

MODEL BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN



Rick Perry, Governor

David L. Lakey, M.D., Commissioner, Department of State Health Services

June 2012

Table of Contents

MINIMUM STANDARD.....	4
Applicability.....	4
Purpose.....	4
Guidance.....	4
Review.....	4
INSTRUCTIONS.....	4
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN.....	5
1. EXPOSURE DETERMINATION.....	5
2. IMPLEMENTATION METHODS AND CONTROLS.....	5
Universal Precautions.....	5
Engineering and Work Practice Controls.....	5
Hand Washing.....	6
Needles.....	6
Contaminated Sharps Discarding and Containment.....	6
Work Area Restrictions.....	6
Collection of Specimens.....	7
Contaminated Equipment.....	7
Personal Protective Equipment.....	7
Housekeeping.....	8
Regulated Waste Disposal.....	8
Laundry Procedures.....	9
3. HEPATITIS B VACCINE.....	9
4. POST EXPOSURE EVALUATION AND FOLLOW UP.....	9
Interaction with Healthcare Professionals.....	10
5. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES.....	11
Use of Biohazard Labels.....	11
Training.....	11
6. RECORDKEEPING.....	12
7. ANNUAL REVIEW.....	12
APPENDIX A.....	13
HEPATITIS B VACCINE DECLINATION STATEMENT.....	13

APPENDIX B.....	14
ASSESSMENT TOOL.....	14
APPENDIX C.....	15
DEFINITIONS.....	15

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

CHAPTER 81, HEALTH AND SAFETY CODE

SUBCHAPTER H

MINIMUM STANDARD

This exposure control plan (plan) is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304.

Applicability

These minimum standards apply to a governmental unit that employs employees who: provide services in a public or private facility providing health care related services, including a home health care organization; or otherwise have a risk of exposure to blood or other potentially infectious material (OPIM).

Purpose

The Bloodborne Pathogens Exposure Control Plan is to reduce or eliminate occupational exposure to bloodborne pathogens and OPIM.

Guidance

This plan is provided by the department to be analogous with Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard as specified in Health and Safety Code, §81.304. Employers should review the plan for particular requirements as applicable to their specific situation. Governmental units may modify the plan appropriately to their respective practice settings. Employers will need to include provisions relevant to their particular facility or organization in order to develop an effective, comprehensive exposure control plan.

Review

Employers review annually the exposure control plan, update when necessary, and document when accomplished.

INSTRUCTIONS

When parentheses are noted, specific details for modification are present in instruction form.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: _____

Date of Preparation: _____

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard, the following exposure control plan exists:

1. EXPOSURE DETERMINATION

The Texas Department of State Health Services (department) Bloodborne Pathogens Exposure Control Plan (plan) requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. The following job classifications apply:

(List the job titles appropriate to this facility or organization; for example, nurse, fireman, etc.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

The job descriptions for the above employees encompass the potential occupational exposure risks to bloodborne pathogens.

2. IMPLEMENTATION METHODS AND CONTROLS

The department's plan outlines a schedule and method of implementation for the various elements of the exposure control plan.

Universal Precautions

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or OPIM are considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective

equipment is used. Examples include safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone, etc.

Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Hand Washing

Handwashing facilities are available to the employees who may incur exposure to blood or other potentially infectious materials. The department's plan requires that these facilities be readily accessible.

If handwashing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. The department's plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.

Contaminated Sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom, and biohazard labeled or color-coded. During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g., laundries); maintained upright throughout use; are not allowed to overfill; and replaced routinely.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

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

All procedures are conducted in a manner to minimize splashing, spraying, splattering, and

generation of droplets of blood or other potentially infectious materials.

Collection of Specimens

Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container used for this purpose is labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the specimens and containers remain in the facility. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting. Labeling of these specimens should be done according to the agency's specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities and/or universal precautions are not used throughout the procedure, a biohazard or color-coded label should be affixed to the outside of the container.

If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded.

Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

Contaminated Equipment

Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. Employers place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

Personal Protective Equipment

All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.

All personal protective equipment is cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees.

All garments which are penetrated by blood are removed immediately or as soon as feasible and

placed in the appropriate container. All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

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

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonably be anticipated.

Housekeeping

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, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Any broken glassware which may be contaminated is not picked up directly with the hands.

Regulated Waste Disposal

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

Laundry Procedures

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments. Rather than rigid rules and regulations, hygienic and commonsense storage and processing of clean and soiled linen is recommended. The methods for handling, transporting, and laundering of soiled linen are determined by the agencies written policy and any applicable regulations.

Laundry is cleaned at: (designate onsite or name offsite facility).

3. HEPATITIS B VACCINE

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within 10 working days of their initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons. Employees receive the vaccine at (state location, such as Employee Health Services, Immunization Clinic, etc.)

Employees who decline the Hepatitis B vaccine sign a declination statement (See appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

4. POST EXPOSURE EVALUATION AND FOLLOW UP

When the employee incurs an exposure incident, the employee reports to (state location, as Employee Health Services, or designated person as Employee Health Nurse). All employees who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

1. Documentation of the route(s) of exposure and the circumstances related to the incident.
2. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the employer can establish that testing of the source is infeasible

or prohibited by state or local law.

3. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV/HCV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible.
5. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident.
7. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
8. The following person(s) _____ is(are) designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates employees of this facility or organization after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1. a copy of the (facility's or organization's) exposure control plan;
2. a description of the exposed employee's duties as they relate to the exposure incident;
3. documentation of the route(s) of exposure and circumstances under which the exposure occurred;
4. results of the source individual's blood tests (if available); and,
5. medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

1. when the employee is sent to obtain the Hepatitis B vaccine, or
2. whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

1. whether the Hepatitis B vaccine is indicated;
2. whether the employee has received the vaccine;
3. the evaluation following an exposure incident;
4. whether the employee has been informed of the results of the evaluation;
5. whether 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 diagnosis shall remain confidential and shall not be included in the written report); and,

6. whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

5. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

Use of Biohazard Labels

Agencies should have a procedure that determines when biohazard-warning labels are to be affixed to containers or placed in color-coded bags. The procedure should include the types of materials that should be labeled as biohazard material. These materials may include but are not limited to, regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

Training

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. Chapter 96. Bloodborne Pathogen Control
2. OSHA Bloodborne Pathogen Final Rule;
3. epidemiology and symptomatology of bloodborne diseases;
4. modes of transmission of bloodborne pathogens;
5. (this facility's or organization's) exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
6. procedures which might cause exposure to blood or other potentially infectious materials at this facility;
7. control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
8. personal protective equipment available at this facility (types, use, location, etc.);
9. hepatitis B vaccine program at the facility;
10. procedures to follow in an emergency involving blood or other potentially infectious materials;
11. procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12. post exposure evaluation and follow up;
13. signs and labels used at the facility; and,
14. an opportunity to ask questions with the individual conducting the training.

6. RECORDKEEPING

According to OSHA's Bloodborne Pathogens Standard, medical records are maintained by: (list name or department responsible for maintaining medical records).

7. ANNUAL REVIEW

This employer shall annually review the exposure control plan (see Appendix B for a sample form). The review shall include:

1. a list of new tasks that affect occupational exposure;
2. modifications of tasks and procedures;
3. evaluation of available engineering controls including engineered-safer needle devices;
4. a list of new employee positions with potential for occupational exposure, and
5. solicited and documented input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

APPENDIX A

HEPATITIS B VACCINE DECLINATION STATEMENT

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

Signature _____ Date _____

APPENDIX B

ASSESSMENT TOOL

	YES	NO
1. The exposure control plan is located in each work center		
2. Employees at occupational risk for bloodborne pathogens exposure are identified		
3. Employees comply with universal precautions when performing duties		
4. Employees appropriately use engineering controls in the work center		
5. Employees employ safe work practices in performance of duties		
6. Handwashing facilities are readily accessible in the work centers		
7. Employees regularly wash their hands, especially after glove removal		
8. Employees deposit contaminated sharps in biohazard containers immediately after use		
9. Employees change filled biohazard containers when full		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11. Food and beverages are not kept in close proximity to blood or bodily fluids		
12. Employees do not mouth pipette/suction blood or bodily fluids		
13. Employees place specimens in leak resistant containers after collection		
14. Employees place specimens in biohazard leakproof containers for shipment		
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated		
16. Employees wear the designated fluid resistant personal protective equipment/attire appropriate for the task at hand		
17. Employees place the contaminated personal protective equipment in the appropriate receptacles		
18. Employees maintain a clean environment at all times		
19. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment		
20. Employees know the safe procedure for contaminated, broken glass clean up		
21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy		
22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leakproof containers		
23. Each employee knows his documented hepatitis B vaccine status		
24. Employees know where and to whom to report exposure incidents		
25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service		
26. Employees are oriented and receive annual training to the exposure control plan		
27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard		
28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard		

APPENDIX C

DEFINITIONS

Amniotic fluid — the fluid surrounding the embryo in the mother's womb.

Antibody — a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.

Antigen — any substance which stimulates the formation of an antibody.

Biohazard label — a label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood — human blood, human blood components, and products made from human blood.

Bloodborne pathogens — pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Bulk blood and body fluids — bulk quantities (dripping, pourable) or items saturated with whole blood and blood components, blood specimens, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, amniotic fluid, peritoneal fluid, peritoneal dialysate, pericardial fluid, pleural fluid, and other body fluids visibly contaminated with blood. Collection devices or reservoirs not emptied prior to disposal should also be treated as infectious waste.

Cerebrospinal fluid — a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.

Clinical laboratory — a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated laundry — laundry which has been soiled with blood or other potentially infected materials or may contain sharps.

Contaminated sharp — any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.

Decontamination — the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls — include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers, self-sheathing needles, and needleless systems.

Exposure control plan — a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, and other

methods that are capable of protecting employees from exposure to bloodborne pathogens and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

Exposure determination — how and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

Exposure incident — a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand-washing facilities — a facility providing an adequate supply of running potable water, soap, and single-use towels, medicated towelettes, or hot air drying machines.

HBV— hepatitis B virus

HCV — hepatitis C virus

HIV — human immunodeficiency virus.

Human tissue — recognizable human tissue. It must be buried, incinerated, or rendered completely unrecognizable. Nonhuman tissues are only considered infectious if they are known or suspected to contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible human host could result in an infectious disease.

Infectious waste — solid waste which contains pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. The following are *not* included in the definition of infectious waste but should be placed in containers such as a plastic bag prior to disposal to contain the waste.

- 1) items soiled (not saturated) with body fluids (for example, bandages, tampons, sanitary napkins)
- 2) items soiled with body fluids not included in the definition of infectious waste (for example, diapers)
- 3) intravenous tubing with needles detached

Medical consultation — a consultation which takes place between an employee and a licensed health-care professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.

Microbiological lab wastes — cultures and lab equipment that have come in contact with infectious agents.

Mucous membranes — a surface membrane composed of cells that secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract.

Mucus — a thick liquid secreted by glands lining the nasal passages, the stomach and intestines, the vagina, and so forth.

Needleless systems — devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. Examples include IV medication systems which administer medication or fluids through a catheter port using non-needle connections and jet injection systems which deliver liquid medication beneath the skin or through a muscle.

Occupational exposure — a 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.

OSHA — the Occupational Safety and Health Administration of the U.S. Department of Labor; the federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.

Other potentially infectious materials (OPIM) — (1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations in which 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; HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral — piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Pathogen — a bacteria or virus capable of causing infection or disease.

Pericardial fluid — fluid from around the heart.

Pericardium — the sheath of tissue encasing the heart.

Peritoneal fluid — the clear straw-colored serous fluid secreted by the cells of the peritoneum.

Peritoneum — the lining membrane of the abdominal (peritoneal) cavity, composed of a thin layer of cells.

Personal protective equipment— specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves; gowns; laboratory coats; face shields or masks and eye protection equipment; and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment can 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 membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Pleural — the membrane lining the chest cavity and covering the lungs, made up of a thin sheet of cells.

Pleural fluid — fluid from the pleural cavity.

Production facility — a facility engaged in industrial-scale, large-volume, or high-concentration production of HIV or HBV.

Prophylaxis — the measure carried out to prevent diseases.

Regulated waste — liquid or semi-liquid 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 — 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.

Serous fluids — liquids of the body, similar to blood serum, which are in part secreted by serous membranes.

Sharps — medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, pasteur pipettes, and scalpel blades.

Sharps with engineered sharps injury protections — include non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, as well as other procedures involving a risk of sharps injury.

Source individual — any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an 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 — the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Synovial fluid — the clear amber fluid usually present in small quantities in a joint of the body (for example, the knee or elbow).

Universal precautions — an approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if we know them to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Vascular — pertaining to or composed of blood vessels.

Work practice controls — controls that reduce the likelihood of exposure by altering the manner in which the task is performed. An example would be prohibiting the recapping of needles using a two-handed technique.