LEUCADIA WASTEWATER DISTRICT | LEADERS IN ENVIRONMENTAL PROTECTION

BLOODBORN PATHOGENS PROGRAM

1. POLICY STATEMENT

In recognition of the special hazards associated with risk of exposure to and transmission of bloodborne pathogens, including but not limited to HIV (Human Immunodeficiency Virus) and HBV (Hepatitis B Virus), the following special policies and procedures are adopted for all work entailing such risk.

2. INFECTION CONTROL REPRESENTATIVE(S)

An Infection Control Representative, or Representatives, will be designated as responsible for the implementation of these policies and procedures in each department. He/she will coordinate these responsibilities with the Human Resources Coordinator.

3. EXPOSURE CONTROL PLAN

In conjunction with use of these policies and procedures, an exposure control plan will be implemented to minimize or eliminate exposure to bloodborne pathogens.

4. UNIVERSAL PRECAUTIONS

All blood and body fluids will be treated as infectious, although the special hazards and higher risks of transmission with certain body fluids are recognized. Universal Precautions will be used in all work activities with any potential for exposure to blood or other body fluids.

5. ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

HAND WASHING

Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Hand washing facilities which are readily accessible to employees shall be provided. When provision of hand washing facilities are not feasible, either an appropriate antiseptic hand

cleanser in conjunction with clean cloth or paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

HANDLING OF SHARPS

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Contaminated needles and other contaminated sharps shall not be recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure which must be documented and approved by an Infection Control Representative prior to the use of such procedures. Recapping or needle removal shall be accomplished by a mechanical device or one-handed technique; no shearing or breaking of contaminated needles is performed.

Contaminated reusable sharps shall be placed in appropriate containers (puncture resistant, leakproof on sides and bottom, BioHazard labeled) and shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

PERSONAL HABITS & FOOD AND DRINK

Eating, drinking, smoking, application of cosmetics or lip balm, and handling contact lenses are prohibited in work areas with reasonable likelihood of occupational exposure to bloodborne pathogens.

Food and drinks shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

SPECIFIC WORK PRACTICES

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and the generation of droplets of these substances. Mouth pipetting of blood or other potentially infectious materials is prohibited. No objects should be placed in the mouth. The nose, mouth, and eyes should not be touched during or after contact until proper hand washing procedures have been followed. Special care and precautions shall be taken at any time an employee may have open cuts or sores or dermatitis that may compromise the barrier protection provided by skin. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

The minimum number of personnel required shall be involved with any procedure entailing exposure to bloodborne pathogens and exposure time should be minimized.

STORAGE & TRANSPORT OF BLOOD OR OTHER INFECTIOUS BODY FLUIDS

The container for storage, transport, or shipping (including freezers and refrigerators used for storage of blood or other potentially infectious materials) shall be BioHazard labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels (except for containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use) and closed prior to being stored, transported or shipped.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels.

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

EQUIPMENT CONTAMINATED BY BLOOD OR
OTHER INFECTIOUS BODY FLUIDS

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless unfeasible. If unfeasible, the reasons for inability to decontaminate the equipment shall be documented by a designated Infection Control Representative and those portions that have not been decontaminated shall be labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels. Further, a designated Infection Control Representative shall ensure that this information is conveyed to all affected employees, the servicing representative, or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions shall be taken.

PERSONAL PROTECTIVE EQUIPMENT

All employees performing tasks entailing reasonably anticipated exposure to blood or other potentially infectious materials will be provided and are required to use appropriate personal protective equipment, such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Such equipment shall be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective

equipment will be used.

Under rare and extraordinary circumstances an employee may elect to not use Personal Protective Equipment, if it is the employee's professional judgment that in the specific instance use of protective clothing and equipment would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. The employee shall document these circumstances and inform a designated Infection Control Representative, who shall investigate the circumstances and determine whether changes can be instituted to prevent such occurrences in the future. The Infection Control Representative shall document all such occurrences.

Appropriate personal protective equipment in the appropriate sizes shall be readily accessible at the work site or issued to employees. Hypoallergenic gloves, glove liners, powerless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the glove normally provided.

Any garment penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Disposable (single use) gloves such as surgical or examination gloves and utility gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised and shall not be washed or decontaminated for re-use.

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

Protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in situations with reasonably anticipated exposure to blood or other potentially infectious materials. The type and characteristics will depend upon the task and degree of exposure anticipated.

CLEANING AND DISINFECTION

The work site shall be maintained in a clean and sanitary condition. The specific written schedules for cleaning and methods of decontamination outlined in the Cleaning Schedule (form 92-10) shall be followed.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials and at the end of the work shift if the

surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated according to the Cleaning Schedule (form 92-10) and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, maintained upright throughout use, and replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping and placed in a secondary container if leakage is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels.

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

MEDICAL WASTE

Disposal of all Sharps and Medical Waste shall be in accordance with the Medical Waste

Management Act.

Medical Waste shall be considered any liquid or semi-liquid blood or other potentially infectious materials, dried blood or other potentially infectious materials in any form. This includes any items which may have such materials on them in any form with the exception of reusable equipment which undergoes proper decontamination procedures.

Medical Waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels. These shall be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of such containers occurs, it shall be placed in a second container. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels. This container shall be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The Storage Area will be labeled, in English and Spanish, with the red BIOHAZARD symbol and letters in contrasting colors that read: BIOHAZARD Caution Biological Hazard Authorized Personnel Only.

Medical Waste stored at ambient temperatures will be removed from the premises every seven (7) days. Medical Waste stored at or below 0 degrees C (32 degrees F) will be removed every 90 days. Only a registered Hazardous Waste Hauler will be used to transport Medical Waste to the Disposal Facility. If less than 20lbs. of waste are generated per week and less than 20lbs. of waste are transported, a Limited Quantity Hauling Exemption can be obtained from the County Health Department to transport the waste to the Disposal Facility.

Proper Tracking Documents will be drawn to trace the flow of the waste from our facility to the Disposal Facility. This document will include the following information:

Name of Generator
Name of Transporter
Name of Disposal Facility
Quantity of Waste
Type of Waste

Signatures will be obtained from all persons handling and receiving the waste. This document will be retained for three years.

LAUNDRY PRACTICES

Contaminated laundry shall be handled as little as possible with a minimum of agitation and shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels. Universal Precautions shall be used in the handling of all soiled laundry.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through or leakage of fluids to the exterior.

All employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

Laundry shipped off-site shall be placed in containers which are labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels.

6. HEPATITIS B VACCINATION

Hepatitis B vaccine and vaccination series shall be made available to all at-risk employees (but not for contractors) at no cost to the employees, at a reasonable time and place, and performed by or under the care of a licensed physician or under the supervision of another licensed health care professional. These shall be provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place. All laboratory tests are conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination shall be made available after the employee has received the Bloodborne Pathogens Education Program and within 10 working days of initial assignment to duties with reasonably anticipated exposure to blood or other potentially infectious materials unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Pre-screening is available to, but not required of, such employees and is provided at no cost. For those employees initially declining Hepatitis B vaccination but at a later date deciding to accept the vaccination, the Hepatitis B vaccination shall be made available according to the provisions of this policy at that time.

All employees who decline to accept Hepatitis B vaccination offered by the employer shall sign the Hepatitis B Vaccination Refusal Form.

Routine booster dose(s) of Hepatitis B vaccine recommended by the U.S. Public Health Service shall be made available to employees who at the time such recommendations are applicable have reasonably anticipated exposure to blood or other potentially infectious materials at no cost to the

employee, made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.

7. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Blood/Body Fluid Exposure - A blood or body fluid exposure is defined as:

* contaminated needle or sharp object puncture or laceration

* splashing blood or body fluids onto mucous membranes (mouth, nose, eyes)

* contact of blood or body fluids to which Universal Precautions apply onto skin surfaces that may be cut, chapped, abraded or afflicted with dermatitis.

While current literature does not identify human bites as significant exposure of HIV transmission, it can be significant in transmission of Hepatitis B.

After an exposure incident, a confidential medical evaluation and follow-up shall be made immediately available to the exposed employee including:

***** documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred

***** identification and documentation of the source individual (unless it can be established that identification is unfeasible or prohibited by state or local law)

All medical evaluations and procedures performed as part of post-exposure evaluation and follow-up, including prophylaxis, are:

***** provided at no cost to the employee

***** made available to the employee at a reasonable time and place

***** performed by or under the supervision of another licensed health care professional

***** provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place. All laboratory tests are conducted by an accredited laboratory at no cost to the employee.

The health care professional responsible for the employee's Hepatitis B vaccination shall be provided the Post-Exposure Assessment Package. This package includes a copy of the Bloodborne Pathogens Rule, a description of the exposed employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

A copy of the evaluating health care professional's written opinion shall be obtained and provided to

the employee within 15 days of the completion of the evaluation. The health care professional's opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to documenting that the employee has been informed of the results of the evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Based upon the recommendation of the health care professional providing the post-exposure evaluation, the source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, it shall be established that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

When the source individual is already known to be infected with HBV and HIV, testing for the source individual's known HBV or HIV status need not be repeated. Results of the source individual's testing shall be made available to the exposed employee and to the licensed physician or licensed health care official performing the required post-exposure medical evaluation and follow-up of the exposed employee. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Based upon the recommendation of the health care professional providing the post-exposure evaluation, the exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, shall be given by or under the supervision of the licensed physician or other licensed health care professional performing the post-exposure medical evaluation of the exposed employee.

Counseling and evaluation of reported illness shall be provided to the exposed employee by the licensed physician or other licensed health care professional performing the post-exposure medical evaluation of the exposed employee as needed and indicated.

8. BIOHAZARD LABELING

Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious material, except that red bags or red containers may be substituted for labels.
Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

Labels shall include the following legend:

BIOHAZARD

And shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color. Labels are required to be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Such labels are required for contaminated equipment and shall also state which portions of the equipment remain contaminated.

9. EDUCATION AND TRAINING

All employees with reasonably anticipated exposure to blood or other potentially infectious materials shall participate in the Bloodborne Pathogens Education Program at no cost to the employee and during working hours. This shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Additional training, when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure, shall be provided which may be limited to addressing the new exposures created.

10. RECORD KEEPING

An accurate medical record for each employee with occupational exposure, in accordance with Title 8 GISO Section 3204, shall be maintained. This record shall include the name and social security number of the employee, a copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination, a copy of all results or examinations, medical testing, and follow-up procedures required as part of any post-exposure medical evaluation including the employer's copy of the health care professional's written opinion and a copy of the information provided to the health care professional as part of that evaluation.

Employee medical records will be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the work place except as required by these sections or as may be required by law. Such records shall be maintained for at least the duration of employment plus 30 years in accordance with Title 8 GISO Section 3204.

Training records shall be maintained and shall include the dates of the training sessions, contents or a summary of the training sessions, the names and qualifications of persons conducting the training, and the names and job titles of all persons attending the training sessions. Training records shall be maintained for 3 years from the date on which the training occurred.

Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Chief and NIOSH in accordance with Title 8 GISO Section 3204.

Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the Chief and NIOSH in accordance with Title 8 GISO Section 3204.

Requirements involving transfer of records set forth in Title 8 GISO Section 3204 shall be followed.

NIOSH shall be notified at least three months prior if cessation of business occurs and there is no successor employer to receive and retain the records for the prescribed period. Such records shall be transmitted to NIOSH, if requested by NIOSH to do so, within that three month period.

11. EMPLOYEE RESPONSIBILITIES

In addition to the specific responsibilities outlined above, employees performing tasks with reasonably anticipated exposure to blood or other potentially infectious materials are required to inform a designated Infection Control Representative if proper protective clothing and equipment is unavailable or appears inadequate to provide appropriate protection from such exposures. Employees are required to report to a designated Infection Control Representative any incidents or observations suggesting inadequate use of personal protective clothing and equipment or other control measures by any employee.

Although Field Services employees are most at risk for an occupational exposure as outlined in this policy, these procedures apply to all LWD classifications. Employees are required to follow the requirements of these policies and procedures, including all work practice requirements. **The use of Universal Precautions and the use of specific engineering controls and protective equipment outlined is mandatory.**

Employees that do not follow these requirements are subject to disciplinary action up to and including discharge.

GLOSSARY OF TERMS

BLOOD

Means human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS

Means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

CHIEF

Means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

CLINIC LABORATORY

Means a work place where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

CONTAMINATED

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

CONTAMINATED LAUNDRY

Means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

CONTAMINATED SHARPS

Means 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

Means 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 of item is rendered safe for handling, use, or disposal.

ENGINEERING CONTROLS

Means controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the work place.

EXPOSURE INCIDENT

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

HAND WASHING FACILITIES

Means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

LICENSED HEALTH CARE PROFESSIONAL

Means a person whose legally permitted scope of practice allows him or her to independently perform the activities related to Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up.

HBV

Means Hepatitis B Virus.

HIV

Means Human Immunodeficiency Virus.

NIOSH

Means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

OCCUPATIONAL EXPOSURE

Means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

ONE-HAND TECHNIQUE

Means procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

OTHER POTENTIALLY INFECTIOUS MATERIALS

Means (1) 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, (2) any unfixed tissue or other organ (other than intact skin) from a human (living or dead); and (3) 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.

PARENTERAL

Means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT

Means specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, skirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

PRODUCTION FACILITY

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

REGULATED WASTE

Means liquid or semi-liquid blood or other potentially infectious material in a liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Regulated Waste includes "medical waste" regulated by Health and Safety Code Chapter 6.1.

RESEARCH LABORATORY

Means 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.

SOURCE INDIVIDUAL

Means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

STERILIZE

Means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores. Sterilization includes procedures regulated by Health and Safety Code Section 25090.

UNIVERSAL PRECAUTIONS

Means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

WORK PRACTICE CONTROLS

Means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).