
Chapter 296-823 WAC

Occupational Exposure to Bloodborne Pathogens

(Form Number 414-073-000)

LAST UPDATED: 03/09/2018

This book contains rules for Safety Standards for occupational exposure to bloodborne pathogens, as adopted under the Washington Industrial Safety and Health Act of 1973 (Chapter 49.17 RCW).

The rules in this book are effective March 2018. A brief promulgation history, set within brackets at the end of each section, gives statutory authority, administrative order of promulgation, and date of adoption of filing.

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Chapter 296-823 WAC

Safety Standards for Occupational Exposure to Bloodborne Pathogens

LAST UPDATED: 03/09/2018

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WAC 296-823-099 Definitions.

Blood. Human blood, human blood components and products made from human blood. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.

Bloodborne pathogens Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples of these pathogens include:

- (a) Human immunodeficiency virus (HIV);
- (b) Hepatitis B virus (HBV);
- (c) Hepatitis C virus, malaria;
- (d) Syphilis;
- (e) Babesiosis;
- (f) Brucellosis;
- (g) Leptospirosis;
- (h) Arboviral infections;
- (i) Relapsing fever;
- (j) Creutzfeld-Jakob Disease;
- (k) Human T-lymphotrophic virus Type I;
- (l) Viral Hemorrhagic Fever.

Clinical laboratory. A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials (OPIM).

Contaminated. The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

Contaminated laundry. Laundry that has been soiled with blood or other potentially infectious materials (OPIM) or may contain contaminated sharps.

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

Decontamination. 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.

Exposure incident. A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.

Handwashing facilities. A facility providing an adequate supply of running potable water, soap and single-use towels or air drying machines.

Licensed health care professional. A person whose legally permitted scope of practice allows him or her to independently perform the activities required by this rule.

Needleless systems. A device that does not use needles for any of the following:

- (a) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (b) The administration of medication or fluids;
- (c) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational exposure. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

Other potentially infectious materials (OPIM). Includes all of the following:

- (a) Human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- (b) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- (c) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- (d) Blood and tissues of experimental animals infected with bloodborne pathogens.

Parenteral contact. When mucous membranes or skin is pierced by needle sticks, human bites, cuts, or abrasions.

Personal protective equipment (PPE). Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

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

Regulated waste. Regulated waste is any of the following:

- (a) Liquid or semiliquid blood or other potentially infectious materials (OPIM);
- (b) Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed;
- (c) Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;

- (d) Contaminated sharps;
- (e) Pathological and microbiological wastes containing blood or OPIM.

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.

Safer medical devices. Medical devices that have been engineered to reduce the risk of needle sticks and other contaminated sharps injuries. These include not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of sharps injury exposures to bloodborne pathogens. Examples include blunt suture needles and plastic or Mylar-wrapped glass capillary tubes.

Secondary duty. Any job expectation outside the primary job duties assigned to that position.

Sharps with engineered sharps injury protections (SESIP). A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source person. A person, living or dead, whose blood or other potentially infectious materials may be a source (OPIM) of occupational exposure to the employee. Examples include:

- (a) Hospital and clinic patients;
- (b) Clients in institutions for the developmentally disabled;
- (c) Trauma victims;
- (d) Clients of drug and alcohol treatment facilities;
- (e) Residents of hospices and nursing homes;
- (f) Human remains;
- (g) Individuals who donate or sell blood or blood components.

Standard microbiological practices. Standard microbiological practices refer to procedures comparable to those outlined in the current edition of the Center for Disease Control “*Biosafety in Microbiological and Biomedical Laboratories.*”

Sterilize. The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal precautions. An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Note: Universal Blood-Body Fluid Precautions, Body Substance Isolation, and Standard Precautions expand on the concept of universal precautions to include all body fluids and substances as infectious. These concepts are acceptable alternatives to universal precautions.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-099 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, 49.17.060 and chapter 49.17 RCW. WSR 12-24-071, § 296-823-200, filed 12/4/12, effective 1/4/13. Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-200, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-200, filed 4/22/03, effective 8/1/03.]

WAC 296-823-100 Scope.

This chapter provides requirements to protect employees from exposure to blood or other potentially infectious materials (OPIM) that may contain bloodborne pathogens. Examples of bloodborne pathogens are the human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

This chapter applies to you if you have employees with occupational exposure to blood or OPIM, even if no actual exposure incidents have occurred.

Occupations that are typically covered by this chapter.

The following list illustrates a number of jobs typically associated with tasks that involve occupational exposure to blood or OPIM. The absence of a particular job from the list does not suggest that it falls outside the scope of this chapter. At the same time, employees in jobs found on the list are covered only if they have occupational exposure.

(1) Health care occupations.

- (a) Physicians and physicians assistants.
- (b) Nurses, nurse practitioners, dental hygienists, and other health care employees in clinics and offices.
- (c) Employees of clinical, dental, and diagnostic laboratories.
- (d) Housekeepers in health care facilities.
- (e) Staff in laundries that provide service to health care facilities.
- (f) Tissue bank personnel.
- (g) Employees in blood banks and plasma centers who collect, transport, and test blood.
- (h) Freestanding clinic employees (for example, hemodialysis clinics, urgent care clinics, health maintenance organization (HMO) clinics, and family planning clinics).
- (i) Employees in clinics in industrial, educational, and correctional facilities.
- (j) Staff of institutions for the developmentally disabled.
- (k) Hospice employees.
- (l) Home health care workers.
- (m) Staff of nursing homes and long-term care facilities.
- (n) HIV and HBV research laboratory and production facility workers.
- (o) Medical equipment service and repair personnel.

- (p) Emergency medical technicians, paramedics, and other emergency medical service providers.
 - (q) Nuclear medical technologists.
- (2) **Occupations outside health care.**
- (a) Firefighters, law enforcement personnel, and correctional officers.
 - (b) Workers in laundries that service public safety institutions.
 - (c) Employees assigned to provide emergency first aid by their employer (as either a primary or secondary duty).
 - (d) Employees who handle or pick up regulated waste.
 - (e) Hotel/motel employees that clean up blood or OPIM.
 - (f) Employees of funeral homes and mortuaries.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-100 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-100, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-100, filed 4/22/03, effective 8/1/03.]

WAC 296-823-110 Planning.

Your responsibility: To plan ways to protect your employees from the risk of exposure to blood or other potentially infectious materials.

<i>You must meet the requirements...</i>	<i>in this section:</i>
Determine if you have employees with occupational exposure	WAC 296-823-11005
Develop and implement a written exposure control plan	WAC 296-823-11010

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-110 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-110, filed 4/22/03, effective 8/1/03.]

WAC 296-823-11005 Determine if you have employees with occupational exposure.

- (1) You must prepare a written exposure determination if your employees have occupational exposure to blood or other potentially infectious materials (OPIM). This determination must be made without considering the use of personal protective equipment (PPE).
- (2) You must make sure the exposure determination contains:
 - (a) A list of job classifications where all employees have occupational exposure;
 - (b) A list of job classifications where some employees have occupational exposure and a description of all tasks and procedures or groups of related tasks and procedures with occupational exposure for these employees.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-11005 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-11005, filed 4/22/03, effective 8/1/03.]

WAC 296-823-11010 Develop and implement a written exposure control plan.

- (1) You must establish a written exposure control plan designed to eliminate or minimize employee exposure in your workplace.

Note: The elements of your exposure control plan may be located in other documents such as policies and procedures. Make sure to reference their location in your plan.

- (2) You must make sure the plan contains at least the following elements:
- (a) The exposure determination, WAC 296-823-11005;
 - (b) A procedure for evaluating the circumstances surrounding exposure incidents, including documentation of the routes of exposure, and the circumstances under which the exposure incident happened;
 - (c) How and when you will implement applicable requirements of this rule.

Note: The implementation dates need to be included only until your exposure control plan is fully implemented or when you are adding new requirements to your plan.

- (3) You must document the infection control system used in your workplace to protect employees from exposure to blood or OPIM.
- (4) You must use universal precautions or other at-least-as-effective infection control systems.

Note:

1. *Universal precautions is an infection control system that considers the blood and OPIM from all persons as containing a bloodborne disease, whether or not the person has been identified as having a bloodborne disease.*
2. *Other effective infection control systems include standard precautions, universal blood-body fluid precautions, and body substance isolation.*
3. *These methods define all body fluids and substances as infectious. They incorporate not only the fluids and materials covered by universal precautions and this chapter, but expand coverage to include all body fluids and substances.*

- (5) You must solicit input in the identification, evaluation, and selection of effective safer medical devices. This input must be solicited from non-managerial employees responsible for direct patient care with potential exposure to contaminated sharps.
- (6) You must document the process you used to solicit input and include the identity of the employees or positions that were involved.

Note:

1. *You are not required to request input from every exposed employee; however, the employees selected must represent the range of exposure situations encountered in the workplace. Your safety committee may assist in identifying employees.*
2. *Although you are required to include non-managerial employees, you are not prohibited from soliciting input from managerial and other employees.*

- (7) You must make sure the exposure control plan is reviewed and updated:
- (a) At least annually; and
 - (b) Whenever necessary to:
 - (i) Reflect new or modified tasks and procedures which affect occupational exposure;
 - (ii) Reflect new or revised job classifications with occupational exposure.
 - (iii) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
 - (iv) Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- (8) You must make sure a copy of the exposure control plan is accessible at the workplace, when exposed employees are present. For example, if the plan is stored only on a computer, all exposed employees must be trained to operate the computer.
- (9) You must make sure a copy of the plan is provided to the employee or their representative within 15 days of their request for a copy.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-11010 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-11010, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-11010, filed 4/22/03, effective 8/1/03.]

WAC 296-823-120 Training.

Your responsibility: To train your employees about their risk of exposure to bloodborne pathogens and ways to protect themselves.

<i>You must meet the requirements...</i>	<i>in this section:</i>
Provide training to your employees	WAC 296-823-12005
Provide additional training	WAC 296-823-12010
Maintain training records	WAC 296-823-12015

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-120 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-120, filed 4/22/03, effective 8/1/03.]

WAC 296-823-12005 Provide training to your employees.

- (1) You must make sure all employees with occupational exposure participate in a training program that is:
 - (a) Provided at no cost to them; and
 - (b) Conducted during compensated working hours.
- (2) You must provide training when any of the following occur:
 - (a) Before assigning tasks where occupational exposure might occur;
 - (b) At least annually and within one year of the previous training.
- (3) You must make sure the content and vocabulary of your training materials are appropriate to the educational level, literacy, and language of your employees.
- (4) You must make sure the person conducting the required training is knowledgeable about the subject matter as it relates to your workplace.
- (5) You must make sure the training program contains at least the following elements:
 - (a) An accessible copy of this chapter and an explanation of the contents;
 - (b) A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - (c) An explanation of how bloodborne pathogens are transmitted;
 - (d) An explanation of your exposure control plan and how the employee can obtain a copy of the written plan;
 - (e) An explanation of how to recognize tasks and other activities that could involve exposure to blood and other potentially infectious materials (OPIM);

- (f) An explanation of the use and limitations of methods that will prevent or reduce exposure including:
 - (i) Equipment and safer medical devices;
 - (ii) Work practices;
 - (iii) Personal protective equipment.
- (g) Information about personal protective equipment (PPE) including:
 - (i) The types;
 - (ii) Proper use and limitations;
 - (iii) Selection;
 - (iv) Location;
 - (v) Putting it on and taking it off;
 - (vi) Handling;
 - (vii) Decontamination;
 - (viii) Disposal.
- (h) Information about the hepatitis B vaccine, including:
 - (i) Information about its effectiveness;
 - (ii) Safety;
 - (iii) Method of administration;
 - (iv) The benefits of being vaccinated;
 - (v) Offered at no cost to the employee for the vaccine and vaccination.
- (i) Information about what actions to take and persons to contact when exposure to blood or OPIM occurs outside of the normal scope of work;
- (j) An explanation of the procedure to follow if an exposure incident occurs, including:
 - (i) The method of reporting the incident;
 - (ii) The medical evaluation and follow-up that will be available.
- (k) Information about the post-exposure evaluation and follow-up procedure following an exposure incident;
- (l) An explanation of the signs and labeling or color-coding required by this chapter;
- (m) An opportunity for interactive questions and answers with the trainer at the time of the training session.

Note: This may be person-to-person, by telephone, or by e-mail, as long as the employee can both ask and receive answers during the training session.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-12005 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-12005, filed 4/22/03, effective 8/1/03.]

WAC 296-823-12010 Provide additional training.

You must provide additional training when you add or change tasks or procedures that affect the employee's occupational exposure.

Note: This training may be limited to the changes in tasks and procedures.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-12010 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-12010, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-12010, filed 4/22/03, effective 8/1/03.]

WAC 296-823-12015 Maintain training records.

- (1) You must maintain training records for 3 years from the date of the training.
- (2) You must include the following information in your training records:
 - (a) Dates of the training sessions;
 - (b) Contents or a summary of the training sessions;
 - (c) Names and qualifications of persons conducting the training;
 - (d) Names and job titles of all persons attending the training sessions.
- (3) Provide these employee-training records upon request for examination and copying to any of the following:
 - (a) Employees;
 - (b) Employee representatives.

Helpful tool: Training documentation

A training documentation form is provided for your use in the resource section of this chapter.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-12015 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-12015, filed 4/22/03, effective 8/1/03.]

WAC 296-823-130 Hepatitis B virus (HBV) vaccinations.

Your responsibility: To make the vaccination available to your employees so they are protected from the hepatitis B virus (HBV).

<i>You must meet the requirements...</i>	<i>in this section:</i>
Make hepatitis B vaccination available to employees	WAC 296-823-13005
Obtain a copy of the health care professional's written opinion for hepatitis B vaccination and provide it to the employee	WAC 296-823-13010

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-130 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-130, filed 4/22/03, effective 8/1/03.]

WAC 296-823-13005 Make hepatitis B vaccination available to employees.

<i>EXEMPTION:</i>
<ol style="list-style-type: none"> 1. <i>You are not required to provide the hepatitis B vaccination series to employees who meet any of the following:</i> <ol style="list-style-type: none"> a. <i>The employee has previously received the complete hepatitis B vaccination series;</i> b. <i>An antibody test has revealed that the employee is immune to hepatitis B;</i> c. <i>There are medical reasons not to give the vaccine.</i> 2. <i>You are not required to provide the hepatitis B vaccination series to employees assigned to provide first aid only as a secondary duty, when you do all of the following:</i> <ol style="list-style-type: none"> a. <i>Make hepatitis B vaccination available to all unvaccinated first-aid providers who render assistance in any situation involving the presence of blood or OPIM. Vaccination must be made available as soon as possible, but not later than 24 hours after the incident;</i> b. <i>Provide a reporting procedure that ensures all first-aid incidents that involve the presence of blood or OPIM are reported before the end of the work shift;</i>

EXEMPTION:

- c. *Document first-aid incidents that involve blood or OPIM, include at least:

 - i. *The names of all first-aid providers who render assistance;*
 - ii. *The time and date of the first-aid incident;*
 - iii. *A description of the first-aid incident.**
3. *Make sure that the hepatitis B vaccination series is available to all employees who have occupational exposure and that it is:*
- a. *Available at no cost to the employee;*
 - b. *Available to the employee at a reasonable time and location;*
 - c. *Administered by or under the supervision of a licensed physician or by another licensed health care professional;*
 - d. *Provided according to recommendations of the United States Public Health Service that are current at the time these evaluations and procedures take place;*
 - e. *Available to any employee who initially declines the vaccination but later decides to accept it while they are still covered by this chapter;*
 - f. *Made available after the employee has received training required by this chapter and within 10 working days of initial assignment.*

Reference: You can find more information about the United States Public Health Service recommendations for hepatitis B vaccination at <http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm> .

- (1) You must make sure participation in a prevaccination screening program for antibody status is not a condition for receiving hepatitis B vaccination.
- (2) You must make sure that all laboratory tests are conducted by a laboratory licensed by the state or Clinical Laboratory Improvement Amendments (act) (CLIA).
- (3) Make sure employees who decline the hepatitis B vaccination, offered by you, sign a form with this 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 me.”

Helpful tool: Sample declination form:

The declination form can help you document employees who have declined the hepatitis B vaccine. You can find a copy of this form in the resource section of this chapter.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-13005 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-13005, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-13005, filed 4/22/03, effective 8/1/03.]

WAC 296-823-13010 Obtain a copy of the health care professional's written opinion for hepatitis B vaccination and provide it to the employee.

- (1) You must obtain and provide the employee a copy of the evaluating health care professional's written opinion for hepatitis B vaccination within 15 days of the employee's evaluation.

Note:

1. *If the health care professional provides the written opinion directly to the employee, you do not need to do so.*
2. *If the employee's personal health care professional completes the evaluation, you are not required to obtain the health care professional's written opinion.*

- (2) You must make sure the health care professional's written opinion is limited to whether a hepatitis B vaccination is indicated and if the employee has received this vaccination.
- (3) You must make sure that all other findings or diagnoses remain confidential and are **not** included in the written report.

Reference: Requirements for the health care professional's written opinion on post-exposure evaluation can be found in WAC 296-823-16030.

Helpful tool: Health care professional's written opinion for post-exposure evaluation and health care provider's written opinion for hepatitis B vaccination.

These forms are available for your use in the resource section of this chapter.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-13010 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-13010, filed 4/22/03, effective 8/1/03.]

WAC 296-823-140 Control employee exposure.

Your responsibility: To use feasible controls to eliminate or minimize occupational exposure to blood or other potentially infectious materials (OPIM).

Important:

If occupational exposure remains after implementing these controls, personal protective equipment must be used. See WAC 296-823-150, Personal protective equipment.

You must meet the requirements...	in this section:
Use feasible controls, including appropriate equipment and safer medical devices, to eliminate or minimize occupational exposure	WAC 296-823-14005
Handle contaminated sharps properly and safely	WAC 296-823-14010
Handle reusable sharps properly and safely	WAC 296-823-14015
Minimize splashing, spraying, splattering and generation of droplets	WAC 296-823-14020
Make sure items are appropriately labeled	WAC 296-823-14025
Make sure employees clean their hands	WAC 296-823-14030
Prohibit food, drink, and other personal activities in the work area	WAC 296-823-14035
Prohibit pipetting or suctioning by mouth	WAC 296-823-14040
Place specimens in an appropriate container	WAC 296-823-14045
Examine and label contaminated equipment	WAC 296-823-14050

<i>You must meet the requirements...</i>	<i>in this section:</i>
Make sure your worksite is maintained in a clean and sanitary condition	WAC 296-823-14055
Handle regulated waste properly and safely	WAC 296-823-14060
Handle contaminated laundry properly and safely	WAC 296-823-14065

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-140 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-140, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14005 Use feasible controls, including appropriate equipment and safer medical devices, to eliminate or minimize occupational exposure.

- (1) You must use appropriate equipment and safer medical devices to eliminate or minimize employee exposure.
- (2) You must use work practices designed to eliminate or minimize employee exposure.
- (3) You must examine and maintain or replace equipment and safer medical devices on a regular schedule to make sure they remain effective.

<p><i>Note:</i></p> <ol style="list-style-type: none"> 1. <i>Examples of appropriate equipment include:</i> <ol style="list-style-type: none"> a. <i>Sharp containers;</i> b. <i>Biosafety cabinets;</i> c. <i>Splash guards;</i> d. <i>Centrifuge cups;</i> e. <i>Specimen storage and transport containers.</i> 2. <i>Examples of safer medical devices include:</i> <ol style="list-style-type: none"> a. <i>Sharps with engineered sharps injury protections (SESIP);</i> b. <i>Needleless systems;</i> c. <i>Blunt suture needles;</i> d. <i>Plastic capillary tubes.</i> 3. <i>Examples of work practices include:</i> <ol style="list-style-type: none"> a. <i>No-hands procedures in handling contaminated sharps;</i> b. <i>No hand-to-hand instrument passing.</i>

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14005 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-14005, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-14005, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14010 Handle contaminated sharps properly and safely.

- (1) You must make sure that you do not bend, recap, or remove contaminated needles or other contaminated sharps **unless** you can demonstrate that there is no feasible alternative or that it is required by a specific medical or dental procedure. Bending, recapping, or needle removal must be done by using a mechanical device or a one-handed technique.

Note: Demonstrating that no alternative to bending, recapping, or removing contaminated sharps is feasible, may be accomplished through written justification, supported by reliable evidence, in your exposure control plan.

- (2) You must make sure you do not shear or break contaminated needles.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14010 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-14010, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14015 Handle reusable sharps properly and safely.

- (1) You must place contaminated reusable sharps immediately, or as soon as possible after use, in appropriate containers until properly decontaminated. Containers must be all of the following:
 - (a) Puncture resistant;
 - (b) Labeled or color-coded as described in this chapter;
 - (c) Leak-proof on the sides and bottom;
 - (d) Meet the same requirements as the container for disposable sharps, except they do not need to be closable.
- (2) You must store or process contaminated reusable sharps so employees are not required to reach into the container or sink by hand.
- (3) You must make sure reusable sharps containers are not opened, emptied, or cleaned manually or in any other manner that would expose employees to contaminated sharps.

Reference: Requirements for appropriate labels and color-coding are found in WAC 296-823-14025.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14015 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-14015, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-14015, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14020 Minimize splashing, spraying, splattering, and generation of droplets.

You must make sure all procedures involving blood or OPIM are performed so splashing, spraying, spattering, and generation of droplets are minimized.

Examples include:

- (1) Appropriate operation and use of recommended controls for surgical power tools, lasers and electrocautery devices.
- (2) Use of personal protective equipment when contact with blood or OPIM is reasonably anticipated.
- (3) Making sure cleaning procedures do not generate unnecessary splashes, spraying, spattering, or generation of droplets.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14020 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-14020, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14025 Make sure items are appropriately labeled.

EXEMPTIONS:

The following are exempt from the labeling requirements of this chapter:

1. *Individual containers placed in an appropriately labeled secondary container.*
2. *Regulated waste that has been decontaminated.*
3. *Containers of blood, blood components, or blood products that are labeled with their contents and have been released for transfusion or other clinical use.*
4. *Extracted teeth, gallstones, kidney stones, or other tissues and body substances that are given to patients.*

- (1) You must attach appropriate labels to:
 - (a) Containers used to store, transport, or ship blood or other potentially infectious materials (OPIM) including:
 - (i) Refrigerators;
 - (ii) Freezers.
 - (b) Sharps containers;
 - (c) Contaminated equipment;
 - (d) Laundry bags and containers;
 - (e) Specimen containers;
 - (f) Regulated waste containers.

- (2) You must make sure that labels:
- (a) Include the following symbol:



- (b) Are all or mostly fluorescent orange or orange-red with lettering and symbol in a contrasting color
- (c) Are attached to the container by string, wire, adhesive, or other method so they cannot become lost or accidentally removed.

Note:

Red bags or red containers may be substituted for labels as long as they are:

- 1. Covered in the exposure control plan.*
- 2. Communicated to all affected employees (including employees of laundry services, disposal services, and transport companies) whether they are your employees or not.*
- 3. The label does not always need to be attached to each individual container.*
- 4. For example, a cart carrying specimen containers could be labeled, rather than each individual container.*

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14025 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-14025, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-14025, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14030 Make sure employees clean their hands.

- (1) You must provide handwashing facilities that are readily accessible to employees, wherever feasible. If handwashing facilities are not feasible, provide either one of the following:
- (a) Antiseptic towelettes;
- (b) Antiseptic hand rub product along with clean cloth/paper towels.

- (2) You must make sure employees clean their hands as soon as feasible after removing gloves and whenever there is the potential for contact with blood or other potentially infectious materials (OPIM).
- (3) You must make sure employees do one of the following:
 - (a) Wash with soap and water;
 - (b) Use an appropriate waterless antiseptic hand rub product or towelettes, provided there are no signs of visible contamination;
 - (c) Use an appropriate waterless antiseptic hand rub product or towelettes followed by washing with soap and water as soon as possible, when hands are visibly contaminated and handwashing facilities are not immediately available.

Note: An appropriate waterless antiseptic hand rub product is one that contains a 60-95% alcohol solution (isopropanol or ethanol).

- (4) You must make sure employees wash any skin with soap and water, or flush mucous membranes with water, as soon as feasible following contact with blood or OPIM.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14030 filed 11/17/15 effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-14030, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14035 Prohibit food, drink, and other personal activities in the work area.

- (1) You must make sure eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is occupational exposure.
- (2) You must make sure food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where there is a potential for exposure to blood or other potentially infectious materials (OPIM).

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14035 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-14035, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14040 Prohibit pipetting or suctioning by mouth.

You must prohibit mouth pipetting or suctioning of blood or other potentially infectious materials (OPIM).

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14040 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-14040, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14045 Place specimens in an appropriate container.

- (1) You must place specimens of blood or other potentially infectious materials (OPIM) in an appropriate container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
- (2) You must make sure the container is properly labeled or color-coded and closed before being stored, transported, or shipped.
 - (a) If outside contamination of the container occurs, the container must be placed inside a second container that prevents leakage and is properly labeled or color-coded;
 - (b) If the specimen could puncture the container, the container must be placed inside a second container that:
 - (i) Is puncture-resistant;
 - (ii) Prevents leakage during handling, processing, storage, transport, or shipping;
 - (iii) Is properly labeled or color-coded.

EXEMPTIONS:

1. *When your facility handles all specimens using universal precautions or other equivalent infection control systems, you do not have to label/color-code specimens as long as the containers can be recognized as containing specimens.*
2. *This exemption only applies while these specimens/containers remain within the facility. Proper labeling or color-coding is required when specimens/containers leave the facility.*

Reference: Requirements for appropriate labels and colors are found in WAC 296-823-14025.

Helpful tool: Guidance on the handling and storage of criminal evidence

This tool contains information about the handling and storage of criminal evidence. Criminal evidence contaminated with blood or OPIM is considered a specimen under the scope of this chapter. You can find a copy of this tool in the resource section of this chapter.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14045 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-14045, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14050 Examine and label contaminated equipment.

- (1) You must examine equipment which could become contaminated with blood or other potentially infectious materials (OPIM) before servicing or shipping.
 - (a) Decontaminate this equipment and its parts as necessary unless you can demonstrate that decontamination is not feasible.
 - (b) Attach an easily seen biohazard label to the equipment stating which portions remain contaminated.

Reference: Requirements for appropriate labels and color-coding are found in WAC 296-823-14025.

- (2) You must make sure that information on contaminated equipment is communicated to all affected employees, the servicing representative, and the manufacturer as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14050 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-14050, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-14050, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14055 Make sure your worksite is maintained in a clean and sanitary condition.

- (1) You must develop an appropriate written schedule for cleaning and decontamination based upon the following:
 - (a) The location within the facility;
 - (b) Type of surface to be cleaned;
 - (c) Type of contamination present;
 - (d) Tasks or procedures being performed in the area.
- (2) You must clean and decontaminate environmental and working surfaces and all equipment after contact with blood or other potentially infectious materials (OPIM).
- (3) You must decontaminate work surfaces with an appropriate disinfectant at these times:
 - (a) After completion of a procedure;
 - (b) Immediately or as soon as possible when surfaces are clearly contaminated or after any spill of blood or OPIM;
 - (c) At the end of the workshift if the surface could have become contaminated since the last cleaning.

- (4) You must remove and replace protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, as soon as possible:
 - (a) When they clearly become contaminated;
 - (b) At the end of the workshift if they could have become contaminated during the shift.
- (5) You must inspect and clean (on a regularly scheduled basis) all bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM. Clean and decontaminate these types of receptacles immediately or as soon as possible when they are visibly contaminated.
- (6) You must use a brush and dustpan, tongs, forceps, or other mechanical means to clean up broken glassware that may be contaminated.

Note:

1. *An appropriate disinfectant is one that is effective against tuberculosis or HBV and HIV such as:*
 - a. *Diluted bleach solution (1:10 or 1:100).*
 - i. *Use the 1:10 bleach solution for spills and the 1:100 bleach solution for routine cleaning.*
 - ii. *You can make your own bleach solution. Using household bleach (5.25% sodium hypochlorite), follow these directions:*
 - iii. *For a 1:100 solution add 2 teaspoons (10 ml) to a container, then add water to make a quart (946 ml). For a 1:10 solution, add 1/3 cup (79 ml) and 1 tablespoon (15 ml) in a container, then add water to make a quart (946 ml).*
 - iv. *For a 1:10 solution, add 1/3 cup (79 ml) and 1 tablespoon (15 ml) in a container, then add water to make a quart (946 ml).*
 - b. *EPA registered:*
 - i. *EPA registered tuberculocidals (List B).*
 - ii. *Sterilants (List A).*
 - iii. *Products registered against HIV/HBV (List D).*
2. *Any of the above products are considered effective when used according to the manufacturers' instructions. Higher level disinfection may be required depending on the agent or level of decontamination.*

Reference: These lists are available from the EPA Office of Pesticides, antimicrobial pesticides web site at <http://www.epa.gov/oppad001/>

WAC 296-823-14060 Handle regulated waste properly and safely.

- (1) You must discard contaminated sharps immediately, or as soon as possible, in containers that are all of the following:
 - (a) Closable;
 - (b) Puncture resistant;
 - (c) Leakproof on sides and bottom;
 - (d) Appropriately labeled or color-coded;
 - (e) Easily accessible to personnel;
 - (f) Located as close as feasible to the immediate area where sharps are used or areas sharps can be reasonably anticipated to be found (for example, laundries);
 - (g) Maintained upright throughout use;
 - (h) Replaced routinely and not allowed to overflow.

EXEMPTION:

Work areas such as correctional facilities, psychiatric units, pediatric units, or residential homes may have difficulty placing sharps containers in the immediate use area. In such situations, alternatives such as using lockable containers or bringing containers in and out of the work area may be used.

*Note: For additional information on placement and use of sharps containers see *Selecting, Evaluating, and Using Sharps Disposal Containers*, NIOSH Publication 97-111, January 1998. You can obtain a copy of this publication by calling 1-800-35-NIOSH or get an electronic version in pdf at <http://www.cdc.gov/niosh/docs/97-111/>.*

- (2) You must make sure when you move containers of contaminated sharps, the containers are:
 - (a) Closed prior to removal or replacement to prevent spilling or protrusion of contents during handling, storage, transport, or shipping; and
 - (b) Placed in a secondary container, if leaking is possible. The second container must be:
 - (i) Closable;
 - (ii) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
 - (iii) Appropriately labeled or color-coded.

- (3) You must make sure regulated waste other than sharps is placed in containers that are all of the following:
 - (a) Closable;
 - (b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
 - (c) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - (d) Placed in a second container if outside contamination of the primary regulated waste container occurs.
- (4) You must make sure the second container is appropriately labeled or color-coded.
- (5) You must dispose of all regulated waste according to applicable state and county regulations.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14060 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-14060, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-14060, filed 4/22/03, effective 8/1/03.]

WAC 296-823-14065 Handle contaminated laundry properly and safely.

- (1) You must handle laundry contaminated with blood or other potentially infectious material (OPIM) as little as possible and with a minimum of agitation.
- (2) You must bag contaminated laundry or put it into a container at the location where it was used.
 - (a) Do not sort or rinse at the location of use.
 - (b) Place and transport contaminated laundry in bags or containers that are properly labeled or color-coded.
 - (c) If your facility ships contaminated laundry offsite to a second facility that does not use an infection control or isolation system when handling all of their soiled laundry, your facility must place the laundry in red bags or containers that are appropriately labeled.

Note: If your facility uses an infection control or isolation system in the handling of all soiled laundry, you can use alternative labeling or color-coding so employees recognize that the containers need to be handled using these precautions.

Reference: Requirements for appropriate labels and color-coding are found in WAC 296-823-14025 of this chapter.

- (3) You must place and transport wet contaminated laundry that is likely to soak through or leak to the outside, in bags or containers that will prevent such leakage.

Reference: You need to follow additional requirements to make sure that employees who have contact with contaminated laundry wear protective gloves and other personal protective equipment (PPE) as appropriate, see WAC 296-823-150, Personal protective equipment.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-14065 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-14065, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-14065, filed 4/22/03, effective 8/1/03.]

WAC 296-823-150 Personal protective equipment (PPE).

Your responsibility: To provide and make sure personal protective equipment is used when work practices and controls will not fully protect your employees from the risk of exposure to blood or other potentially infectious materials.

<i>You must meet the requirements...</i>	<i>in this section:</i>
Provide and make sure that personal protective equipment is used when there is occupational exposure	WAC 296-823-15005
Make sure gloves are worn	WAC 296-823-15010
Make sure appropriate masks, eye protection, and face shields are worn	WAC 296-823-15015
Wear appropriate protective clothing	WAC 296-823-15020
Make resuscitator devices available	WAC 296-823-15025
Maintain personal protective equipment	WAC 296-823-15030

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-150 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-150, filed 4/22/03, effective 8/1/03.]

WAC 296-823-15005 Provide and make sure personal protective equipment is used when there is occupational exposure.

- (1) You must provide at no cost to employees, appropriate personal protective equipment such as:
 - (a) Gloves;
 - (b) Gowns;
 - (c) Laboratory coats;
 - (d) Face shields or a combination of masks and eye protection;
 - (e) Mouthpieces;
 - (f) Resuscitation bags;
 - (g) Pocket masks;
 - (h) Other ventilation devices.

Note: PPE is considered “appropriate” only if it does NOT permit blood or other potentially infectious materials (OPIM) to pass through to or reach the employee’s work clothes, street clothes, undergarment, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

- (2) You must make sure that employees use appropriate PPE.
 - (a) In rare and extraordinary circumstances, employees can briefly and temporarily choose not to use PPE if, in their professional judgment, they believe that using PPE would prevent the delivery of health care or public safety services OR pose an increased hazard to themselves or co-workers.
 - (b) If the employee makes this judgment, you must investigate and document to determine if changes can be made to prevent future occurrences of the same situation.
- (3) You must make sure that appropriate PPE, in sizes to fit your employees, is readily accessible at the worksite or issued to employees.
- (4) You must make sure employees remove all PPE before leaving the work area.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-15005 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-15005, filed 4/22/03, effective 8/1/03.]

WAC 296-823-15010 Make sure gloves are worn.

- (1) You must make sure gloves appropriate to the situation are worn when:
 - (a) It can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials (OPIM), mucous membranes, or skin that is not intact;
 - (b) Handling or touching contaminated items or surfaces;
 - (c) Performing vascular access procedures, for example, drawing blood or inserting an IV.
- (2) You must do the following when you are an employer in a volunteer blood donation center and you make the judgment that employees do not require routine use of gloves when performing phlebotomies:
 - (a) Periodically reevaluate your decision not to require gloves;
 - (b) Make gloves available to all employees who wish to use them for phlebotomy (blood drawing);
 - (c) Do not discourage the use of gloves for phlebotomy;

- (d) Require that gloves be used for phlebotomy in ANY of the following circumstances:
 - (i) When the employee has a cut, scratch, or other break in the skin of his or her hand or wrist;
 - (ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative individual;
 - (iii) When the employee is receiving training in phlebotomy.
- (3) You must make sure employees who are allergic to the gloves that are normally provided have ready access to at least one of the following:
 - (a) Non-latex gloves;
 - (b) Glove liners;
 - (c) Powderless gloves;
 - (d) Other similar alternatives.
- (4) You must replace disposable (single use) gloves such as surgical or examination gloves:
 - (a) As soon as practical when contaminated;
 - (b) As soon as practical if they are torn or punctured;
 - (c) When their ability to function as a barrier is compromised.
- (5) You must make sure disposable (single use) gloves are used only once.
- (6) Discard utility gloves if they are cracked, peeling, torn, punctured, or show other signs of deterioration or when their ability to function as a barrier is compromised. You may decontaminate utility gloves for reuse if they can continue to function as a barrier.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-15010 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-15010, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-15010, filed 4/22/03, effective 8/1/03.]

WAC 296-823-15015 Make sure appropriate masks, eye protection, and face shields are worn.

You must make sure either chin-length face shields or a combination of masks and eye protection are used, whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials (OPIM) may be generated and eyes, nose, or mouth contamination can be reasonably anticipated.

Note: Examples of eye protection devices include goggles and glasses with solid side shields.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-15015 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, .040, .050, and .060. 04-12-070 (Order 04-16), § 296-823-15015, filed 06/01/04, effective 09/01/04. Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-15015, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-15015, filed 4/22/03, effective 8/1/03.]

WAC 296-823-15020 Wear appropriate protective clothing.

- (1) You must make sure appropriate protective clothing is worn when splashes to skin or clothes are reasonably anticipated. The type and characteristics will depend upon the sort of work being done and how much exposure is anticipated.

Note: Examples of protective clothing include:

- | | |
|--------------------|----------------------------|
| 1. Gowns; | 5. Similar outer garments; |
| 2. Aprons; | 6. Surgical caps or hoods; |
| 3. Lab coats; | 7. Shoe covers or boots. |
| 4. Clinic jackets; | |

- (2) You must remove a garment as soon as feasible if blood or other potentially infectious materials (OPIM) penetrate it.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-15020 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-15020, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-15020, filed 4/22/03, effective 8/1/03.]

WAC 296-823-15025 Make resuscitator devices available.

You must make resuscitator (emergency ventilation) devices readily available and accessible to employees who can reasonably be expected to perform resuscitation procedures.

Note: Examples of resuscitator devices include:

1. Masks;
2. Mouthpieces;
3. Resuscitation bags;
4. Shields/overlay barriers.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-15025 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-15025, filed 4/22/03, effective 8/1/03.]

WAC 296-823-15030 Maintain personal protective equipment.

- (1) You must clean, repair, replace, launder, and dispose of personal protective equipment required by this chapter, at no cost to the employee.
- (2) You must make sure when PPE is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Note: Contaminated personal clothing is considered PPE for the purpose of this section.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-15030 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-15030, filed 4/22/03, effective 8/1/03.]

WAC 296-823-160 Post-exposure requirements.

Your responsibility: To make sure employees who have been exposed to blood or other potentially infectious materials (OPIM) have appropriate post-exposure evaluation and follow-up available.

<i>You must meet the requirements...</i>	<i>in this section:</i>
Make a confidential medical evaluation and follow-up available to employees who experience an exposure incident	WAC 296-823-16005
Test the blood of the source person	WAC 296-823-16010
Provide the results of the source person's blood test to the exposed employee	WAC 296-823-16015
Collect and test the blood of the exposed employee	WAC 296-823-16020
Provide information to the health care professional evaluating the employee	WAC 296-823-16025
Obtain and provide a copy of the health care professional's written opinion on post-exposure evaluation to the employee	WAC 296-823-16030

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-160 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-160, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-160, filed 4/22/03, effective 8/1/03.]

WAC 296-823-16005 Make a confidential medical evaluation and follow-up available to employees who experience an exposure incident.

- (1) You must make immediately available a confidential post-exposure evaluation and follow-up to all employees with occupational exposure to blood or OPIM who report an exposure incident.
- (2) You must make sure that the post-exposure medical evaluation and follow-up are all of the following:
 - (a) Immediately available following an exposure incident;
 - (b) Confidential;
 - (c) At no cost to the employee;
 - (d) At a reasonable time and place;

- (e) Administered by or under the supervision of a licensed physician or by another licensed health care professional;
 - (f) Provided according to recommendations of the United States Public Health Service current at the time these evaluations and procedures take place.
- (3) You must make sure that the evaluation and follow-up includes AT LEAST these elements:
- (a) Documentation of the routes of exposure, and the circumstances under which the exposure incident happened;
 - (b) Identification and documentation of the source individual, unless you can establish that identification is infeasible or prohibited by state or local law;
 - (c) Collection and testing of blood to detect the presence of HBV and HIV;
 - (d) Post-exposure preventive treatment, when medically indicated, as recommended by the United States Public Health Service;
 - (e) Counseling;
 - (f) Evaluation of reported illnesses.
- (4) You must make sure that all laboratory tests are conducted by a laboratory licensed by the state or Clinical Laboratory Improvement Amendments Act (CLIA).

Note: The employer or a third party health care provider identified by the employer may do the evaluation.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-16005 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-16005, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-16005, filed 4/22/03, effective 8/1/03.]

WAC 296-823-16010 Test the blood of the source person.

EXEMPTION:

When the source individual is already known to be infected with HBV or HIV, you do not need to test their status.

You must arrange to test the source individual's blood for HBV and HIV as soon as feasible after getting their consent.

- (1) If you do not get consent, you must establish that legally required consent cannot be obtained.
- (2) When the law does not require the source individual's consent, their blood, if available, must be tested and the results documented.

Note:

1. *Your local health authority enforces rules regarding HIV testing and consent which are found in WAC 246-100-206, Special diseases-Sexually transmitted diseases and WAC 246-100-207, Human immuno deficiency virus (HIV) testing. These rules can be found at: <http://www.leg.wa.gov/wac> and click on Title 246 WAC.*
2. *Source testing: According to the Centers for Disease Control and Prevention (CDC), hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States. The CDC recommends testing of the source person for the presence of anti-HCV antibody. (Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2000/50(RR11); 1-42.)*

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-16010 filed 11/17/15, effective 12/17/15
 Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-16010, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-16010, filed 4/22/03, effective 8/1/03.]

WAC 296-823-16015 Provide the results of the source person's blood test to the exposed employee.

- (1) You must make sure the results of the source person's blood test are provided to the exposed employee, if possible.
- (2) You must make sure the exposed employee is informed of applicable laws and regulations regarding disclosure of the identity and infection status of the source person.

Note: Laws and regulations that currently apply are:

1. *Chapter [70.02](#) RCW, Medical records—Health care information access and disclosure.*
2. *Chapter [70.24](#) RCW, Control and treatment of sexually transmitted diseases.*
3. *Both statutes can be found at <http://app.leg.wa.gov/rcw> and click on Title 70 RCW to find these statutes.*

[[Statutory Authority: RCW 49.17.010, .040, .050, and .060. 16-23-141 (Order 16-26), § 296-823-16015, filed 12/20/16, effective 01/20/17. Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-16015 filed 11/17/15, effective 12/17/15. Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-16015, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-16015, filed 4/22/03, effective 8/1/03.]

WAC 296-823-16020 Collect and test the blood of the exposed employee.

You must arrange to have the exposed employee's blood collected and tested as soon as feasible after consent is obtained.

- (1) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample must be preserved for at least 90 days.
- (2) If, within 90 days of the exposure incident, the employee chooses to have the baseline sample tested, it must be done as soon as possible.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-16020 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-16020, filed 4/22/03, effective 8/1/03.]

WAC 296-823-16025 Provide information to the health care professional evaluating the employee.

You must provide **ALL** of the following information to the health care professional evaluating an employee after an exposure incident:

- (1) A copy of WAC 296-823-160;
- (2) A description of the job duties the exposed employee was performing when exposed;
- (3) Documentation of the routes of exposure and circumstances under which exposure occurred;
- (4) Results of the source person's blood testing, if available;
- (5) All medical records that you are responsible to maintain, including vaccination status, relevant to the appropriate treatment of the employee.

Reference: Requirements for the health care professional's written opinion for hepatitis B vaccinations can be found in WAC 296-823-13010.

Note: You may meet the requirement to provide a copy of WAC 296-823-160 to the health care professional by giving them the <http://www.lni.wa.gov/rules/>, as long as their office has a computer and access to the labor and industries' web site.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-16025 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-16025, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-16025, filed 4/22/03, effective 8/1/03.]

WAC 296-823-16030 Obtain and provide a copy of the health care professional's written opinion on post-exposure evaluation to the employee.

- (1) You must obtain and provide to the employee a copy of the evaluating health care professional's written opinion within 15 days of the completion of their evaluation.

Note:

1. *If the health care professional provides the written opinion directly to the employee, you do not need to do so.*
2. *If the employee's personal health care professional completes the evaluation, you are not required to obtain the health care professional's written opinion.*

- (2) You must make sure the health care professional's written opinion is limited to the following information:
 - (a) That the employee has been informed of the results of the evaluation;
 - (b) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials (OPIM) which need further evaluation or treatment.
- (3) You must make sure that all other findings or diagnoses remain confidential and are **NOT** included in the written report.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-16030 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-16030, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-16030, filed 4/22/03, effective 8/1/03.]

WAC 296-823-170 Medical records and recording needle stick and sharps injuries.

Your responsibility: To establish and maintain medical records, and record all occupational injuries resulting from contaminated needle sticks or cuts from contaminated sharps.

<i>You must</i>	<i>in section:</i>
Establish and maintain medical records	WAC 296-823-17005
Record needle stick and sharps injuries	WAC 296-823-17010

[Statutory Authority: RCW 49.17.010, .040, and .050. 16-23-138 (Order 16-10), § 296-823-170 filed 11/22/16, effective 12/23/16.
Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-170 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-170, filed 4/22/03, effective 8/1/03.]

WAC 296-823-17005 Establish and maintain medical records.

- (1) You must establish and maintain an accurate medical record for each employee with occupational exposure.
- (2) You must make sure this record includes ALL of the following that apply:
 - (a) Name and Social Security number of the employee;
 - (b) A copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations;
 - (c) Any medical records related to the employee's ability to receive vaccinations;
 - (d) The HBV declination statement;
 - (e) A copy of all results of examinations, medical testing, and follow-up procedures related to post-exposure evaluations;
 - (f) Your copy of the health care professional's written opinion;
 - (g) A copy of the information provided to the health care professional as required.
- (3) You must make sure that employee medical records are:
 - (a) Kept confidential;
 - (b) Not disclosed or reported to any person, without the employee's written consent, except as required by this section or as may be required by law.

Note:

1. *In some industries, a medical record is also known as the employee health file.*
2. *You may contract with the medical professional responsible for hepatitis B vaccination and post-exposure evaluation to maintain employee records.*

Reference: You need to follow additional requirements for medical records found in chapter [296-802](#) WAC, Employee medical and exposure records.

[Statutory Authority: RCW 49.17.010, .040, .050, and .060. 18-04-096 (Order 17-26), § 296-823-17005, filed 02/06/2018, effective 03/09/2018. Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-17005 filed 11/17/15, effective 12/17/15 Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-17005, filed 4/22/03, effective 8/1/03.]

WAC 296-823-17010 Recording needle stick and sharps injuries.

- (1) You must follow the requirements in chapter [296-27](#) WAC, Recordkeeping and reporting, for recording occupational injuries and illnesses including needle stick and sharps injuries, unless you meet one of the exemptions specified in WAC [296-27-00103](#) or [296-27-00105](#).
- (2) If you are not exempt from the recordkeeping requirements in chapter [296-27](#), then you must also record the type and brand of device involved in injuries resulting from a needle stick or cut with a sharps that is contaminated with another person's blood or other potentially infectious material on the OSHA 300 log or equivalent form.

[Statutory Authority: RCW 49.17.010, .040, and .050. 16-23-138 (Order 16-10), § 296-823-17010 filed 11/22/16, effective 12/23/16. (Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-17010 filed 11/17/15, effective 12/17/15 Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-17010, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-17010, filed 4/22/03, effective 8/1/03.]

WAC 296-823-180 Additional requirements for HIV and HBV research laboratories and production facilities.

Your responsibility: To implement and enforce these additional rules in research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV.

EXEMPTION:

This section does NOT apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

Note: Production and research facilities. Hepatitis C (HCV) is the virus involved in most cases of parenterally transmitted (bloodborne) non-A, non-B hepatitis in the United States. Most individuals who contact HCV become chronically infected (85%) and develop chronic hepatitis (70%). It is recommended that you also follow these requirements for HCV production and research facilities.

You must meet the requirements...	in this section:
Prepare, review, and update a biosafety manual	WAC 296-823-18005
Follow these special practices for the work area	WAC 296-823-18010
Make sure these practices for contaminated material and waste are followed	WAC 296-823-18015
Make sure these special practices for personal protective equipment (PPE) and other safeguards are followed	WAC 296-823-18020
Protect vacuum lines	WAC 296-823-18025
Use and handle hypodermic needles and syringes appropriately and safely	WAC 296-823-18030
Handle all spills and accidents properly	WAC 296-823-18035
Post signs	WAC 296-823-18040
Provide additional training for facility employees	WAC 296-823-18045
Furnish a sink for washing hands and a readily available eye wash facility	WAC 296-823-18050

<i>You must meet the requirements...</i>	<i>in this section:</i>
Make sure these additional criteria are followed for HIV and HBV production facilities	WAC 296-823-18055

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-180 filed 11/17/15, effective 12/17/15
 Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-180, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-180, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18005 Prepare, review, and update a biosafety manual.

- (1) You must prepare or adopt a biosafety manual. This manual must be:
 - (a) Periodically reviewed;
 - (b) Updated at least annually or more often, if necessary.
- (2) You must make sure employees are:
 - (a) Advised of potential hazards;
 - (b) Required to read and follow instructions about practices and procedures.
- (3) You must establish written policies and procedures where only authorized persons can enter work areas and animal rooms.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18005 filed 11/17/15, effective 12/17/15
 Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-18005, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18010 Follow these special practices for the work area.

- (1) You must make sure only authorized persons are allowed to enter the work areas and animal rooms. Authorized persons must:
 - (a) Have been advised of the potential biohazard;
 - (b) Meet any specific entry requirements;
 - (c) Comply with all entry and exit procedures.
- (2) Keep laboratory doors closed when work involving HIV or HBV is in progress.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18010 filed 11/17/15, effective 12/17/15
 Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-18010, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18015 Make sure these practices for contaminated material and waste are followed.

- (1) You must incinerate or decontaminate all regulated waste by a method known to effectively destroy bloodborne pathogens, such as autoclaving.
- (2) You must make sure to place materials to be decontaminated away from the work area in a container that is:
 - (a) Durable;
 - (b) Leakproof;
 - (c) Appropriately labeled, or color-coded;
 - (d) Closed before being removed from the work area.

Reference: You can find additional requirements for appropriate labels and color-coding in WAC 296-823-14025.

- (3) You must incinerate or decontaminate ALL waste from work areas and from animal rooms before disposal.
- (4) You must make sure an autoclave is available for decontamination of regulated waste.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18015 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, 49.17.060. WSR 07-03-163, § 296-823-18015, filed 1/24/07, effective 4/1/07; WSR 04-12-070, § 296-823-18015, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-18015, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18020 Make sure these special practices for personal protective equipment (PPE) and other safeguards are followed.

- (1) You must make sure appropriate personal protective clothing is used in work areas and animal rooms. Examples of appropriate personal protective clothing include:
 - (a) Laboratory coats;
 - (b) Gowns;
 - (c) Smocks;
 - (d) Uniforms.
- (2) You must decontaminate protective clothing before it is laundered.
- (3) You must make sure employees remove protective clothing before leaving their work area.
- (4) You must take special care to avoid skin contact with other potentially infectious materials (OPIM).
- (5) You must wear gloves when handling infected animals and when you cannot avoid making hand contact with OPIM.

- (6) You must conduct all activities involving OPIM in biological safety cabinets or other physical-containment devices within the containment module. No work with OPIM must be conducted on the open bench.
- (a) Appropriate certified biological safety cabinets (Class I, II, or III) or personal protection or physical containment devices must be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.
 - (b) Appropriate personal protection and physical containment devices include:
 - (i) Special protective clothing;
 - (ii) Respirators;
 - (iii) Centrifuge safety cups;
 - (iv) Sealed centrifuge rotors;
 - (v) Containment caging for animals.
 - (c) Biological safety cabinets must be certified when installed or moved, and at least annually.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18020 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-18020, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18025 Protect vacuum lines.

You must protect vacuum lines with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of same or greater efficiency. Make sure filters are checked routinely and maintained or replaced as necessary.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18025 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-18025, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18030 Use and handle hypodermic needles and syringes appropriately and safely.

You must use hypodermic needles and syringes only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles.

- (1) Use only needle-locking syringes or disposable syringe-needle units (when the needle is integral to the syringe) for the injection or aspiration of other potentially infectious materials (OPIM).
- (2) Use extreme caution when handling needles and syringes.
- (3) The needle must not be bent, sheared, replaced in the sheath or guard, or removed from the syringe after use.

- (4) Place the needle and syringe promptly in a puncture-resistant container and autoclave or decontaminate before reuse or disposal.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18030 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-18030, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18035 Handle all spills and accidents properly.

- (1) You must make sure appropriate professional staff or others, properly trained and equipped to work with concentrated potentially infectious materials, immediately contain and clean up all spills.
- (2) You must make sure that employees report a spill or accident that results in an exposure incident immediately to the laboratory director or other responsible person.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18035 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-18035, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18040 Post signs.

- (1) You must post signs at the entrance to work areas and all access doors when other potentially infectious materials (OPIM) or infected animals are present in the work area or containment module.
- (2) You must make sure signs:
 - (a) Contain the following symbol and information:



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

- (b) Are all or mostly fluorescent orange-red with lettering and symbol in a contrasting color.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18040 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 03-09-110, § 296-823-18040, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18045 Provide additional training for facility employees.

- (1) You must provide initial training to employees in HIV or HBV research laboratories or production facilities in addition to the training required in WAC 296-823-120
- (2) You must make sure that employees demonstrate proficiency in the following:
 - (a) Standard microbiological practices and techniques;
 - (b) The practices and operations specific to the facility BEFORE being allowed to work with HIV or HBV.
- (3) You must provide a training program to employees working with HIV or HBV who have no prior experience in handling human pathogens.
 - (a) Initial work activities must not include the handling of infectious agents.
 - (b) A progression of work activities must be assigned as techniques are learned and proficiency is developed.
- (4) You must make sure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18045 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-18045, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-18045, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18050 Furnish a sink for washing hands and a readily available eye wash facility.

- (1) You must make sure each work area contains a sink for handwashing and an eyewash facility is readily available. For HIV and HBV production facilities, the sink must be operated automatically or by foot or elbow and must be located near the exit door of the work area.

Reference: Requirements for emergency eyewash stations can be found in WAC [296-800-15030](#).

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18050 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, and 49.17.060. WSR 04-12-070, § 296-823-18050, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-18050, filed 4/22/03, effective 8/1/03.]

WAC 296-823-18055 Make sure these additional criteria are followed for HIV and HBV production facilities.

- (1) You must separate the HIV and HBV work areas from areas that are open to unrestricted traffic flow within the building.
- (2) You must use two sets of doors to separate HIV and HBV work areas from access corridors or other contiguous areas.

Note: You may provide a physical separation of the high-containment work area from access corridors or other areas or activities by providing:

1. *A double-doored clothes-change room (showers may be included);*
2. *Airlock; or*
3. *Other access facilities that require passing through two sets of doors before entering the work area.*

- (3) You must make sure the surfaces of doors, walls, floors, and ceilings in the work area are water resistant so they can be easily cleaned. These surfaces must be sealed or capable of being sealed to facilitate decontamination.
- (4) You must make sure access doors to the work area or containment module are self-closing.
- (5) You must provide a ducted exhaust-air ventilation system.
 - (a) This system must create directional airflow that draws air into the work area through the entry area and you must verify this airflow.
 - (b) The exhaust air must:
 - (i) NOT be recirculated to any other area of the building;
 - (ii) Be discharged to the outside;
 - (iii) Be dispersed away from occupied areas and air intakes.
- (6) Make sure an autoclave for decontamination of regulated waste is available within or as near as possible to the work area.

[Statutory Authority: RCW 49.17.010, .040, and .050. 15-23-086 (Order 14-16) § 296-823-18055 filed 11/17/15, effective 12/17/15
Statutory Authority: RCW [49.17.010](#), 49.17.040, 49.17.050, 49.17.060. WSR 07-03-163, § 296-823-18055, filed 1/24/07, effective 4/1/07; WSR 04-12-070, § 296-823-18055, filed 6/1/04, effective 9/1/04; WSR 03-09-110, § 296-823-18055, filed 4/22/03, effective 8/1/03.]

Occupational Exposure to Bloodborne Pathogens**Resources****Chapter 296-823 WAC****Helpful Tools**

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Training Documentation Form

Facility Name:	
Training subject or title:	
Training dates:	
Comments or summary of the training session:	

Employees Who Completed This Training

Name	Job Title

Trainer(s):	
Qualifications:	

Note: Training records must be maintained for 3 years after the date of the training

Guidance on Handling of Criminal Evidence

IMPORTANT INFORMATION

These guidelines will assist law enforcement agencies in meeting the requirements of the Bloodborne Pathogens (BBP) rule when collecting and preserving criminal evidence.

Law enforcement agencies are responsible for:

- Collecting and preserving criminal evidence for future job analysis; and
- Protecting criminal evidence from contamination.

SPECIMENS AS CRIMINAL EVIDENCE

Criminal evidence such as clothing and other items contaminated with blood or other potentially infectious materials (OPIM) are considered “specimens” and fall under the scope of the BBP rule. Blood is one of the most common types of criminal evidence and one of the most fragile.

PRESERVING SPECIMENS AS CRIMINAL EVIDENCE

DOSH recognizes the risks and unique requirements involved in the storage of criminal evidence contaminated with blood or OPIM.

Packaging of contaminated blood and OPIM to protect employees from exposure as described in the BBP rule would not work for the storage of these specimens as criminal evidence. If you followed the packaging requirements found in the BBP rule, the results would be:

- Accelerated deterioration of the specimens; and
- An inability to meet your need to store the specimens for extended periods of time.

For example, packaging wet or damp bloodstains in airtight containers, such as plastic bags, will cause them to deteriorate, shortly becoming useless. In an effort to minimize deterioration, specific forensic practices for the collection and packaging of specimens needs to be followed:

Law enforcement agencies need to:

- Air dry blood-soaked criminal evidence as soon as possible following collection.
- Place items in brown unbleached heavy paper bags for storage.
- Comply with all other applicable sections of the BBP rule.

Law enforcement officers, forensic scientists, and court employees who handle and prepare specimens need to :

- **Use appropriate personal protective equipment (PPE) at all times.**

Health Care Professional's Written Opinion for Post-Exposure Evaluation

Employee's Name:	
Date of Incident:	
Date of Evaluation:	
Health Care Professional's Address and Telephone Number	

_____ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination is _____ is not _____ indicated.

_____ Health Care Professional's Name:

_____ Health Care Professional's Signature

_____ Date

Return this form to the employer and provide a copy to the employee within 15 days. Please label the outside of the envelope "CONFIDENTIAL."

Employer's Name: _____

Employer's Address: _____

Confidential Fax: _____

Health Care Professional's Written Opinion for Hepatitis B Vaccination

Employee's Name:	
Date of Evaluation:	
Health Care Professional's Address and Telephone Number	

As required by the Occupational Exposure to Bloodborne Pathogens rule, Chapter [296-823](#) WAC:

Hepatitis B vaccination **is** _____ **is not** _____ recommended for the employee named above.

The employee named above is scheduled to receive 3 hepatitis B vaccinations on the following dates:

1st of 3 _____

2nd of 3 _____

3rd of 3 _____

Health Care Provider's Name

Health Care Provider's Signature and Date

Return this form to the employer, and provide a copy to the employee, within 15 days. Please label the outside of the envelope "CONFIDENTIAL."

Employer's Name: _____

Employer's Address: _____

Confidential Fax: _____

Hepatitis B Vaccine Declination Form

Facility Name: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

You have given me the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself.

However, I decline the 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 vaccine, I can receive the vaccination series at no charge to myself.

I have already received the hepatitis B vaccination series.

Employee's Name (Print)_____
Employee's Signature and Date

Sharps Injury Log

Establishment Name: _____

Year: _____

The Bloodborne Pathogen rule requires that you establish and maintain a Sharps Injury Log to record all contaminated sharps injuries in a facility. The purpose of this log is to help you evaluate and identify problem devices or procedures that require attention.

The Sharps Injury Log need to do all of the following:

- Maintain sharps injuries separately from other injuries and illnesses kept on the Injury and Illness Log as required by WAC 296-27, Recordkeeping and Reporting;
- Include ALL sharps injuries that occur during a calendar year;
- Be retained for 5 years beyond the completion of that calendar year; and
- Preserve the confidentiality of affected employees.

Sample format for recording sharps injuries:

Date	Case/ Report No.	Type of Device <i>(Examples)</i> <i>Syringe</i> <i>Suture</i> <i>Needle</i>	Brand Name of Device	Work Area where injury occurred <i>(Examples)</i> <i>Geriatrics</i> <i>Lab</i>	of description of how the incident occurred <i>(Examples)</i> <i>Procedure being done</i> <i>Action being performed</i> <i>Injection</i> <i>Disposal, body part injured</i>

Exposure Control Plan (ECP)

This is a model for developing your written bloodborne pathogens exposure control plan. It was developed with the small business employer in mind and needs to be adapted to fit your specific needs. Be sure to consult Chapter [296-823 WAC](#), Occupational Exposure to Bloodborne Pathogens, for requirements that apply to your workplace.

IMPORTANT: The elements of your exposure control plan may be located in other documents such as your policies and procedures. Make sure to reference the location of these documents in your plan.

1. OVERVIEW

(*Facility Name*) _____ is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

Employees can review this plan at any time during their work shifts. We will provide a copy, free of charge, to an employee within 15 days of a request.

This plan includes:

- Overview;
- Identify employees who are at risk for exposure;
- Controlling employee exposure to bloodborne pathogens;
- Employee training and hazardous communication;
- Post-exposure evaluation and follow-up; and
- Recordkeeping.

Note:

Part-time, temporary, contract, and per diem employees are covered by WAC [296-823 WAC](#), Occupational Exposure to Bloodborne Pathogens. Be sure to describe how you will meet the requirements for these employees.

2. IDENTIFY EMPLOYEES WHO ARE AT RISK FOR EXPOSURE

The following are job classifications in our establishment in which ALL employees have occupational exposure to bloodborne pathogens:

JOB TITLE <i>(Example)</i> <i>Phlebotomist</i>	DEPARTMENT/LOCATION <i>(Example)</i> <i>Clinical Laboratory</i>

The following are job classifications in our establishment in which SOME employees have occupational exposure to bloodborne pathogens:

JOB TITLE <i>(Example)</i> <i>Housekeeper</i>	DEPARTMENT/LOCATION <i>(Example)</i> <i>Environmental Services</i>	TASK/PROCEDURE <i>(Example)</i> <i>Handling Regulated Waste</i>

Contact names and telephone numbers:

(Name of responsible person or department) is/are responsible for implementing the exposure control plan.

(Name of responsible person or department) who will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.

(Name of responsible person or department) who will make this plan available to employees, and WISHA (Washington Industrial Safety and Health Act) representatives.

(Name of responsible person or department) who will be responsible for making sure all medical actions required are performed, and that appropriate employee medical records are maintained.

(Name of responsible person or department) who will make sure this list is kept up-to-date.

3. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS

We use the following methods to control employee exposure:

A. Infection control or isolation system used:

(List the following: the infection control or isolation system you will be using, a description of the system, and how the system applies to your workplace or a reference to the appropriate policies and procedures.)

All employees must use:

(Name of responsible person or department) who is the person to contact if you have questions regarding this system.

B. Safer medical devices and equipment used to minimize occupational exposure

- The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.
- The specific safer medical devices that we use are:
(For example: self-sheathing needles, needleless systems, and plastic capillary tubes)

- The specific equipment used to minimize or eliminate exposure that we use are:
(For example: sharps containers and biosafety cabinets)

- Sharps disposal containers are inspected and maintained or replaced:

By: *(Name of responsible person or department)*

Every: *(list frequency)*

Or: *(Whenever necessary to prevent overfilling)*

- We identify opportunities to improve control through:
(Examples: Review of sharps log, employee interviews, safety committee activities, etc.)
-
-

- We evaluate new products regularly by:
(Describe the process, literature reviewed, supplier information, products considered)
-
-

- Both frontline workers and management officials are involved in this process improvement by:
(Describe how employees will be involved)
-
-

Contact names and telephone numbers:

(Names of responsible person or department who will make sure that recommendations are effectively implemented.

C. Personal protective equipment (PPE)

- PPE is provided to our employees at no cost.

-
- The types of PPE available to employees are:
(*Examples: gloves, eye protection, etc.*)
-

-
- PPE is located: List location
-

- All employees using PPE must observe the following precautions:
 - Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
 - Wear appropriate gloves when you:
 - Can reasonably anticipate hand contact with blood or OPIM;
 - Handle or touch contaminated items or surfaces.
 - Replace gloves if torn, punctured, contaminated, or otherwise damaged.
 - Decontaminate reusable gloves if they do not show signs of cracking, peeling, tearing, puncturing, or other deterioration.
 - Never wash or decontaminate disposable gloves for reuse.
 - Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - Remove PPE after it becomes contaminated, and before leaving the work area.
 - Dispose of contaminated PPE in designated containers (*list*).
 - Remove blood-or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.
- The procedure for handling **used PPE** is:
(*For example, how and where to decontaminate face shields, eye protection, resuscitation equipment. May refer to specific procedure by title or number and last date of review.*)

Contact names and telephone numbers:

(Name of responsible person or department) who will maintain and provide all the necessary PPE, controls (such as sharps containers), labels, and red bags as required.

(Name of responsible person or department) who will make sure that adequate supplies of the PPE are available in the appropriate sizes and types.

D. Work practices used to minimize occupational exposure

- We use the following work practices to eliminate or minimize employee exposure:
(For example: follow proper procedures to remove and properly dispose of gloves)
-
-

- Changes in work practices are identified through:
(Examples: Review of sharps log, employee interviews, and safety committee activities)
 - We evaluate new products regularly by involving both frontline workers and management:
(Describe the process, literature reviewed, supplier information, products considered and personnel involved)
-
-

Contact names and telephone numbers:

(Name of responsible person or department) who will make sure that recommendations are effectively implemented.

E. Housekeeping

- Written schedules for cleaning and methods of decontamination are located:
(For example: the location of the cleaning schedule for the laboratory and the specific disinfectant products used)

- Regulated waste is placed in containers which:
 - Contain all contents;
 - Do not leak;
 - Are appropriately labeled or color-coded (see Labels section of this plan);
 - Are closed prior to removal to prevent contact spilling or protruding during handling.
 - Contaminated sharps are discarded immediately or as soon as possible in containers that are:
 - Closable;
 - Puncture-resistant;
 - Leak-proof on sides and bottoms;
 - Labeled or color-coded appropriately.
 - Sharps disposal containers are available at: *(must be easily accessible and as close as feasible to the immediate area where sharps are used)*
-
-
-

- The procedure for handling sharps disposal containers is:
(You may refer to a specific procedure by title of number at last date reviewed)
-
-
-

- The procedure for handling other regulated waste is: *(you may refer to a specific procedure by title or number and last date reviewed)*
-
-
-

- Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.

- Broken glassware that may be contaminated is picked up by using mechanical means, such as a brush and dustpan.

Contact names and telephone numbers:

(Name of responsible person or department) who will provide sharps and other containers as required.

F. Laundry

- We launder the following contaminated articles:

- Laundering is done as follows:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place contaminated laundry in leak-proof, labeled or color-coded containers before transporting. Use color coded bags or bags marked with the biohazard symbol for this purpose.

- Wear the following PPE when handling and/or sorting contaminated laundry:

- The schedule for laundry: *(Time and location)*

Contact names and telephone numbers:

(Name of responsible person or department) who will make sure laundry is done as required.

G. Using Labels

Labeling is done as follows:

EQUIPMENT TO BE LABELED <i>For example: Specimens, contaminated laundry, etc.)</i>	LABEL TYPE <i>(Size, color, red bag, biohazard label, etc.)</i>

Contact names and telephone numbers:

(Name of responsible person or department) who will make sure laundry is done as required.

H. Hepatitis B Vaccination

- Laundering is done as follows:
 - At no cost after training;
 - Within 10 days of initial assignment to employees identified in Section 2 of this plan, Identifying Employees Who Are At Risk For Exposure.
- Vaccination is encouraged unless:
 - We have documentation that the employee has previously received the series;
 - Antibody testing reveals that the employee is immune;
 - Medical evaluation shows that vaccination is contraindicated.
- A copy of the health care professional's written opinion will be provided to the employee.
- Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost.
- Vaccinations will be provided by: List the health care professional who is responsible for this part of the plan
at location

Contact names and telephone numbers:

(Name of responsible person or department) who will make sure vaccinations are available and encouraged as required.

4. EMPLOYEE TRAINING AND HAZARD COMMUNICATION

All employees who have occupational exposure to bloodborne pathogens receive training conducted by (*Name of responsible person or department*)

Training will be provided before initial assignment to tasks where occupational exposure may take place, annually, and when changes in tasks or procedures take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Copy and explanation of chapter [296-823](#) WAC, Occupational Exposure to Bloodborne Pathogens.
- Explanation of our Exposure Control Plan and how to obtain a copy.
- This must also be done at the annual refresher training.
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.
- The use and limitations of controls, work practices, and PPE.
- The basis for PPE selection and an explanation of:
 - Types;
 - Uses;
 - Location;
 - Handling;
 - Removal;
 - Decontamination;
 - Disposal.
- Information on the hepatitis vaccine, including:
 - Effectiveness;
 - Safety;
 - Method of administration;
 - Benefits of being vaccinated;
 - Offered free of charge.
- Actions to take and persons to contact in an emergency involving blood or OPIM.
- Procedures to follow if an exposure incident occurs, including:
 - How to report the incident;
 - Medical follow-up available.

- Employee's evaluation and follow-up after an exposure incident.
- Signs, labels, and color-coding used.
- Interactive questions and answers with the trainer.

Training materials for this facility are located at: _____

Training records are maintained for each employee upon completion of training.

These documents will be kept for a least 3 years at: Name of responsible person or department and location of records.

The training records should include the following information about training sessions:

- Date;
- Contents or a summary;
- Names and qualifications of trainers;
- Names and job titles of all attendees.

Training records are provided to employees or their authorized representative within 15 working days of a request. Requests for training records should be addressed to: Name and address of responsible person or department.

Contact names and telephone numbers:

Name of responsible person or department who will make sure all training records are maintained.

5. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Do the following after initial first-aid is given:

- Following the initial first-aid treatments such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:
 - Document the routes of exposure and how the exposure occurred.
 - Identify and document the source individual, unless that is not possible or is prohibited by state or local law.
 - Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity.

- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.
 - Document that the source individual’s test results were conveyed to the employee’s health care provider.
 - Provide the exposed employee with the source individual’s test results.
 - Provide the exposed employee with information about laws on confidentiality for the source individual.
 - Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, or HIV.
 - If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days.
 - If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible.
 - Provide the exposed employee with a copy of the health care professional’s written opinion.

B. Administration of post-exposure evaluation and follow-up

Employees are provided immediate medical evaluation and follow-up services through:

(List the procedure for providing immediate medical services to employees. Include name and address and telephone number of the medical provider that you have identified to provide these services.)

IMPORTANT: *Appropriate medical services must be available to employees during all work hours.*

Contact names and telephone numbers:

(Name of responsible person or department) who will make sure all medical actions required are performed.

C. Review the circumstances of an exposure incident as follows:

- The circumstances of any exposure incident will be reviewed to determine:
 - Controls in use at the time;
 - Work practices that were followed;
 - Description of the device used (*including type and brand*);
 - Protective equipment or clothing in use at the time;
 - Location of incident;
 - Procedure being performed when the incident occurred;
 - Employee’s training.

Contact names and telephone numbers:

(Name of responsible person or department) who is responsible for reviewing exposure incidents as required.

6. RECORDKEEPING

A. Medical Records

- Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens in accordance with WAC [296-62-052](#), Access to Records.

(Name of responsible person or department) who is responsible for maintaining medical records.

These confidential records are kept *(List location)* for at least 30 years beyond the length of employment.

Contact names and telephone numbers:

(Name of responsible person or department) who will make sure appropriate employee health, OSHA and WISHA records are maintained as required.

B. Sharps injury log

- In addition to WAC [296-27](#), Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:
 - Date of injury;
 - Type and brand of the device involved;
 - Where the incident occurred;
 - How the incident occurred.
- This log is reviewed at least once a year as part of the annual program evaluation and is kept for 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

Contact names and telephone numbers:

(Name of responsible person or department) who is responsible for maintaining the Sharps Injury Log.