

Exposure Control Plan

1.0 PURPOSE

The Washington Metropolitan Area Transit Authority (WMATA) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens". The Federal OSHA standard applies to WMATA facilities located in the District of Columbia. This Exposure Control Plan is also intended to comply with the Maryland and Virginia Standards, which jurisdictions have either adopted the Federal regulation, or a conforming standard. This Exposure Control Plan includes the following:

- determination of employee exposure
- implementation of various method of exposure control including :
 - Universal Precautions
 - Engineering and work practice controls
 - Personal Protective Equipment
- Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Training of employees and communication of the hazards
- Recordkeeping
- the procedure for the evaluation of circumstances surrounding exposure incidents.

2.0 SCOPE

2.1 This plan is established for Authority-wide application.

3.0 EXPOSURE DETERMINATION

3.1 The following is a list of all job classifications in which all employees have occupational exposure to bloodborne pathogens.

3.1.1 Rail Service

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- 3.1.1.1 Station Managers – provide first aid and CPR to patrons
- 3.1.1.2 Laborers – respond to persons-struck-by-train accidents and clean track beds
- 3.1.1.3 Road Mechanics – respond to persons-struck-by-train accidents and assist rescuers in extricating persons
- 3.1.1.4 Line Quality Managers – respond to persons-struck-by-train accidents and inspect track and related equipment
- 3.1.1.5 Track Walkers and Repairers – respond to persons-struck-by-train accidents and are involved in cleaning the track bed
- 3.1.1.6 RTRA Supervisors – provide first aid to injured patrons
- 3.1.1.7 Rail Car Cleaners – clean rail cars after injuries, remove abandoned illicit drug paraphernalia
- 3.1.2 Office of Plant Maintenance (PLNT)
 - 3.1.2.1 Janitors – respond to facilities to clean up after accidents, and are exposed during clean-up of illicit drug paraphernalia
 - 3.1.2.2 Plumbers – exposed to raw sewage while performing maintenance on and repairing sewage ejectors and sanitary sewer systems
 - 3.1.2.3 Gardeners – remove illicit drug paraphernalia from the landscaped areas around WMATA facilities
 - 3.1.2.4 Truck Drivers – remove trash from facilities including public areas which may contain discarded illicit drug paraphernalia
 - 3.1.2.5 General Equipment Mechanics – assist with maintenance of sewage ejectors
 - 3.1.2.6 Escalator Mechanics – when inspecting and repairing escalators after accidents involving injuries
 - 3.1.2.7 GMAC bus shelter and loop maintenance personnel – when removing abandoned illicit drug paraphernalia
- 3.1.3 Department of Bus Services (BUS)

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- 3.1.3.1 Bus Supervisors – respond to accidents that may involve traumatic injury and when removing abandoned illicit drug paraphernalia from buses
- 3.1.3.2 Cleaners and Cleaner-Shifters – clean buses involved in accidents with traumatic injuries, and those who are assigned to clean buses in divisions with a history of drug paraphernalia on buses
- 3.1.3.3 Service Truck and Tow Truck Operators – respond to accidents that may involve traumatic injury
- 3.1.4 Metro Transit Police Department (MTPD)
 - 3.1.4.1 Sworn Metro Transit Police Officers – specified in preamble of OSHA standard
- 3.1.5 Office of Human Resources Operations Services (HROS)
 - 3.1.5.1 Occupational Health Nurse – specified in preamble of OSHA standard
 - 3.1.5.2 Physicians – specified in preamble of OSHA standard
 - 3.1.5.3 Medical Assistants – those who handle blood and urine specimens
- 3.1.6 Department of Safety and Environmental Management (SAFE)
 - 3.1.6.1 The following personnel are exposed when conducting investigations involving traumatic injuries:
 - 3.1.6.1.1 SAFE Management
 - 3.1.6.1.2 Safety Officers
 - 3.1.6.1.3 Fire Marshal
- 3.2 The following is a list of job classifications in which some employees have occupational exposure to bloodborne pathogens.
 - 3.2.1 Bus Services

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3.2.1.1 Mechanics that are assigned to respond to accidents and might have to assist in extrication of injured personnel.

****Note** – Bus Operators may receive bloodborne pathogens training as determined by Bus Services. Bus Operators are not considered to be occupationally exposed, thus WMATA is not responsible for administering the HBV vaccines. Bus Operators who wish to receive the vaccine should contact their medical provider after receiving training.

4.0 SCHEDULE AND METHODS OF IMPLEMENTATION

4.1 Training

- 4.1.1 The Department of Safety (SAFE) and the Office of Human Resources Operations Services (HROS) maintain and update this Plan. Employees covered by the standard receive an explanation of this plan during their initial training period. SAFE will provide a copy of the plan to any employee upon request.
- 4.1.2 Based on the OSHA standard, an Authority training package was developed for distribution to those organizations with exposed personnel.
- 4.1.3 The Department of Safety provides bloodborne pathogens training regularly throughout the year, and on an as-needed basis with individual departments.
- 4.1.4 HROS Occupational Health Nurse provides bloodborne pathogens training to those that require it during New Employee Orientation.
- 4.1.5 Refresher training is available through Computer Based Training.
- 4.1.6 Training Records are maintained on the enterprise learning management system overseen by HR. Training records include the employees name, department, position, date of training, all persons who attended the training and the instructor.

4.2 Recordkeeping

- 4.2.1 HROS Medical Officer maintains lists of occupationally exposed personnel and ensures that the respective medical files are updated with information required by the standard and that confidentiality is maintained is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). The initial determination is made by the

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Third Party Administrator with the final determination by the Department of Safety.

4.3 Evaluation of Exposure Control Plan Effectiveness

4.3.1 This Exposure Control Plan is intended to be a dynamic document and will be reviewed at least once annually as required by the OSHA standard and revised as necessary. A copy of this Plan should be made available to all employees with occupational exposure to bloodborne pathogens.

5.0 METHODS OF COMPLIANCE

5.1 Engineering Controls and Work Practices

5.1.1 Administration of first aid

5.1.1.1 All employees who administer first aid as part of their responsibilities shall utilize universal precautions: treat all human blood and body fluids as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

5.1.1.2 Employees shall avoid direct contact with blood.

5.1.1.3 If first aid requires cleaning or dressing wounds, employees must wear gloves, available in the kiosk and wherever first aid kits are maintained. However, the following procedures are to be followed as though gloves are not being worn:

5.1.1.3.1 Control of bleeding should be performed with sufficient numbers of sterile gauze pads to prevent saturation of the gauze pads and skin contact with blood.

5.1.1.3.2 Application of first aid cream to a wound shall be by applicator or gauze pad and not by the finger.

5.1.1.3.3 Application of an adhesive strip or gauze pad and tape shall be in a manner that avoids direct contact with blood.

5.1.1.3.4 Gauze and/or articles of clothing saturated with blood should be picked up by the responding emergency services and disposed of with waste generated by their care.

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- 5.1.1.3.5 For incidents involving minor injuries in which gloves, gauze pads, etc. are not soaked with blood or body fluids, the waste may be placed in a standard trash container.
- 5.1.1.3.6 The person rendering first aid shall ensure that the area has been cleaned of all materials that have contacted blood or body fluids.
- 5.1.1.3.7 All blood-soaked items including gloves must be disposed of in a double, red, bio-hazard disposal bag. Contact Custodial Services for the location of the nearest bio-hazard disposal container. A disposal container is located in all rail station and WMATA facilities.
- 5.1.1.3.8 Custodial Services shall be notified as soon as possible for cleanup of blood and body fluids. Contaminated areas must be barricaded to prevent patron access until areas are cleaned and disinfected.
- 5.1.1.3.9 After removing their gloves, persons rendering first aid shall immediately wash their hands with soap and warm running water. Antiseptic towelettes are provided in the first aid kit and should be used if soap and water are not immediately available.

5.1.2 Removal and Disposal of Illicit Abandoned Drug Paraphernalia

5.1.2.1 Employees who discover drug paraphernalia on WMATA property will notify the Metro Transit Police (MTPD) at (202) 962-2121 and be guided by the following:

- 5.1.2.1.1 If the MTPD determines that the drug paraphernalia is needed for investigative purposes, the MTPD will collect the material in accordance with MTPD procedures.
- 5.1.2.1.2 If the MTPD determines that the drug paraphernalia is not needed for investigative purposes, the discovering employee will notify ROCC, BOCC, or MOC who will dispatch trained personnel to remove the materials.

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5.1.2.2 Employees (except MTPD) assigned to collect abandoned drug paraphernalia shall do so in the following manner:

- 5.1.2.2.1 Spray syringes and needles with pre-mixed 10% bleach solution. Eye protection must be worn when using bleach solution.
- 5.1.2.2.2 Use tongs or dust pan and brush to collect or pick up syringes and needles. Do not pick up syringes or needles with hands.
- 5.1.2.2.3 Drop syringe/needles into red sharps container.
- 5.1.2.2.4 Store sharps container in secured location. Sharps containers shall not be over-filled. Top to filled container must close and seal tightly and be taped closed. Contact MOC for proper disposal of filled sharps containers. Filled or partially filled sharps containers are not to be transported by WMATA personnel.
- 5.1.2.2.5 Spray tongs or dust pan and brush with 10% bleach solution and allow to air dry.
- 5.1.2.2.6 Wash hands with soap and warm running water after completing task.

5.1.3 Metro Transit Police

5.1.3.1 Metro Transit Police General Order 265 provides guidelines for the prevention of communicable disease including how to handle evidence that may be contaminated. It also identifies the Captain, Administrative Services Bureau as the Exposure Control Officer.

5.1.4 Medical Services

5.1.4.1 Physicians performing phlebotomy shall:

- 5.1.4.1.1 Ensure that sharps container and blood tube holder are in close proximity to the work area. Sharps container shall not be over-filled. Top of sharps container must be closed and sealed tightly and secured with tape. Contact MOC for disposal of filled sharps containers.

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5.1.4.1.2 Dispose of entire vacu-tainer or syringe in sharps container upon completion of procedure.

5.1.4.1.3 Apply biohazard label to sample container/plastic bag as indicated.

5.1.4.2 Physicians performing urinalysis screening shall:

5.1.4.2.1 Wear gloves while performing test and disposing of urine.

5.1.4.2.2 Discard urine test dip stick into waste receptacle after completing test. Dispose of urine into sanitary sewer via commode and dispose of used specimen container in waste receptacle.

5.1.4.3 In the event of a blood or urine specimen spill, the physician shall:

5.1.4.3.1 Place coagulation/disinfectant chemical on blood spill, spray urine spill with bleach solution, place down absorbent sheets and notify Custodial Services.

5.1.4.3.2 Ensure that the custodian uses tongs to pick up absorbent sheets, uses dust pan and brush or tongs to pick up broken glass, and discards waste in receptacle.

5.1.4.3.3 Ensure that custodian prepares a minimum 10% bleach solution in bucket and disinfects dust pan and brush or tongs.

5.1.4.4 Employees involved in specimen chain-of-custody shall:

5.1.4.4.1 Ensure that plastic bag is sealed and biohazard label is placed on bag or in locked refrigerator.

5.1.5 Plumbers and General Equipment Mechanics

5.1.5.1 Employees assigned to repair and maintain sewage ejectors and sanitary sewage systems shall:

5.1.5.1.1 Avoid direct skin or mucous membrane contact with sewage.

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5.1.5.1.2 Reduce pressure, when feasible, from charged lines and systems to decrease the potential for sudden releases and splashing.

5.1.5.2 Face shields (WMATA Stock #R42-40-0010), gloves and heavy duty nitrile gloves must be worn to minimize skin contact with raw sewage. Neoprene foul-weather gear and boots should be worn if splashing or standing in waste water is expected.

5.1.5.3 Non-disposable personal protective equipment and contaminated surfaces must be disinfected after each use with bleach solution described in section 5.3.1.3.

5.1.5.4 Confined space procedures must be followed when working in manholes and other confined spaces.

5.2 Personal Protective Equipment

5.2.1 All first aid kits in rail station kiosks, WMATA facilities and police patrol vehicles shall be supplemented with the following:

5.2.1.1 Disposable gloves in various sizes [WMATA Stock #063-00-0208 (lg.) / 09 (med.) / 10 (sm.)]

5.2.1.2 Heavy utility nitrile gloves [WMATA Stock #R42-40-0082 (sz. 10) / 83 (sz. 9) / 84 (sz. 11)]

5.2.1.3 Chemical splash goggles (WMATA Stock #067-00-0225)

5.2.1.4 Disposable coveralls [WMATA Stock #R42-40-0079 (lg.) / 80 (xl.) / 81 (med.)]

5.2.1.5 Disposable respirators (WMATA Stock #067-00-0209)

5.2.1.6 Splash apron (WMATA Stock #067-00-0743)

5.2.1.7 CPR masks (non-stock requisition)

5.2.1.8 Hypoallergenic latex gloves [WMATA Stock #067-00-0739 (med.) / 40 (lg.)]

5.2.1.9 Vironox 9 anti-microbial towelettes (WMATA Stock #067-00-0741)

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5.2.1.10 Red infectious waste disposal bags (WMATA Stock #067-00-0742)

5.2.1.11 Universal Precautions blood spill kit (WMATA Stock #067-00-0744)

5.2.2 Use of Personal Protective Equipment

5.2.2.1 Personal protective equipment (PPE) is intended to supplement control methods and for use in situations where contact with blood or body fluids is unavoidable.

5.2.2.2 Disposable gloves must be worn when providing first aid involving bleeding or contact with other body fluids.

5.2.2.3 Goggles, disposable respirators, coveralls, aprons and heavy duty utility gloves are to be immediately available in the event of severe injury involving splashing of blood. WMATA personnel acting as first responders may be exposed to such situations while emergency services are responding to the scene and are required to wear the personal protective equipment that the conditions require.

5.2.2.4 Plumbers and General Equipment Mechanics must wear the appropriate personal protective equipment for the hazards presented by the assigned work.

5.2.2.5 Face shields (WMATA Stock #R42-40-0010), gloves and heavy duty nitrile gloves should be worn to minimize skin contact with raw sewage. Neoprene foul-weather gear and boots should be worn if splashing or standing in waste water is expected. Non-disposable personal protective equipment must be disinfected after each use with bleach solution described in section 5.3.1.3.

5.3 Custodial Procedures

5.3.1 Adherence to the following procedures is required by employees assigned to clean surfaces and equipment following accidents involving blood and body fluids:

5.3.1.1 Employees must avoid all direct skin contact with blood and body parts. Body parts shall be brought to the attention of the police, emergency medical personnel, or medical examiner for removal.

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- 5.3.1.2 Employees shall wear the required personal protective equipment listed below. WMATA stock numbers for the equipment are listed in section 5.2.1.
- 5.3.1.2.1 Two pairs of gloves with the top ones being nitrile gloves. Disposable gloves will not be washed or decontaminated for re-use and will be replaced when they are torn, punctured, or when their ability to function as a barrier is compromised.
 - 5.3.1.2.2 Liquid-resistant disposable coveralls when large amounts of blood and body fluids are present, or if contact with contaminated equipment is likely
 - 5.3.1.2.3 Chemical splash goggles while preparing/pouring disinfectant solution, and if scrubbing is required
 - 5.3.1.2.4 Disposable loose fitting respirator if scrubbing is required
- 5.3.1.3 Prepare disinfectant solution by mixing: 3 ounces of bleach with 27 ounces of water in a quart hand sprayer; or 1 cup of bleach with 9 cups of water in garden sprayer, or 1 gallon of bleach with 9 gallons of water in a bucket.
- 5.3.1.4 Spray freshly mixed bleach solution on all pools of blood and all contaminated equipment. Pools of blood and body fluids shall be removed by the use of absorbent materials. Care must be exercised when scrubbing sharp objects to avoid damaging gloves and protective equipment. Area should then be rinsed with copious amounts of water. Water should be directed to floor drain if available or mopped dry.
- 5.3.1.5 Place all blood-soaked absorbent materials and emergency care materials left behind by emergency medical services in double red medical waste (biohazard) bags using tongs or similar tool. (The

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medical waste bag must be stamped with the certification that it meets the ASTM 125 pound drop test.)

5.3.1.6 Perform a final mop down of the surface area that was contaminated with blood/body tissues using disinfectant solution.

5.3.1.7 Prepare a fresh disinfectant solution for decontaminating equipment. Contaminated disposable personal protective equipment should be removed, decontaminated in the solution and placed in double infectious waste bags. The mop head and mop wringer should be decontaminated in the disinfectant solution and the mop head placed in the double infectious waste bags. The remainder of the bleach solution should be disposed of in the sanitary sewer (cleaner's room sink or other utility sink).

5.3.1.8 Nitrile gloves may be decontaminated as described above if they are in good condition. Dispose of worn or damaged nitrile gloves in the red infectious waste bag. If the outer pair of gloves is contaminated they should be disposed of in the red infectious waste bags. While wearing at least one pair of gloves, the infectious waste bags should be closed and secured.

5.3.1.9 Place the red infectious waste bags in a red pre-labeled bio-waste hazard container. Containers are located in all rail stations and WMATA facilities. Ensure that the label on the container includes the following information: name, address, business telephone of the generator, and the words "Infectious Waste" (in Maryland locations label must state "Special Medical Waste") in large print. Once the infectious waste has been placed in the container and sealed, the remaining gloves can be removed and placed in a regular waste receptacle.

5.3.1.10 Proceed immediately to the cleaner's room or rest room and wash hands with warm running water and soap.

5.3.1.11 Contact MOC for disposal procedures for the infectious waste.

5.3.2 Adherence to the following procedures is required by employees assigned to clean surfaces and equipment in the Medical Services Branch.

5.3.2.1 Avoid all direct skin contact with blood and body fluids.

5.3.2.2 Wear 2 pairs of gloves with the top pair being nitrile gloves.

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5.3.2.3 Inspect all surfaces and table covers for needles/sharps prior to cleaning.

5.3.2.4 Use tongs to pick up needles and sharps and place in biohazard containers.

5.3.2.5 In the event of a blood or body fluids spill, follow procedures in Section 5.3.1.

5.3.2.6 Decontaminate waste that has contacted blood/body fluids with a bleach solution prepared as described in section 5.3.1.3. Waste should be placed in double red infectious waste bags.

5.3.2.7 Decontaminate heavy utility gloves with bleach solution and reuse if in good condition.

5.3.2.8 Place double red infectious waste bags in a pre-labeled red bio-waste hazard container. Ensure that the label on the container includes the following information: name, address, business telephone of the generator, and the words "Infectious Waste" in large print. Once the infectious waste has been placed in the container and sealed, the remaining gloves can be removed and placed in a regular waste receptacle.

5.3.2.9 Contact Environmental Services to dispose of infectious waste and sharps containers.

5.3.2.10 Clean areas that have not been contaminated with blood or body fluids following established procedures.

6.0 POST-EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

6.1 Exposure incident as defined by OSHA is a specific eye, mouth, other mucous membrane, not-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. An exposure incident would include splashing of blood into the employee's eye, mouth, or nose; needle stick; abrasion, laceration, cut, or puncture wound incurred by an employee from any blood-soaked object; blood contact by an employee with any non-intact skin such as chapped hands or existing wounds that are healing; bites or other wounds from a suspect with blood contaminated saliva, weapons or hands (or other blood contaminated body parts).

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- 6.2 An employee involved in an exposure incident (or co-worker, if exposed employee is unable to make notification) shall immediately notify the appropriate communications center: ROCC, MOC, BOCC, or MTPD Communications. The communications center shall:
- 6.2.1 Notify the employee's supervisor.
 - 6.2.2 Ensure that the employee involved in the exposure incident is provided the required care. If the exposure incident results in injuries to the employee which are serious, medical assistance shall be requested. Transport should be to the nearest Emergency Room for treatment. If the injury which resulted in the exposure incident does not require transport by ambulance to an emergency department, the employee should be transported by a supervisor to the nearest Emergency Room.
 - 6.2.3 Coordinate the response of the appropriate organizations to ensure that any required cleaning of surfaces and equipment is performed expeditiously.
 - 6.2.4 Coordinate the identification and documentation of the source individual and the request for HIV and HBV testing of the source individual unless prohibited by law. In cases which involve alleged criminal acts or in person-struck-by-train accidents, MTPD may be requested to follow-up on the source individual. In other cases, the supervisor should be instructed to request the assistance of the medical staff of the Emergency Room where the employee is being treated to obtain HIV and HBV testing of the source individual.
- 6.3 Upon notification of an employee exposure incident, the employee's supervisor shall:
- 6.3.1 Ensure that the affected area is washed with soap and warm water and that first aid is provided as necessary. Accompany the employee to the Emergency Room (or Emergency Room designated by the emergency services).
 - 6.3.2 With the assistance of the exposed employee and any witness, identify the route of exposure: splashing of blood into the eyes, mouth or nose; needle stick, abrasion, laceration, cut or puncture wound from any blood contaminated object; blood contact with any non-intact skin, such as chapped or abraded hands; or human bites.
 - 6.3.3 Identify the circumstances under which the exposure incident occurred: administering first aid or CPR; personal assault; contact with blood

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contaminated equipment such as an escalator step or track bolt; cleaning a contaminated bus or rail car. In circumstances in which the source individual is present or can be identified, obtain name and personal information from the source individual. Inquire if the source individual has ever been tested for HIV and HBV, and if so, request that they provide this information to the Emergency Room. If the source individual refuses, document the refusal on the form described in 6.3.4. If the source individual is known to be infected with HBV or HIV, retesting is not required.

- 6.3.4 Document the route of exposure and circumstances of the exposure incident on the WMATA Employee Occupational Exposure Incident Record, and the Employer's First Report of Injury or Occupational Illness Form. Ensure that the employee completes the appropriate Incident/Accident Report Form.
 - 6.3.5 Provide the WMATA Employee Occupational Exposure Incident Record to the medical personnel at the Emergency Room.
 - 6.3.6 Prior to transport, contact the HROS Occupational Health Nurse – (202) 962-1922 and notify Emergency Room that an employee will be arriving at their facility for post exposure incident evaluation. If the exposure incident occurs during other than regular business hours, prior to transport notify the nearest Emergency Room.
 - 6.3.7 Provide the name, address and telephone number of the source individual, if available from an incident report or MTPD report, to the medical staff of the treating Emergency Room and request that they attempt to obtain test results or consent for HIV and HBV testing of the source individual.
- 6.4 The employee will be provided the opportunity by the Emergency Room to have blood samples collected and tested for HBV and HIV, or to have samples collected (written employee consent required) and preserved for 90 days pending the employee's decision to have the samples tested.
 - 6.5 If the employee defers blood collection at the time of initial Emergency Room treatment, the employee may elect to be tested for HBV and HIV at a later date through the Emergency Room. Arrangements should be made with the HROS Occupational Health Nurse at (202) 962-1922.
 - 6.6 If the examining physician determines that an employee involved in an exposure incident who was not vaccinated requires vaccination, the first dose will be given

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by the examining physician. Subsequent doses will be provided by the WMATA Medical Services Branch.

- 6.7 If the results of the source individual's testing become available to the WMATA Medical Officer, the results shall be made known to the attending physician who evaluated the employee involved in the exposure incident. Negative results shall be transmitted to the exposed employee through the mail to WMATA c/o The HROS Medical Officer. If the source individual was positive for HBV or HIV, the exposed individual will be requested to make an appointment for consultation with the attending physician. The employee shall also be advised of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 6.8 HROS Medical Branch shall provide the attending physician with all medical records relevant to the appropriate treatment of the employee, including vaccination status, that are required to be maintained by HROS Medical Branch.
- 6.9 HROS Medical Branch shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.
- 6.10 All supporting documentation regarding the exposure incident and follow-up shall be maintained in the employee's medical records by the HROS Medical Branch.

7.0 OSHA RECORDKEEPING

- 7.1 An exposure incident will be evaluated to determine if the case meets OSHA's recordkeeping requirements (29 CFR 1904). This determination and the recording activities are done initially by the Third Party Administrator and the final determination is made by the Department of Safety.

8.0 SHARPS INJURY LOG

- 8.1 In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences include date of injury, type and brand of device involved, department or work area where the incident occurred and an explanation of how the incident occurred.
- 8.2 The Sharps Injury Log is maintained by the medical services office and held for five years. It is reviewed as part of the program evaluation.

9.0 HEPATITIS B VACCINATION

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- 9.1 Employees who have been designated as having occupational exposure to bloodborne pathogens are encouraged to receive the vaccination for Hepatitis B. Vaccination is the most effective protection against Hepatitis B. The vaccination program is continuing for employees who have newly assigned responsibilities with occupational exposure and who have completed required training. Employee must sign a written declination if they choose not to be vaccinated. However, employees may rescind the declination at their discretion and be vaccinated.

10.0 LABELING AND SIGNAGE

- 10.1 Biohazard labels must be affixed to all infectious waste disposal containers and sharps disposal containers. Refrigerators and other containers for storage of blood and body fluids require biohazard labels. Labels must comply with 29 CFR 1910.130(g). (See Appendix B).