

AMENDATORY SECTION (Amending WSR 03-09-110, 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.

Definitions:

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

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

Parenteral contact((-)) occurs when mucous membranes or skin is pierced by needlesticks, human bites, cuts, or abrasions.

~~((Regulated waste. Regulated waste is any of the following:~~

~~✍ Liquid or semiliquid blood or other potentially infectious materials (OPIM)~~

~~✍ Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed~~

~~✍ Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling~~

~~✍ Contaminated sharps~~

~~✍ Pathological and microbiological wastes containing blood or OPIM.)~~

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.

~~✍~~ **Health care.**

- (~~Primary care providers~~) Physicians and physicians assistants

- (~~Assistants~~) Nurses, nurse practitioners, dental hygienists, and other health care employees in clinics and offices

- Employees of clinical, dental, and diagnostic laboratories

- Housekeepers in health care facilities

- Staff in laundries that provide service to health care facilities

- Tissue bank personnel

- Employees in blood banks and plasma centers who collect, transport, and test blood

- Freestanding clinic employees (for example, hemodialysis clinics, urgent care clinics, health maintenance organization (HMO) clinics, and family planning clinics)

- Employees in clinics in industrial, educational, and correctional facilities

- Staff of institutions for the developmentally disabled

- Hospice employees

- Home health care workers

- Staff of nursing homes and long-term care facilities

- HIV and HBV research laboratory and production facility workers

- Medical equipment service and repair personnel

- Emergency medical technicians, paramedics, and other emergency medical service providers

- Nuclear medical technologists.

 **Occupations outside health care.**

- Fire fighters, law enforcement personnel, and correctional officers

- Workers in laundries that service public safety institutions

- Employees assigned to provide emergency first aid by their employer (as either a primary or secondary duty)

- Employees who handle or pick up regulated waste (~~(contaminated items with blood or OPIM)~~)

- Hotel/motel employees that clean up blood or OPIM

- Employees of funeral homes and mortuaries.

Regulated waste.

Regulated waste is any of the following:

 Liquid or semiliquid blood or other potentially infectious materials (OPIM)

 Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed

 Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling

 Contaminated sharps

✎ Pathological and microbiological wastes containing blood or OPIM.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

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.

You must:

✎ Make sure the plan contains at least the following elements:

- The exposure determination, WAC 296-823-11005
- 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
- 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.

You must:

✎ Document the infection control system used in your workplace to protect employees from exposure to blood or OPIM.

- Use universal precautions or other at least as effective infection control systems.

Note: 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. Other effective infection control systems include standard precautions, universal blood-body fluid precautions, and body substance isolation. 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.

✎ Solicit input in the identification, evaluation, and selection of effective safer medical devices. This input must be solicited from nonmanagerial employees responsible for direct patient care with potential exposure to contaminated sharps.

- Document the process you used to solicit input and include the identity of the employees or positions that were involved.

Note: ✎ 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.

✎ Although you are required to include nonmanagerial employees, you are not prohibited from soliciting input from managerial and other employees.

You must:

✎ Make sure the exposure control plan is reviewed and

updated:

- At least annually

AND

- Whenever necessary to:

✂ Reflect new or modified tasks and procedures which affect occupational exposure

✂ Reflect new or revised job classifications with occupational exposure.

((-)) ② Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens

((-)) ② Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

✎ 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.

✎ Make sure a copy of the plan is provided to the employee or their representative within fifteen days of their request for a copy.

AMENDATORY SECTION (Amending WSR 03-09-110, 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.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

~~((You must:))~~

Exemption:

✎ You are not required to provide the hepatitis B vaccination series to employees who meet any of the following:

- The employee has previously received the complete hepatitis B vaccination series

- An antibody test has revealed that the employee is immune to hepatitis B

- There are medical reasons not to give the vaccine.

✍ 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:

- 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 no later than twenty-four hours after the incident.

- 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

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

✂ The names of all first-aid providers who rendered assistance

✂ The time and date of the first-aid incident

✂ A description of the first-aid incident.

✍ Make sure that the hepatitis B vaccination series is available to all employees who have occupational exposure and that it is:

- Available at no cost to the employee

- Available to the employee at a reasonable time and location

- Administered by or under the supervision of a licensed physician or by another licensed healthcare professional

- Provided according to recommendations of the United States Public Health Service that are current at the time these evaluations and procedures take place

- Available to any employee who initially declines the vaccination but later decides to accept it while they are still covered by this chapter

- Made available after the employee has received training required by this chapter and within ten working days of initial assignment.

Link:

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/\(\(b/index\)\)b/index.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/((b/index))b/index.htm).

You must:

✍ Make sure participation in a prevaccination screening program for antibody status is not a condition for receiving hepatitis B vaccination.

✍ Make sure that all laboratory tests are conducted by a

laboratory licensed by the state or Clinical Laboratory Improvement Amendments (Act) (CLIA).

 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.

AMENDATORY SECTION (Amending WSR 03-09-110, 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.

You must:

 Use appropriate equipment and safer medical devices to eliminate or minimize employee exposure.

 Use work practices designed to eliminate or minimize employee exposure.

 Examine and maintain or replace equipment and safer medical devices on a regular schedule to make sure they remain effective.

Note:  Examples of appropriate equipment (~~that can be used to eliminate or minimize occupational exposure~~) include:

- Sharps containers
- Biosafety cabinets
- Splash guards
- Centrifuge cups
- Specimen storage and transport containers.
-  Examples of safer medical devices include:
- Sharps with engineered sharps injury protections (SESIP)
- Needleless systems
- Blunt suture needles
- Plastic capillary tubes.

 Examples of work practices include:

- No-hands procedures in handling contaminated sharps
- No hand-to-hand instrument passing.

Definition: Sharps with engineered sharps injury protections (SESIP) is

A nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

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:

- Puncture resistant
- Labeled or color-coded as described in this chapter
- Leakproof on the sides and bottom
- Meet the same requirements as the container for disposable sharps, except they do not need to be closable.

✍ Store or process contaminated reusable sharps so employees aren't required to reach into the container or sink by hand

✍ Make sure reusable sharps containers aren't 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 (~~(296-823-14020)~~) 296-823-14025.

AMENDATORY SECTION (Amending WSR 03-09-110, 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:

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

You must:

- ✍ Attach appropriate labels to:
- Containers used to store, transport, or ship blood or other potentially infectious materials (OPIM) including:
 - ✂ Refrigerators

- ✂ Freezers.
- Sharps containers
- Contaminated equipment
- Laundry bags and containers
- Specimen containers
- Regulated waste containers.
- ✍ Make sure that labels:
- ✂ Include the following symbol:

Place illustration here.

✂ Are all or mostly fluorescent orange or orange-red with lettering and symbol in a contrasting color

✂ Are attached to the container by string, wire, adhesive, or other method so they can't become lost or accidentally removed.

- Note:**
- ✍ Red bags or red containers may be substituted for labels as long as they're:
 - ✍ Covered in the exposure control plan
 - ✍ Communicated to all affected employees (including employees of laundry services, disposal services, and transport companies) whether they're your employees or not.
 - ✍ The label does not always need to be attached to each individual container.
 - ✍ For example, a cart carrying specimen containers could be labeled, rather than each individual container.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

You must:

✍ Examine equipment which could become contaminated with blood or other potentially infectious materials (OPIM) before servicing or shipping.

- Decontaminate this equipment and its parts as necessary unless you can demonstrate that decontamination isn't feasible

- 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 ((~~296-823-14020~~) 296-823-14025.

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.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

Definition:

Regulated waste is any of the following:

- ✎ Liquid or semiliquid blood or other potentially infectious materials (OPIM)
- ✎ Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed
- ✎ Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- ✎ Contaminated sharps
- ✎ Pathological and microbiological wastes containing blood or OPIM.

You must:

- ✎ Discard contaminated sharps immediately, or as soon as possible, in containers that are all of the following:
 - Closable
 - Puncture resistant
 - Leakproof on sides and bottom
 - Appropriately labeled or color-coded
 - Easily accessible to personnel
 - 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)
 - Maintained upright throughout use
 - Replaced routinely and not allowed to overfill.

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/publistd.\(html\) htm](http://www.cdc.gov/niosh/publistd.(html) htm).

You must:

- ✎ Make sure when you move containers of contaminated sharps, the containers are:
 - Closed prior to removal or replacement to prevent

spilling or protrusion of contents during handling, storage, transport, or shipping; and

- Placed in a secondary container, if leaking is possible.

The second container must be:

✂ Closable

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

✂ Appropriately labeled or color-coded.

✎ Make sure regulated waste other than sharps is placed in containers that are all of the following:

- Closable

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

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

- Placed in a second container if outside contamination of the primary regulated waste container occurs.

- ✂ The second container must meet these requirements.

- Appropriately labeled or color-coded.

- ✎ Dispose of all regulated waste according to applicable state and county regulations.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

You must:

- ✎ Handle laundry contaminated with blood or other potentially infectious material (OPIM) as little as possible and with a minimum of agitation

- ✎ Bag contaminated laundry or put it into a container at the location where it was used

- Do not sort or rinse at the location of use

- Place and transport contaminated laundry in bags or containers that are properly labeled or color-coded

- If your facility ships contaminated laundry off-site to a second facility that doesn't 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 ((~~296-823-14020~~)) 296-823-14025 of this chapter.

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.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

You must:

 Make sure gloves appropriate to the situation are worn when:

~~((/))~~ _ 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

~~((/))~~ _ Handling or touching contaminated items or surfaces

~~((/))~~ _ Performing vascular access procedures, for example, drawing blood or inserting an IV.

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:

~~((/))~~ _ Periodically reevaluate your decision not to require gloves

~~((/))~~ _ Make gloves available to all employees who wish to use them for phlebotomy (blood drawing)

~~((/))~~ _ Do not discourage the use of gloves for phlebotomy

~~((/))~~ _ Require that gloves be used for phlebotomy in ANY of the following circumstances:

~~((-))~~ & When the employee has a cut, scratch, or other break in the skin of his or her hand or wrist

~~((-))~~ & When the employee judges that hand contamination with blood may occur; for example, when performing phlebotomy on an uncooperative individual

~~((-))~~ & When the employee is receiving training in phlebotomy.

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:

- Nonlatex gloves
- Glove liners
- Powderless gloves
- Other similar alternatives.

✎ Replace disposable (single use) gloves such as surgical or examination gloves:

- As soon as practical when contaminated
- As soon as practical if they are torn or punctured
- When their ability to function as a barrier is compromised.

✎ Make sure disposable (single use) gloves are used only once

✎ 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.

AMENDATORY SECTION (Amending WSR 03-09-110, 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~~
 -)) goggles and glasses with solid side shields.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

WAC 296-823-15020 Wear appropriate protective clothing.

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:

- Gowns
- Aprons
- Lab coats
- Clinic jackets
- Similar outer garments
- Surgical caps or hoods
- Shoe covers or boots.

You must:

 Remove(~~(, as soon as feasible,)~~) a garment as soon as feasible if blood or other potentially infectious materials (OPIM) penetrate it.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

WAC 296-823-160 Post-exposure requirements. Summary.

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.

You must:

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 healthcare professional evaluating the employee

WAC 296-823-16025

Obtain and provide a copy of the healthcare professional's written opinion on post-exposure evaluation (~~(and provide it)~~) to the employee

WAC 296-823-16030.

AMENDATORY SECTION (Amending WSR 03-09-110, 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.

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.

~~((Note: The employer or a third party healthcare provider identified by the employer may do the evaluation.))~~

Definition:

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

You must:

 Make sure that the post-exposure medical evaluation and follow-up are all of the following:

- Immediately available following an exposure incident
- Confidential
- At no cost to the employee
- At a reasonable time and place
- Administered by or under the supervision of a licensed physician or by another licensed healthcare professional
- Provided according to recommendations of the United States Public Health Service current at the time these evaluations and procedures take place.

 Make sure that the evaluation and follow-up includes AT LEAST these elements:

- Documentation of the routes of exposure, and the circumstances under which the exposure incident happened
- Identification and documentation of the source individual, unless you can establish that identification is infeasible or prohibited by state or local law
- Collection and testing of blood to detect the presence of HBV and HIV
- Post-exposure preventive treatment, when medically indicated, as recommended by the United States Public Health Service
- Counseling
- Evaluation of reported illnesses.

✎ 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 healthcare provider identified by the employer may do the evaluation.

AMENDATORY SECTION (Amending WSR 03-09-110, 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.

- If you do not get consent, you must establish that legally required consent can not be obtained

- When the law does not require the source individual's consent, their blood, if available, must be tested and the results documented.

Note: ✎ 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 immunodeficiency virus (HIV) testing.

These rules can be found at: <http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&chapter=246-100>) and click on Title 246 WAC.

✎ 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.)

AMENDATORY SECTION (Amending WSR 03-09-110, 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.

You must:

✎ Make sure the results of the source person's blood test are provided to the exposed employee, if possible

✎ 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: Law and regulations that currently apply are:

- Chapter 70.02 RCW, Medical records--Healthcare information access and disclosure.

- Chapter 70.24 RCW, Control and treatment of sexually transmitted diseases.

- Both rules can be found at (<http://www.leg.wa.gov/rcw/index.cfm?fuseaction=title&title=70>) <http://www.leg.wa.gov/wac> and click on Title 70 WAC to find these rules.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

You must:

 Provide ALL of the following information to the healthcare professional evaluating an employee after an exposure incident:

- A copy of WAC ((~~296-823-170~~)) 296-823-160
- A description of the job duties the exposed employee was performing when exposed
- Documentation of the routes of exposure and circumstances under which exposure occurred
- Results of the source person's blood testing, if available
- All medical records that you are responsible to maintain, including vaccination status, relevant to the appropriate treatment of the employee.

Reference: Requirements for the healthcare professional's written opinion for hepatitis B vaccinations can be found in WAC ((~~296-823-15010~~)) 296-823-13010.

Note: You may meet the requirement to provide a copy of WAC ((~~296-823-170~~)) 296-823-160 to the healthcare 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' website.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

You must:

 Obtain and provide to the employee a copy of the evaluating healthcare professional's written opinion within fifteen days of the completion of their evaluation.

Note:  If the healthcare professional provides the written opinion directly to the employee, you do not need to do so
 If the employee's personal healthcare professional completes the evaluation, you are not required to obtain the healthcare professional's written opinion.

 Make sure the healthcare professional's written opinion is limited to the following information:

- That the employee has been informed of the results of the

evaluation

- 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.

 Make sure that all other findings or diagnoses remain confidential and are NOT included in the written report.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

WAC 296-823-17010 Maintain a sharps injury log.

Exemption: You are exempt from the requirements to record contaminated sharps injuries if you have ten or less employees.

You must:

 Record contaminated sharps injuries on your OSHA 300 or equivalent log.

Reference: Requirements for the OSHA 300 log are found in chapter 296-27 WAC, Recordkeeping and ~~((recording))~~ reporting. <http://www.lni.wa.gov/wisha/regs/WAC/27/27.htm>.

You must:

 Record and maintain contaminated sharps injury information in a way that protects the confidentiality of the injured employee

 Also record the following additional information for contaminated sharps injuries:

- The type and brand of device involved in the incident
- The department or work area where the exposure incident occurred
- An explanation of how the incident occurred.

~~((Note: You may record the additional information in any format you choose, such as on the OSHA 300 and 301 forms. It must be retrievable and identifiable to each specific injury.))~~

 Maintain your contaminated sharps injury records for five years.

Note: You may record the additional information in any format you choose, such as on the OSHA 300 and 301 forms. It must be retrievable and identifiable to each specific injury.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

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 contract 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:

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 safe guards are followed

WAC 296-823-18020

Protect vacuum lines

WAC 296-823-18025

Use and handle hypodermic needles and syringes (~~properly~~) 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

Make sure these additional criteria are followed

WAC 296-823-18055.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

You must:

 Incinerate or decontaminate all regulated waste by a method known to effectively destroy bloodborne pathogens, such as autoclaving

 Make sure to place materials to be decontaminated away from the work area in a container that is:

- Durable
- Leakproof
- Appropriately labeled, or color-coded
- Closed before being removed from the work area.

Reference: You can find additional requirements for appropriate labels and color-coding in WAC ((~~296-823-16005~~) 296-823-14025).

You must:

- ✍ Incinerate or decontaminate ALL waste from work areas and from animal rooms before ((~~it is disposed of~~)) disposal
- ✍ Make sure an autoclave is available for decontamination of regulated waste. The autoclave must be available within or as near as possible to the work area.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

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

You must:

- ✍ Provide initial training to employees in HIV or HBV research laboratories or production facilities in addition to the training required in WAC ((~~296-823-140~~) 296-823-120)
- ✍ Make sure that employees demonstrate proficiency in the following:
 - Standard microbiological practices and techniques
 - The practices and operations specific to the facility BEFORE being allowed to work with HIV or HBV.
- ✍ Provide a training program to employees working with HIV or HBV who have no prior experience in handling human pathogens.
 - Initial work activities must not include the handling of infectious agents
 - A progression of work activities must be assigned as techniques are learned and proficiency is developed.
- ✍ Make sure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

AMENDATORY SECTION (Amending WSR 03-09-110, 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.

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.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

WAC 296-823-18055 Make sure these additional criteria are followed.

You must:

✎ Separate the HIV and HBV work areas from areas that are open to unrestricted traffic flow within the building

✎ 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:

- A double-doored clothes-change room (showers may be included)
- Airlock

OR

- Other access facilities that require(§) passing through two sets of doors before entering the work area.

✎ 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

✎ Make sure access doors to the work area or containment module are self-closing

✎ Provide a ducted exhaust-air ventilation system. This system must create directional airflow that draws air into the work area through the entry area and you must verify this airflow. The exhaust air must:

- NOT be recirculated to any other area of the building
- Be discharged to the outside
- Be dispersed away from occupied areas and air intakes.

AMENDATORY SECTION (Amending WSR 03-09-110, filed 4/22/03, effective 8/1/03)

WAC 296-823-200 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:

- ✍ Human immunodeficiency virus (HIV)
- ✍ Hepatitis B virus (HBV)
- ✍ Hepatitis C virus, malaria
- ✍ Syphilis
- ✍ Babesiosis
- ✍ Brucellosis
- ✍ Leptospirosis
- ✍ Arboviral infections
- ✍ Relapsing fever
- ✍ Creutzfeld-Jakob Disease
- ✍ Human T-lymphotrophic virus Type I
- ✍ 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, nonintact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of nonintact 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 hot air drying machines.

Licensed healthcare professional

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

((~~HBV~~

~~Hepatitis B virus.~~

~~HIV~~

~~Human immunodeficiency virus.))~~

Needleless systems

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

✎ The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established

✎ The administration of medication or fluids

✎ 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:

✎ Human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

✎ Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

✎ 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

✎ Blood and tissues of experimental animals infected with bloodborne pathogens.

Parenteral contact

When mucous membranes or skin is pierced by needlesticks, 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:

- ✎ Liquid or semiliquid blood or other potentially infectious materials (OPIM)
- ✎ Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed
- ✎ Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- ✎ Contaminated sharps
- ✎ 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 needlesticks 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 nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source 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:

- ✎ Hospital and clinic patients
- ✎ Clients in institutions for the developmentally disabled
- ✎ Trauma victims
- ✎ Clients of drug and alcohol treatment facilities
- ✎ Residents of hospices and nursing homes
- ✎ Human remains
- ✎ 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.