

3.2.3 Work to improve the Exposure Control Plan, as well as annually revise and update the plan as necessary.

3.2.4 Know the current legal requirements concerning bloodborne pathogens.

3.2.5 Maintain a suitable reference library on the Bloodborne Pathogen Standard and safety and health information.

3.3 Department Managers and Supervisors:

Responsible for exposure control in their respective area. They will work directly with the Exposure Control Officer and employees to ensure that proper exposure control procedures are followed, including, but not limited to:

3.3.1 All employees in their area who are at risk of exposure to bloodborne pathogens receive initial training (including site-specific training) and annual retraining in bloodborne pathogens as outlined in the “*Information and Training*” section of this document (**Section 15.0**);

3.3.2 Proper exposure control procedures are followed as outlined in the “*Methods of Compliance*” section of this document;

3.3.3 Appropriate personal protective equipment is available in the correct sizes and in good working condition for all employees at risk of exposure to bloodborne pathogens;

3.3.4 Any employee who experiences an occupational exposure incident to blood or other potentially infectious materials is provided with post-exposure medical services as outlined in the “*Post-Exposure Evaluation and Follow-Up*” section of this document (**Section 12.2**).

3.4 Employees are responsible for, but not limited to:

3.4.1 Demonstrating an understanding of which tasks they perform have a potential occupational exposure to bloodborne pathogens;

- 3.4.2 Attending bloodborne pathogen training sessions annually;
- 3.4.3 Planning and conducting all operations in accordance with our work practice controls;
- 3.4.4 Developing good personal hygiene habits;
- 3.4.5 Accepting or declining the hepatitis B vaccination, which is provided to the employee at no cost;
- 3.4.6 Following universal precautions; and,
- 3.4.7 Reporting all occupational exposure incidents.

4.0 AVAILABILITY OF EXPOSURE CONTROL PLAN

The ECP will be made available to GWU employees at any time either via ORM's Bloodborne Pathogens web site (<http://www.gwu.edu/~riskmgnt/bbp.html>) or through their departmental supervisor. Employees will be advised of the availability during their training sessions. A copy of the ECP will always be accessible in the Office of Risk Management (Support Building #101 or 994-3265). GWU will ensure that a copy of the Plan is accessible to employees in accordance with 29 CFR 1910.1020 (e), *Access to Employee Exposure and Medical Records* (refer to **Appendix 2**). Also, the ECP will be made available to OSHA's Assistant Secretary and Director upon request for examination and copying.

5.0 REVIEW AND UPDATE OF THE PLAN

The ECP will be reviewed annually by the Office of Risk Management for the purpose of updating changes; whenever necessary to reflect new or modified tasks or procedures which affect occupational exposure; to reflect new or revised employee positions with occupational exposure; to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and, to document annually the consideration and implementation of appropriate commercially available and safer medical devices designed to effectively eliminate or minimize occupational exposure.

6.0 EXPOSURE DETERMINATION

All GWU employees who, as a result of performing their job duties, must engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated are considered to have occupational exposure. ORM determined which job classifications include potential exposure to bloodborne pathogens through evaluation of job descriptions and interviews with employees. Exposure determination is made without regard to the use of personal protective equipment. Information regarding job classifications, which are covered by the provisions of the ECP, will be updated annually based on information received from affected departments. The exposure determination contains the following lists:

- 6.1 A list of all job classifications in which **all** employees have occupational exposure are located in **Appendix 3**.
- 6.2 A list of all job classifications in which **some** employees may have specific required routine or non-routine job tasks that result in occupational exposure and a list of all tasks and procedures in which occupational exposure may occur can be found in **Appendix 4**.
- 6.3 The Exposure Control Officers will complete an annual exposure assessment of employees that engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated.

Note: If a supervisor has an employee who has a reasonably anticipated risk of bloodborne pathogen exposure but the employee's job classification is not included on either Appendix 3 or 4, the supervisor should notify the Exposure Control Officer (202-994-3265) as soon as possible.

7.0 METHODS OF COMPLIANCE AND IMPLEMENTATION

7.1 *Universal Precautions*

Universal Precautions will be observed at all times to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of perceived status of the source individual.

7.2 *Engineering Controls*

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

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

7.2.3 The engineering control listed below will be provided, and will be examined, maintained or replaced periodically to ensure their effectiveness:

7.2.3.1 *Safer Medical Devices*. These devices should be used, where appropriate, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments.

7.2.3.2 *Sharps Containers*. Where sharps are stored, handled, or reasonably anticipated to be encountered, sharps containers will be made available. Approved sharps containers are designed to isolate the cut or puncture hazards associated with handling sharp items such as needles, scalpels, etc. These containers will meet the following criteria:

- closable;
- puncture resistant;
- leak proof on sides and bottom; and
- properly marked.

Containers for reusable sharps must meet the same requirements as containers for disposable sharps, with the exception that they are not required to be closable. Reusable sharps will not be stored or processed in a manner that requires reaching into containers of contaminated sharps.

Departments are responsible for the purchase of approved sharps containers. Food containers such as coffee cans should not be used to dispose of contaminated sharp objects. Refer to section 10.0 for disposal guidelines for sharps containers.

7.2.3.3 *Hand washing facilities*. These facilities should be readily accessible to all employees who have a potential for exposure. Waterless antiseptic hand cleansers or antiseptic towelettes must be available to employees at risk of exposure if running water is not readily available. If waterless cleansers or towelettes must be used, the employee must follow-up with a soap and water solution as soon as possible.

7.2.3.4 *Emergency eye wash stations*. These stations are located in most laboratories where employees perform tasks that produce splashes of potentially infectious materials. Eyewash stations should meet the following American National Standard Institute (ANSI) requirements:

- Provide at least 0.4 gallons of water per minute for 15 continuous minutes, flushing both eyes simultaneously with hands free to hold eyes open.
- Eye wash facilities must not exceed 95-psi (pounds per square inch) water flow pressure.
- It is recommended that the eye wash facility be flushed on a regular basis. A log documenting the recommended weekly five-minute flush is encouraged.

Specifications for eyewash stations can be found in the GWU Chemical Hygiene Plan and must be adhered to in areas where hazardous chemicals are used.

7.2.3.5 Storage and/or transport containers. These containers are used to reduce the potential for an environmental release of potentially infectious materials. Primary containers should be designed to be leak-proof, puncture-resistant, and capable of being closed. Single primary containers used for potentially infectious materials should be labeled with the biohazard symbol. Containers of blood, blood components, or blood products that are labeled as to their contents and that have been released for transfusion or other clinical use are exempted from these labeling requirements. If multiple primary containers are stored in a secondary container (such as a rack of specimen tubes contained in a cooler for transport), only the secondary container must be labeled with the biohazard symbol. Secondary containers are used for additional protection against an environmental release and therefore must be leak-proof, puncture-resistant, and capable of being closed. Labeling of the secondary container with emergency contact information is required. Use of secondary containers is required for any transportation or long-term storage of all potentially infectious materials.

7.2.3.6 Proper use of secondary containers for shipment of potentially infectious materials to destinations off campus is essential. A minimal system includes a primary container as previously described, enclosed in a secondary container that contains enough shock-resistant, absorbent material to accommodate the contents of the primary container. The secondary container must then be placed in an appropriate shipping container that is labeled in accordance with applicable shipping regulations. For more information and assistance regarding packaging of potentially infectious materials for off campus shipment, contact ORM at (202)-994-3265. Also, ensure that you have received the proper training needed for shipping infectious materials. Any questions should be directed to the Exposure Control Officer in ORM.

7.2.3.7 Autoclaves. Autoclaves are available in a few departments to decontaminate solid biohazardous waste. These departments will monitor this equipment to assure that proper sterilization occurs. Proper instrumentation will be used to verify that time, temperature, and steam are adequate. In addition, the departments will provide an annual check of all autoclaves on campus that are used for decontaminating biological wastes.

7.3 Work Practice Controls

Supervisors, working in conjunction with Deans, Directors, Chairpersons or designees will oversee the implementation of Work Practice Controls in cooperation with ORM. The following work practice controls are to be implemented:

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

7.3.2 Employees will wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of body areas with blood or other potentially infectious materials.

7.3.3 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.

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

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

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

- 7.3.7 Contaminated needles and other contaminated sharps will not be bent, recapped, or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical or dental procedure. Shearing or breaking of contaminated needles is prohibited.
- 7.3.8 Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- 7.3.9 Contaminated sharps must be placed in appropriate containers immediately, or as soon as possible after use.
- 7.3.10 Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- 7.3.11 Any container holding potentially infectious materials used for storage, transport, or shipping will be labeled as "biohazard."
- 7.3.12 If outside contamination of the primary container occurs, the primary container will be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled as "biohazard."
- 7.3.13 If the specimen could puncture the primary container, the primary container will be placed within a secondary container that is puncture resistant in addition to the characteristics in *section 7.2.3.5*.
- 7.3.14 All specimens will be treated as biohazardous material.
- 7.3.15 Equipment, which may become contaminated with blood or other potentially infectious materials, will be examined prior to servicing or shipping and will be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.
- 7.3.16 A readily observable label with fluorescent orange or orange-red with lettering and a biohazard symbol in a contrasting color will be attached to the equipment stating which portions remain contaminated.
- 7.3.17 Supervisors or designee will 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.

The employees must adhere to the following work practices when using personal protective equipment:

- 7.3.18 All personal protective equipment must be inspected prior to use to verify that it is in good condition.
- 7.3.19 If garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) will be removed immediately or as soon as feasible. These garments are to be collected in biohazard bags and decontaminated by an appropriate laundry service provider that is selected by the department.
- 7.3.20 All personal protective equipment will be removed prior to leaving the work area.
- 7.3.21 When personal protective equipment is removed, it will be placed in an appropriately designated area or container for storage, decontamination or disposal.
- 7.3.22 Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin when handling or touching contaminated items or surfaces.

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

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

7.3.25 Discard utility gloves once they become contaminated or if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

When a new employee is hired or an employee changes jobs, the Supervisor, or designee, must ensure the proper determination of the bloodborne pathogen risk associated with an employee's job classification. This includes:

- checking the employee's job classification and the tasks and procedures that he/she will perform against the Job Classifications and Task List (**Appendix 3 and 4**) which are identified in the ECP as those in which occupational exposure can occur;
- checking the job classifications and tasks/procedures pertaining to the employees previous position against these lists;
- identifying the new job classifications and/or tasks and procedures which will potentially expose the employee to blood or other potentially infectious materials;
- providing on site training regarding work practice controls;
- informing ORM (202-994-3265) so records may be updated.

7.4 *Personal Protective Equipment*

Personal protective equipment in appropriate sizes is readily available to and provided at no cost to employees with occupational exposure to bloodborne pathogens or other potentially infectious materials. All personal protective equipment is assigned based on the task assessment which does not allow blood or other potentially infectious materials to pass through to or otherwise reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the time that the protective equipment is used.

7.4.1 *Provision.* Personal protective equipment is considered to be "appropriate" only if it does not permit blood or other potentially infectious material 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 that the protective equipment will be used.

7.4.2 *Use.* Department managers, supervisors, or designated personnel will ensure that an employee uses appropriate personal protective equipment unless he/she shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance the use of PPE would have:

- prevented the delivery of health care or public safety services or
- would have posed an increased hazard to the safety of the worker or co-worker.

When the employee makes this judgment, the circumstances will be investigated and documented to determine if changes can be made to prevent future occurrences.

7.4.3 *Accessibility.* The Department Manager, Supervisor or designee will ensure that all work areas have appropriate personal protective equipment available to employees and provided at no cost to the employee. Hypoallergenic gloves, glove liners, powderless gloves, non-latex gloves or

other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

- Facilities personnel will obtain personal protective equipment from their supervisor and / or University Stores.
- General Services will obtain personal protective equipment from their supervisor and / or procurement.
- Environmental Health & Safety personnel will obtain personal protective equipment from their Safety Manager or procurement.
- GWU Student Health employees will obtain personal protective equipment from their department supervisor.
- Laboratory personnel will obtain personal protective equipment from their laboratory.
- Athletic Trainers will obtain personal protective equipment from their department.
- University Police Department will obtain personal protective equipment from their department.

7.4.4 *Cleaning, Laundering, and Disposal.* Refer to section 7.5 *Housekeeping* for cleaning contaminated surfaces and proper disposal of biohazardous materials. Each department is responsible for establishing laundering procedures for contaminated clothing.

7.4.5 *Repair and Replacement.* Each department manager or supervisor will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

7.4.6 *Mouthpieces, Pocket Masks, or Ventilation Devices.* Any of these items used for resuscitation purposes will be available to employees who may have to administer CPR to a victim.

7.4.7 *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, will 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.

7.4.8 *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 will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

7.4.9 *Surgical Caps or Hoods and/or Shoe Covers.* Surgical caps or hoods and/or shoe covers or boots will be worn in instances when gross contamination can reasonably be anticipated.

7.4.10 Risk Management, in coordination with the department manager or supervisor, will conduct an annual exposure assessment which will determine if an employee is properly using / wearing personal protective equipment.

7.5 *Housekeeping*

All worksites where there is an occupational exposure to blood or other potentially infectious materials will be maintained in a clean and sanitary condition. Departments and Units, together with General Services or other assigned employees must do the following:

7.5.1 Clean and decontaminate all equipment and working surfaces after contact with blood or other potentially infectious materials.

7.5.2 Gross contamination must be cleaned up before decontaminating to ensure the disinfectant is completely effective.

- 7.5.3 Cleaning and decontamination with an appropriate disinfectant should be performed:
- After the completion of procedures;
 - Immediately (or as soon as feasible) when surfaces become contaminated;
 - After any spill of blood or other potentially infectious materials;
 - At the end of the work shift, especially if the surface may have become contaminated during that shift.
- 7.5.4 Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as possible when they become contaminated or at the end of the work shift if they have the potential to become contaminated during the shift.
- 7.5.5 Routinely inspect, clean and properly decontaminate immediately or as soon as possible upon visible contamination of all bins, pails, cans and similar receptacles intended for reuse.
- 7.5.6 Pick up potentially contaminated broken glassware using mechanical means (i.e., a brush and dustpan, tongs, or forceps) and dispose of in an appropriate sharps container. Do not pick up these items directly with your hands.
- 7.5.7 Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- 7.5.8 Equipment that has become contaminated must be examined prior to servicing or shipping. If it can be demonstrated that decontamination is not possible, then the following steps need to be taken:
- A biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions;
 - All affected employees, the equipment manufacturer and the equipment service representative, are informed of remaining contamination prior to handling, servicing or shipping.
- 7.6 *Regulated Waste*
- 7.6.1 *Contaminated Waste.* Contaminated waste (gloves, gauze, etc.) will be placed in designated trash cans / infectious waste cartons with a red plastic bag labeled "**infectious waste**" or "**biohazardous waste**." If the outside of an infectious waste bag becomes contaminated or torn, the first bag must be placed inside a second infectious waste bag before transport.
- 7.6.2 *Residence Hall Regulated Waste Program.* Residence Hall residents that use needles for medical reasons will have access to biohazard boxes from GWU Student Health Services at no cost to the resident. Once the biohazard boxes are full, the resident (student) must return the box to Student Health Services for proper disposal.
- 7.6.3 *Contaminated Sharps Discarding & Containment and Other Regulated Waste Containment.*
- 7.6.3.1 Contaminated sharps will be discarded immediately or as soon as possible in containers that are:
- Closable;
 - Puncture resistant;
 - Leakproof on sides and bottom; and
 - Labeled with the biohazard symbol/wording or red/orange "color-coded."
- 7.6.3.2 During use, containers for contaminated sharps will be:
- Easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found;

- Maintained upright throughout use; and
- Replaced routinely and not allowed to overfill.

7.6.3.3 When removing containers of contaminated sharps or other regulated waste containment from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

7.6.3.4 Placed in secondary container if leakage is possible or if outside contamination of the regulated waste container occurs. The second container will be:

- Closable;
- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
- Labeled with the biohazard symbol/wording or red/orange “color-coded.”

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

7.6.4 *Infectious Waste Disposal Regulations.* Disposal of all regulated waste is in accordance with federal and local Medical Waste regulations.

7.6.5 *Contaminated Laundry.* Employees who have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment.

- Contaminated laundry will be handled as little as possible with a minimum of agitation.
- Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use.
- Contaminated laundry will be placed in plastic leak-proof laundry bags, which have been tied at the top and labeled with a **biohazard** sign or label.
- Whenever contaminated laundry is wet and presents the possibility of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags and containers which prevent soak-through and / or leakage of fluids to the exterior.
- All facilities that receive GWU contaminated laundry will observe Universal precautions.

8.0 SHARPS INJURY PREVENTION PROGRAM

Supervisors of all departments who have employees with occupational exposure to bloodborne pathogens must consider and, where appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments.

Supervisors must implement the safer medical devices that are appropriate, commercially available, and effective. An appropriate safer medical device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

Supervisors must establish a program for evaluating sharps with safety devices designed to eliminate or minimize occupational exposure. This program should include an identification process, an evaluation process and a selection process.

8.1 Identification Process:

- All sharp devices that have available products with safer engineering features will be identified, evaluated and selected.

8.2 Evaluation Process:

- Evaluation of the safer sharps devices must be documented on the *Safety Needle/Sharps Evaluation Form*. Refer to **Appendix 5**.
- Supervisors alone cannot identify, evaluate and select the safer sharps devices; supervisors must choose members of non-managerial employees who perform tasks with sharps exposure risks to be involved in this process.
- Supervisors must determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product.
- Supervisors will ensure that visual instructions and a demonstration of the proper use of each device is provided.
- Supervisors will review the instructions and rating system on the evaluation form with each evaluator.
- Supervisors should encourage each evaluator to comment on the forms. This will provide a useful decision making tool.
- Supervisors will send (or fax) one copy of the completed evaluation forms to ORM, and retain the original forms for their records (Send forms to: Support Building, #101 ATTN: Exposure Control Officer or Fax to: (202) 994-0130).

Once the evaluation process is complete and the safer sharp device has been chosen, supervisors must implement use of the safer sharps devices as soon as possible. If safer sharps devices are currently in use, the evaluation process must still be completed.

NOTE: For information on safer sharps devices and manufacturers, please contact ORM at (202) 994-9411.

9.0 **BIOHAZARDOUS SPILL RESPONSE AND CLEAN UP**

A biohazardous, including infectious waste, spill occur anytime there is an unplanned release of potentially infectious material into the work environment. Proper response to these incidents can ensure personnel and community safety while eliminating environmental contamination. In order for a biohazardous spill response to be effective and safe for the campus community, affected work groups must:

- Implement a spill response procedure for their work environment;
- Assure that spill cleanup materials are available for use;
- Assure that all personnel are trained in the provisions of the spill response procedure.

9.1 *Biohazardous Spill Kits*

Each work group that has a potential for a biohazardous spill or spill response should have sufficient and appropriate spill cleanup materials available to respond to the largest anticipated spill for that area. The basic items that should be included in a kit are:

Gloves: nitrile or latex (multiple pairs)

Splash goggles

Absorbent material (a product containing a disinfectant is preferred, i.e. ChloroSorb)

Absorbent towels

Disinfectant (EPA registered tuberculocidal product or a product effective for destruction of HIV and hepatitis B virus and anthrax, i.e. Clorox Bleach)

Mechanical tools (i.e. forceps, dustpan, plastic scrapers)

Biohazard bags

Additional items may include: a full-face respirator with particulate cartridges, N95 respirator, Tyvek® suits or a fluid resistant smock to protect street clothes and a sharps container if contaminated sharps may be present.

NOTE: *Spill kits designed for cleaning up small potentially infectious spills are available through lab safety catalogs. If you have any questions or concerns, ORM will assist you in determining the most appropriate kit for the type of cleanup in which you may respond.*

9.2 Biohazardous Spill Clean Up Procedure

This protocol is for smaller quantities (less than 10 milliliters or barely enough material to flow) of low-risk materials and minimal risk to humans.

This procedure is applicable to spills on a nonporous surface such as a tile floor or concrete floor.

1. Notify others working in the area of the hazard present. Notify your supervisor or principal investigator if available so that he/she may supervise and assist with response if needed.
2. Gather all necessary spill materials and review spill procedure before proceeding with cleanup.
3. At a minimum, wear gloves and eye protection (safety goggles) for spill cleanup activities.
4. If applicable, using mechanical means, pick up any contaminated sharp items (needles, broken glass, etc.) and place them in an approved sharps container for disposal.
5. Cover the spill with an absorbent material (e.g. ChloroSorb, SSS Clean-up Powder).
6. If the absorbent material does not contain a disinfectant, spray the absorbent material with an appropriate disinfectant.
7. Remove the absorbent material by using a mechanical means (i.e. dustpan and broom, plastic scrapers) and deposit it along with the mechanical tool into a biohazard bag.
8. Spray the spill area with disinfectant and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
9. Remove residual disinfectant with paper towels. Dispose of the towels in the biohazard bag.
10. Spray the spill area again and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions) for full disinfection.
11. Remove residual disinfectant with paper towels. Dispose of the towels in the biohazard bag.
12. Remove your gloves and place them in the biohazard bag for disposal. Close the bag and place it in a biohazardous waste receptacle or contact ORM for assistance with disposal.
Remember: *Wash your hands after glove removal!!*
13. Return spill materials/spill kit to designated location. Notify others in the work area that the spill cleanup is complete.

Treatment of contaminated items (solid, non-porous items such as glassware, kitchen equipment, etc.):

1. Spray the item with disinfectant and allow a ten-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
2. Remove the contamination by wiping down the item with a paper towel.
3. Reapply the disinfectant and allow a ten-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
4. Remove excess disinfectant with a paper towel and allow to air dry.
5. If the treated surface is one that people will come in contact with (such as a toilet, faucet handles, etc.), assure that ALL disinfectant is removed from the item. Most disinfectants are corrosive and can cause irritation if they come in contact with the skin.

Treatment of contaminated items (porous surfaces such as fabric items):

- If the item is university-owned (such as a lab coat, sheets, etc.) or a personal item and is heavily contaminated, contain it in a biohazard bag and request laundering procedures from your supervisor.

In some situations, it may not be appropriate for personnel to clean up a biohazardous spill. This may be the case if:

- An employee has not received training in biohazardous spill cleanup;
- Appropriate spill materials are not available;
- The spill is a combined hazard spill (i.e. radiation and biohazard or chemical and biohazard);
- The spill is too large to be handled by GWU personnel.

In these situations, personnel should take the following primary response steps:

1. Notify others in the work area of the spill;
2. Close off the area where the spill is located;
3. Contact University Police Department at (202) 994-6111 (Foggy Bottom & Virginia Campuses) and (202) 242-6111 (Mount Vernon Campus). UPD will notify ORM to summons the outside environmental company.
4. Keep others out of the spill area until responders arrive and the spill hazard is removed.

NOTE: Any department that has a potential for a spill or spill response of potentially infectious materials should have a spill response procedure and materials available for use.

Generally, a spill **greater than 1 liter** will require outside assistance for clean up. However, each situation should be evaluated on a case-by-case basis. Factors to be considered in determining in-house spill clean up versus outside assistance would include: amount of surface area contaminated, type of surface (i.e., porous or vinyl), volume of material, and the source (i.e., crime scene, injured person).

9.2.1 Indoor Spill

Housekeeping personnel have the necessary training and the capabilities of cleaning and decontaminating indoor biohazard spills.

9.2.2 Outdoor Spill

The Grounds personnel have the necessary training and the capabilities of cleaning and decontaminating outdoor biohazard spills.

9.2.3 Spill Beyond Our Control (greater than 1 liter and/or circumstances)

GWU holds a contract with an outside environmental company to respond to biohazard spills. Coordinate efforts through the Office of Risk Management.

Contact Information:
A&A Environmental
800-404-8037

10.0 DISPOSAL GUIDELINES FOR SHARPS, GLASS, & BIOHAZARDOUS MATERIALS

Infectious waste boxes are the cardboard boxes with the red plastic liners and biohazard label that are used for the disposal of research materials that are contaminated with hazardous biological agents or chemicals. These agents/chemicals include but are not limited to: tissue samples, animal cadavers, animal organs, slides, broken lab glassware, absorbent pads, and small quantities of chemicals. Sharps must be collected in the red puncture resistant collection containers. The sharps collection boxes are purchased through each department. Outlined below are the disposal instructions to be followed:

- Foggy Bottom campus: the boxes are delivered constructed (from Housekeeping).
- Mount Vernon campus: the boxes can be obtained from the hazardous waste storage room in Acheson Science Center (109A). For access, contact ORM at 202-994-9411.
- All sharps must be placed in a red puncture resistant collection container inside of the red lined bag which is placed inside of the infectious waste box.
- Do not pour liquids in the boxes or over pack -- weight limit is 40 lbs.
- Use only the biohazard boxes provided.

- At Foggy Bottom, do not deliver the boxes to the loading dock of Ross Hall.
- Do not use for disposal of non-hazardous material; the boxes are incinerated at \$0.27/lb.

When the infectious waste box is ready for disposal:

- Label the box with the building name and lab room #.
- Seal the plastic liner, NOT the cardboard top.
- Foggy Bottom: Call 994-6706, request a pickup and a replacement box.
- Mount Vernon: Call 994-9411; request to schedule a pick up.

Any questions regarding these procedures, please contact ORM at (202) 994-3265.

11.0 HIV and HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

GWU does not have HIV or HBV research laboratories or production facilities that are engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV as defined by this standard. The ECP will be modified to meet these requirements if the research status changes on the university side. These special requirements for HIV or HBV research laboratories do not apply to clinical or diagnostic laboratories that are engaged solely in the analysis of blood, tissues, or organs.

For any questions regarding HIV and HBV research facilities and laboratories contact the Office of Laboratory Safety and Compliance (OLSC) at (202) 994-3282.

12.0 HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

Hepatitis B vaccine and vaccination series is available to all employees who may have an occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

All medical evaluations and procedures including the hepatitis B vaccine, the vaccination series, and the post-exposure evaluation and follow-up, including prophylaxis, are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and,
- Provided according to the recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

12.1 Hepatitis B Vaccination

The George Washington University has implemented a vaccination program through GWU Student Health Services. This program is offered at no cost to all employees who have occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period and a post-vaccine titer. The titer may be done approximately 2 weeks to 1 month after the completion of the vaccination series. At the time of the bloodborne pathogens training, employees will receive information regarding the vaccination program. They will also receive a vaccination acceptance or declination form to be completed and returned to the Office of Risk Management (Support Building, 101). The bloodborne pathogens standard requires that Hepatitis B vaccine be made available within ten 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. Participation in a prescreening program is not a prerequisite for receiving the hepatitis B vaccination.

Employees who decline to accept the hepatitis B vaccination are required to sign a declination statement, which will be kept on file in the Office of Risk Management. The declination statement is included in the "Hepatitis B Vaccination Kit" (**Appendix 6**). An employee that initially declines the hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employee will be given the Hepatitis B vaccination at that time and at no cost. Please notify ORM that you will be accepting the vaccination series (202-994-3265). Employees will make their own appointments with Student Health Services at 2150 Pennsylvania Avenue (202-741-2650). Employees should take the "Hepatitis B Vaccination Kit" with them to their appointment and present to the physician (**Appendix 6**). GWU Student Health Services will document each injection and the vaccine titer results on the Hepatitis B Vaccination Injection form for each patient. Once the form is complete, Student Health Services will send the original to ORM to be maintained in the Bloodborne Pathogens file. May 1st of each year, ORM will request from Student Health Services copies of the Hepatitis B Vaccination Injection forms. 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) will be made available to affected employees at no cost and in accordance with the provisions of **Section 12.0**.

12.2 *Post-exposure Evaluation and Follow-up*

Post-exposure evaluation and follow-up are to be provided to employees. Following any exposure incident, the exposed employee will immediately report to The George Washington University Hospital Emergency Room after the incident occurs for a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the identification is not possible or prohibited by state or local law;
 - If possible, the source individual's blood will be tested to determine HBV and HIV infectivity (after consent is obtained). If consent is not obtained it will be established that legally required consent cannot be obtained.
 - 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 does not need to be repeated.
 - The results of the source individual's testing will be made available to the exposed employee and the employee will be informed of the applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.
- Collection and testing of blood for HBV and HIV serological status;
 - The exposed employee's blood will be collected as soon as possible and tested after consent is obtained.
 - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee decides to have the baseline sample tested, such testing will be conducted as soon as possible.
- Post-exposure prophylaxis, when medically indicated (as recommended by the U.S. Public Health Service);
- Counseling; and
- Evaluation of reported illnesses.

Prompt notification of the incident ensures that the exposed employee receives medical consultation and treatment (if required) as expeditiously as possible.

Upon presenting for evaluation, the employee will give the physician the "Post-exposure Evaluation and Follow-Up Form" -Form ORM-5/BBP- found in the *Bloodborne Pathogens Exposure Incident Reporting Kit* (**Appendix 7**). This information may be obtained from the employee's supervisor, department manager, ORM, or via ORM's website. Website access will be discussed during employee training. The instructions for the physician describe the requirements of 29 CFR 1910.1030 and instruct the physician to complete the *Healthcare Professional's Written Opinion* statement. This statement along with a copy of

the evaluation results are to be returned by the physician to the Office of Risk Management. The department to which the employee is assigned will maintain a copy of the *Healthcare Professional's Written Opinion*, while the Office of Risk Management will provide a copy to the employee within 15 days of the completion of the evaluation. The evaluation results will become a part of the employee's confidential medical record maintained in the Office of Risk Management.

Following these procedures, an appointment with a qualified health care professional will be arranged for the exposed employee to discuss the employee's medical status. This includes an evaluation of any reported illness, as well as any recommended treatment.

12.3 *Information Provided to the Healthcare Professional*

12.3.1 *Hepatitis B Vaccination.* A copy of OSHA's Bloodborne Pathogens standard, 29 CFR 1910.1030, will be provided to GWU Student Health Services as part of the employee's "Hepatitis B Vaccination Kit." The standard is provided as part of this packet to ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is knowledgeable of the requirements of the regulation.

12.3.2 *Post-Exposure Evaluation.* As part of the "Bloodborne Pathogens Exposure Incident Reporting Kit," GWU will provide the healthcare professional evaluating the employee with the following information:

- A copy of the Bloodborne Pathogens standard (29 CFR 1910.1030);
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and,
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

The Exposure Control Officer or designee will provide *Bloodborne Pathogens Exposure Incident Reporting Kit (Appendix 7)* to each departmental supervisor to distribute to the employees assigned duties discussed in **Section 6.0**.

12.4 *Exposure Incident Accident Reporting*

Following a report of an exposure incident, the supervisor of the exposed employee will complete a confidential "Exposure Incident Investigation Form" (Form ORM-3/BBP) located in the *Bloodborne Pathogens Exposure Incident Reporting Kit (Appendix 7)*. The exposure incident follow-up includes documentation of the route(s) of exposure, the circumstances under which the exposure incident occurred and identification and documentation of the source individual, unless identification is not possible. The form may be obtained from ORM (202-994-3265) or via ORM's website under the Accident Reporting link (http://www.gwu.edu/~riskmgnt/accident_reporting.html). Complete forms must be returned to ORM as soon as possible.

12.5 *Healthcare Professional's Written Opinion*

The exposed employee will be provided with a copy of the evaluating health care professional's written opinion within **15 days** of the completion of the evaluation. The written opinion will include:

- whether the hepatitis B vaccination is indicated for an employee;
- if the employee has received the vaccination;
- the employee's results of the evaluation;
- and 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.

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

12.6 *Medical Recordkeeping*

Medical records will be maintained in accordance with **Section 17.1** of this plan.

13.0 **EVALUATION OF CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

13.1 Evaluation of circumstances surrounding an exposure incident will be completed by the Office of Risk Management or designee. The evaluation will consist of at least:

13.1.1 A review of the Exposure Incident Reporting Form completed by the Supervisor;

13.1.2 Documentation regarding a plan to reduce the likelihood of a future similar exposure incident;

13.1.3 Notification to the exposed employee's department and discussion of any similar incidents and planned precautions; and.

13.1.4 Completion of the "Sharps Injury Log" (**Appendix 8**).

13.2 Such reports will be maintained in the Office of Risk Management, and a copy is to be sent to the department where the employee is assigned. Risk Management will review these reports on a periodic basis so that reported information can be considered in the review and update of the Plan.

14.0 **COMMUNICATION OF HAZARDS TO EMPLOYEES**

14.1 *Labels*

Biohazard labels **Appendix 9** consist of a red or fluorescent orange colored background with the traditional biohazard symbol in a contrasting color. Labels must be affixed as close as possible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. The following items must be labeled:

- Containers of regulated waste;
- Refrigerators, freezers, incubator, or other equipment containing blood or other potentially infectious materials;
- Sharps disposal containers;
- Containers used to store, transport or ship blood and other potentially infectious materials. When a secondary container holds a number of smaller items containing the same potentially infectious substance, only the secondary container needs to be labeled. All employees handling these containers will be informed of their contents and the need to use Universal Precautions when handling such items. Items that are transported or shipped, need to comply with local and federal regulations. Please contact ORM (202-994-3265) for training on shipping and transporting infectious items.
- Laundry bags/containers holding contaminated items. Laundry may be placed in a red hamper without a label, a red laundry bag, or a biohazard bag. Employees handling laundry will be informed of the potential for contamination and/or infectivity of red laundry bags; and,
- Contaminated equipment.

The following are items that are exempt from labeling:

- 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;
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal; and,
- Regulated waste that has been decontaminated.

14.2 *Signs*

Biohazard signs, consisting of a red or fluorescent orange colored background with the traditional biohazard symbol in a contrasting color, must be posted at entrances to any Biosafety Level 2 (or higher) laboratory.

15.0 INFORMATION AND TRAINING

15.1 Training Overview

Department managers and supervisors in conjunction with the Office of Risk Management will ensure that all employees with occupational exposure participate in a training program which is provided at no cost to the employee and will be performed during working hours.

GWU employees will receive training on the Occupational Safety and Health Administration's **Bloodborne Pathogen Standard** from knowledgeable trainers as follows:

- At the time of their initial employment to tasks where occupational exposure may occur;
- At least annually thereafter (annual training will be provided within at least one year of their previous date); and,
- Additional training will be provided to employees 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.

15.2 Training Program

The Bloodborne Pathogen Standard training includes the following components:

- An explanation of the contents of the **Bloodborne Pathogens Standard** and where it can be located at the University;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission for bloodborne pathogens;
- An explanation of GWU's Bloodborne Pathogens Exposure Control Plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- 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;
- Information on the types, proper uses, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- 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;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up of that incident;
- An explanation of the biohazard signs and labels; and,
- An opportunity for interactive questions and answers with the person conducting the training session.

15.3 Training Outline

- General Overview of OSHA's Bloodborne Pathogens Standard (**29 CFR 1910.1030**)
 - Where to retain a copy of the BBP Standard
- *Who is at Risk?*
- *Types of Bloodborne Diseases*

- HIV Infection and AIDS
- Hepatitis B Viral Infection
- Hepatitis C Viral Infection
- *Transmission of Bloodborne Diseases*
- *Requirements of Standard (GWU's Exposure Control Plan)*
 - How to obtain a written copy
 - Exposure determination
 - Methods of Compliance
 - Engineering Controls & Work Practices
 - Provide Personal Protective Equipment
 - Housekeeping
 - Exposure Procedures
 - Post-exposure evaluation & follow-up
 - Offer Hepatitis B Vaccine to Employees
 - Communicate hazards to employees
 - Labels & Signs
 - Information & Training
 - Provide employee information & training
 - Offer interactive questions & answers
- *Specific Recordkeeping Guidelines*
 - Medical Records
 - Training Records

15.4 *Training Certification*

All affected GWU employees who receive the required Bloodborne Pathogens training must, upon completion, have a signed and dated verification on file with the Office of Risk Management (**Appendix 10**). Each affected employee must also have in their personnel file a signed and dated Employee Consent / Declination Form for the Hepatitis B Vaccination found in the "Hepatitis B Vaccination Kit" (**Appendix 6**).

16.0 SHARPS INJURY LOG

The Office of Risk Management will establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee. **Appendix 8** contains the Sharps Injury Log. According to 29 CFR 1904.6, *Recording and Reporting Occupational Injuries and Illness (Retention of Records)*, this log will be maintained for 5 years following the end of the year to which the incident occurred.

17.0 RECORDKEEPING

17.1 *Medical Records*

Medical records will be maintained for each employee with occupational exposure in the Office of Risk Management. Such records are maintained in accordance with 29 CFR 1910.1020, *Access to Employee Medical Records and Information*, and are kept confidential. The records will include:

- The employee's name and social security number;
- A copy of the employee's HBV vaccination status including dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination;
- Copies of medical examinations, tests, and follow-up procedures;
- The healthcare professional's written opinion;
- A copy of the information provided to the healthcare professional;
- Records will be maintained for at least the duration of employment plus 30 years; and,

- Employee medical records will be kept confidential in accordance with 29 CFR 1910.1020 and not disclosed or reported without the employee's express written consent to any person within or outside of the workplace except as may be required by law.

17.2 Training Records

The Office of Risk Management will maintain training records for 3 years from the date on which the training occurred. GWU will comply with the requirements of 29 CFR 1910.1020 (h) involving any transfer of records. Exposure incident records will remain at the department where the employee was assigned when the incident occurred and in the Office of Risk Management. The employee may request and receive a copy of such records when transferring to another department or job. Training records will include:

- Date of training session;
- Contents or summary of the training session;
- Name and qualifications of persons conducting training; and,
- Names and job titles of persons attending training.

17.3 Availability

17.3.1 *All Records.* All employee records will be made available upon request to OSHA's Assistant Secretary and Director for examination and copying.

17.3.2 *Training Records.* Employee's training records will be made available upon request for examining and copying to the employee, a representative of the employee, to the Director of OSHA, and OSHA's Assistant Secretary.

17.3.3 *Medical Records.* Employee medical records will 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, *Access to Employee Exposure and Medical Records.*

18.0 CONTRACT SERVICES

Companies contracting services to GW, that involve employee exposure to bloodborne pathogens, must have their own exposure control plan. Contractors must train their employees in accordance with the OSHA regulations including information that is specific to job duties at GW.

19.0 EFFECTIVE DATE

This standard became effective on March 6, 1992.

20.0 REFERENCES

- 29 CFR 1910.1030, Bloodborne Pathogens.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051&p_text_version=FALSE
- 29 CFR 1910.1020, Access to Employee Exposure and Medical Records.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027&p_text_version=FALSE
- 29 CFR 1904, Recording and Reporting Occupational Injuries and Illness.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9631&p_text_version=FALSE
- 29 CFR 1904.8, Recordkeeping Forms and Recording Criteria.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9639&p_text_version=FALSE

APPENDIX 1: DEFINITIONS

APPENDIX 2:
Access to Employee Exposure and Medical Records
29 CFR 1910.1020

Web Address:

[http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027&p_text
_version=FALSE](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027&p_text_version=FALSE)

APPENDIX 3:
JOB CLASSIFICATIONS
EXPOSURE DETERMINATION
29 CFR 1910.1030 (c)(2)(i)(A)

APPENDIX 4:
JOB CLASSIFICATIONS & TASK LIST
EXPOSURE DETERMINATION
29 CFR 1910.1030 (c)(2)(i)(B) & (C)

**APPENDIX 5:
SHARPS NEEDLE / SHARPS EVALUATION FORM**

**APPENDIX 6:
HEPATITIS B VACCINATION KIT**

**APPENDIX 7:
BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORTING KIT**

**APPENDIX 8:
SHARPS INJURY LOG**

**APPENDIX 9:
BIOHAZARD LABEL**

**APPENDIX 10:
TRAINING CERTIFICATION**