

**Policy:** DC Office of the Chief Medical Examiner (OCME) places a high value on the health and safety of its employees.

**Purpose:** The blood-borne pathogen program standard protects employees who are at risk to blood or potentially infectious materials.

**Scope:** This program serves to help the agency and employees comply with the requirements of the Occupational Safety and Health Administration (OSHA) Exposure to Blood-borne Pathogen Standard, 29 CFR 1910.1030.

Employees who have occupational exposure to blood or other potentially infectious material (OPIM)<sup>1</sup> must follow the procedures and work practices in this program.

## 1. PROGRAM ADMINISTRATION

1.1. The Emergency Response and Safety Administrator is responsible for implementation of the blood-borne pathogen control program. The Emergency Response and Safety Administrator will maintain, review and update at least annually, and whenever necessary to include new or modified tasks and procedures.

1.1.1. Those employees who are determined to have occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in this program. Employees can review this plan at any time during their work shifts. A copy is provided to an employee, at no cost, upon request.

1.2. The Emergency Response and Safety Administrator will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels and red bags as required by the standard. The Emergency Response and Safety Administrator, with assistance from the Supervisory Pathologist Assistant (Mortuary Supervisor), will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

1.3. The Emergency Response and Safety Administrator will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

1.4. The Emergency Response and Safety Administrator will be responsible for training, documentation of training and making the written ECP available to employees and any entities that require documentation of the agency BLOOD-BORNE PATHOGEN PROGRAM.

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<sup>1</sup> OPIM is defined in 1910.1030(b) as 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); and 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.

## 2. EMPLOYEE EXPOSURE DETERMINATION

2.1. The following is a list of all job classifications at the OCME in which all employees have occupational exposure:

<u>Job Title</u>	<u>Department/Location</u>
Medical Examiner	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes
Medicolegal Investigator	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes
Forensic Investigator	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes
Pathologist Assistant	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes
Autopsy Assistant	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes
Forensic Photographer	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes
Medical Technologist	Mortuary/Autopsy Suite, Medical Facilities
Forensic Anthropologist	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes
Forensic Toxicologist	Toxicology Lab, Mortuary/Autopsy Suite, Death Scenes
Mortuary Technician	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes
Mass Fatality Response Coordinator	Mortuary/Autopsy Suite, Medical Facilities, Death Scenes

2.2. Part-time, temporary, contract and per diem employees, as well as members of law enforcement, medical students and interns that have business in the mortuary/autopsy suite, death scenes and the toxicology laboratory are also covered by the blood-borne pathogen standard and must adhere to the BLOOD-BORNE PATHOGEN PROGRAM.

## 3. METHODS OF IMPLEMENTATION AND CONTROL

3.1. Medical history and physical examination cannot reliably identify decedents infected with blood-borne pathogens, such as human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS), or the hepatitis viruses or air-borne pathogens such as tuberculosis. The increasing prevalence of individuals in the general population infected with HIV also increases the risk of exposure of workers in health care or forensic pathology fields to HIV through contact with blood and body fluids.

3.2. Although the risk of becoming infected with the organisms mentioned above is low, certain precautions have been developed for workers in health care or forensic pathology by OSHA and the Centers for Disease Control (CDC) to further lower the risk. These Universal Precautions, as well as precautions pertaining to Invasive Procedures and to Autopsies and Mortician's Services, are available through the CDC.

3.3. Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood-borne pathogens. Treat all blood and other potentially infectious materials with appropriate precautions. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.



- 3.3.1. Employees must use the following universal precautions:
  - 3.3.1.1. Consider blood and body fluids as potentially infectious;
  - 3.3.1.2. Make full use of appropriate personal protective equipment (PPE) to include the following:
    - 3.3.1.2.1. Use gloves when handling blood, blood products or other fluids for which universal precautions are applicable.
    - 3.3.1.2.2. Use masks, safety goggles and/or face shields for procedures that may involve splashing of blood or body fluids, creation of aerosols (or droplets of blood or body fluids) or exposure of mucous membranes or eyes, nose or mouth to same.
    - 3.3.1.2.3. Use gowns, aprons, lab coats, coveralls and other protective body clothing needed to prevent exposure of body parts to blood, blood products or body fluids. Note: Use protective caps, hoods and footwear in order to prevent exposure of head, hair or feet to blood or blood products (as may occur in autopsy) when required.
    - 3.3.1.2.4. Use pocket masks or noncontact resuscitation bags or other regulation devices to resuscitate a patient to minimize exposure that may occur during emergency mouth-to-mouth resuscitation. Note: Remove contaminated PPE immediately or as soon as possible after completion of tasks or as soon as contaminated. Remove all PPE before leaving the work area.
    - 3.3.1.2.5. Wash hands thoroughly after removing gloves and immediately after contact with blood or blood products. Minimize splashing and splattering during hand washing.
    - 3.3.1.2.6. Be conscious of accident prevention in order to prevent injury from sharp items:
  - 3.3.1.3. Be aware when using or disposing of needles, scalpels and other sharp items.
  - 3.3.1.4. Be aware when using or cleaning instruments or devices after procedures.
  - 3.3.1.5. Do not bend, break or recap needles.
  - 3.3.1.6. Dispose of contaminated needles or sharps in a nearby specially designed puncture proof container immediately after use.
  - 3.3.1.7. Do not pick up broken glass that may be contaminated directly with one's fingers.

3.4. In general, these precautionary guidelines are directed toward infection control, which seeks to prevent exposure by limiting the opportunity for entry of infective organisms,

via (i) mucocutaneous routes due to direct contact, splashing, or aerosol exposure of mucous membranes of the nose, mouth and eyes, or (ii) percutaneous routes due to needle stick, puncture, cuts, abrasion or other injury to healthy, intact skin or where pre-existing skin disease, such as dermatitis and Herpes lesions, may preclude normal barrier function.

#### 4. ENGINEERING CONTROLS AND WORK PRACTICES

- 4.1. Engineering controls and work practice controls will be used to prevent or minimize exposure to blood-borne pathogens. The specific engineering controls and work practice controls used are listed below.
- 4.2. Engineering controls provided by OCME reduce the likelihood of exposure in the workplace either by removing or isolating the worker from the hazard. It is the employer's responsibility to see that these controls are examined and maintained or replaced on a regular schedule to ensure their effectiveness. Examples of engineering controls include, but are not limited to, self-sheathing needles, hand pipets, biosafety cabinets, plastic capillary tubes, and sharp disposal containers. Employee acceptance and employee training are required for the engineering control to be effective.
- 4.3. General Work Practice Controls.
- 4.4. Work practice controls reduce the likelihood of exposure by changing the procedure for performing a task. Work practice controls act on the course of the hazard, but rely on the change in the behavior of the employer and employee or volunteer to eliminate exposure. Examples of work practice controls are hand washing, disposal of sharps in sharp disposal containers, no-hands procedures in handling contaminated sharps, and eliminating hand-to-hand instrument passing during autopsies. When washing autopsy knives, wear a cut-resistant safety glove on the hand cleaning the blade. Exercise precaution to avoid cuts or puncture wounds. A safety glove should be worn whenever using or handling sharp instruments.
  - 4.4.1. Sharps Disposal – Recapping. Do not shear, bend, break, or cut used needles. **Do not** recap, re-sheath, or dismantle contaminated needles by hand. In specific situations where recapping or removal of needles from syringes is necessary, it must be accomplished with the use of a mechanical device that protects the hand or a safe one-handed recapping technique (e.g., when specimen is contained in the needle).
    - 4.4.1.1. Reusable Sharps
      - 4.4.1.1.1. Since reusable sharps, such as large bore needles, scalpels, and saws, pose the same percutaneous exposure hazard as disposable sharps, contaminated reusable sharps must be placed in appropriate, puncture-resistant and leak-proof containers until they are reprocessed.

- 4.4.1.1.2. Containers used to transport or store reusable sharps must be placed in the designated biohazard area. Containers must be accessible and located as close as possible to the area where sharps are used.
- 4.4.1.1.3. The containers must be color-coded or labeled to include the biohazard sign.
- 4.4.1.1.4. Contaminated instruments/reusable sharps are not to be stored or reprocessed in such a manner that would require employees to reach into the container with their hands.
- 4.4.1.1.5. The employee should never reach into, or force items into a sharps container. They must be kept upright throughout use, replaced routinely, and not allowed to overfill.

4.4.1.2. Disposable sharps

- 4.4.1.2.1. Disposable sharps must be discarded immediately, or as soon as feasible, into containers that are closable, puncture-resistant, color-coded or labeled, and leak-proof on the sides and bottom. Blunted, sheathed or retracted safer devices are considered sharps and must be discarded in sharp containers.
- 4.4.1.2.2. Sharps disposal containers must be conveniently and widely available in all areas where there may be handling of blood/body fluids/ or other potentially infected materials.
  - 4.4.1.2.2.1. Sharps containers must be accessible to employees and located as close as feasible to the immediate area where sharps are used (e.g., research lab workstation) or where sharps may be found although not routinely used (e.g. laundry).
  - 4.4.1.2.2.2. The sharps containers must be labeled with a biohazard sign or be red in color. These containers must remain upright throughout use. Containers are properly closed and removed to the appropriate pick-up point when they are three-fourths full.
  - 4.4.1.2.2.3. It is the responsibility of any employee to remove and replace needles and sharps containers when they are three-fourths full. When replacing worn scalpel blades on scalpel handles, never attempt to attach or remove blades with your hands. Use blade removal devices for removal and hemostats, Dura Strippers, etc., for attachment. Always grip the blade tightly and point it away from you. Place all used blades in the sharps container.
  - 4.4.1.2.2.4. Gloves are worn when sharps containers require removal. Containers are appropriately sealed and placed in designated infectious waste containers.

4.4.2. Safer Medical Devices

- 4.4.2.1. OCME will incorporate safer medical devices when appropriate.

- 4.4.2.2. The primary investigator or designee must determine the effectiveness of safer medical devices in the situations in which they will be used. Safer medical devices should include the following design characteristics:
  - 4.4.2.2.1. A fixed safety feature that provides a barrier between the hands and the needle after use; the safety feature should allow or require the worker's hands to remain behind the needle at all times.
  - 4.4.2.2.2. The safety feature is part of the device and not an accessory.
  - 4.4.2.2.3. The safety feature is engaged before disassembly and remains in effect after disposal to protect users and trash handlers, and for environmental safety.
  - 4.4.2.2.4. The safety feature is as simple as possible, and requires little or no training to use effectively.
  - 4.4.2.2.5. Training shall be provided with introduction of new safer medical devices and as needed thereafter.
- 4.4.2.3. Broken Glassware. Broken glassware requires the use of mechanical means (e.g., brush and a dustpan or tongs) to clean up safely.
- 4.4.2.4. Eye Wash Stations. Eye wash stations are readily available in areas (e.g. mortuary suite and toxicology laboratory) using blood and other potentially infectious materials, chemicals, or radioactives.
- 4.4.2.5. Biosafety Cabinets. Biosafety cabinets are tested and certified upon installation, relocation, and at least annually.
- 4.4.3. Hand washing is the single most important means of preventing the spread of infection. Hands must be washed, even after gloves are used. Examples of when hand washing is to occur include, but are not limited to the following:
  - 4.4.3.1. When coming on duty and at the completion of duty
  - 4.4.3.2. After completing a procedure
  - 4.4.3.3. After handling any blood, body fluid, tissue, or other potentially infected material
  - 4.4.3.4. Before invasive procedures
  - 4.4.3.5. Between all research material contacts
  - 4.4.3.6. Immediately following the removal of gloves or other protective equipment
  - 4.4.3.7. Whenever hands are soiled
  - 4.4.3.8. Before performing any procedure
  - 4.4.3.9. After the use of the toilet
  - 4.4.3.10. After blowing or wiping the nose
  - 4.4.3.11. Before eating, drinking, applying cosmetics, handling contact lenses, or smoking.

- 4.4.4. Routine hand washing for visibly soiled hands consists of the use of soap, running water and friction for at least 15 seconds.
  - 4.4.4.1. Alcohol-based hand sanitizers are NOT reliable in killing bacterial spores (e.g., Clostridium difficile and Bacillus anthracis).
  - 4.4.4.2. Hand washing facilities are readily available in all areas where exposures may occur. Hand washing facilities are also to be provided at a reasonable proximity to employees normal work area.
  - 4.4.4.3. Hand cream application is permitted in work and laboratory areas, provided the hands are thoroughly washed immediately prior to application. However, care should be taken not to contaminate the hand cream during application. Lotion bottles are limited in size to eight ounces or smaller to prevent bacterial growth. Lotion bottles are to be discarded after use and are not be refilled or reused.
- 4.4.5. Persons working in the mortuary are cautioned about wearing artificial fingernails or extenders, especially in high-risk cases so as not to cause perforation of gloves. It is suggested that natural nails are to be maintained at a short (1/4) inch or less length.
- 4.4.6. Hand jewelry should be kept at a minimum (e.g., wedding band) in mortuary areas to enhance hand hygiene and to ensure that jewelry will not cause perforation of gloves.
- 4.5. Human Specimens and Those Infected with Blood-borne Diseases
  - 4.5.1. Specimens of blood, body fluids, tissues, or other potentially infectious materials are placed in an impervious container that is leak-proof during collection, handling, processing, storage, transport, and/or shipping. Specimens that are transported outside of the facility must be marked with a biohazard sign or color-coded.
  - 4.5.2. Specimens placed in a primary container must be placed in a labeled or color coded secondary container that prevents leakage when the inside container becomes contaminated or is punctured.
  - 4.5.3. Specific Bio-hazardous labeling of specimens is not required because employees are trained to follow Standard Precautions when handling all specimens and they recognize the container as containing specimens of blood, body fluid, tissues or other potentially infective material. However, Bio-hazardous labeling is required if the specimen is leaving OCME.
  - 4.5.4. Biohazard labeling of individual specimen containers during collection or processing of such specimens is not required. If the specimen container is stored, transported, shipped, or packaged in a secondary container, securely closing and labeling (or color-coding) is required for the secondary containers. For example, if blood tubes are transported in the phlebotomy tray, the individual tubes would



not require biohazard labeling; however, the tray needs to be labeled. Labeling includes the use of red container or a biohazard symbol.

4.6. Shipment of Hazardous Materials. The shipment of hazardous materials (also known as dangerous goods) requires the worker to follow regulatory requirements for the applicable mode of transportation (e.g. air, ground).

4.6.1. General

4.6.1.1. In order to eliminate or minimize transmission of blood-borne pathogens from contaminated environmental surfaces, activities such as eating, drinking, smoking, applying cosmetics, (exception: hand lotion), and handling contact lenses are prohibited in laboratory areas, the autopsy suite and other areas where there is potential for exposure to blood, tissues, body fluids, and other potentially infected materials.

4.6.1.2. In addition to direct contamination of food or drink by blood or other potentially infectious material (OPIM), containers of food and beverage may also become contaminated, resulting in unsuspected contamination of the hands. In order to prevent food and drink from being contaminated by the leakage/spilling of specimen containers, contact with contaminated items, or the performance of activities (e.g., laboratory analysis) that could generate splashes, sprays, or droplets of blood or OPIM, food and drink shall not be stored in cabinets, shelves, counter tops, bench tops, refrigerators, or freezers where blood and other potentially infectious materials are present.

4.6.1.3. Employees are taught to perform procedures in a way that reduces the risk of generation of droplets of other potentially infectious materials.

4.6.1.4. The use of sprays, brushes, and high pressure in equipment lines is particularly hazardous as it may cause unnecessary splashing, spraying, spattering, or generation of droplets of blood or OPIM.

4.7. Contaminated Equipment

4.7.1. Contaminated equipment is decontaminated prior to servicing. If that is not possible, at least partial decontamination, such as flushing lines and wiping the exterior must be accomplished.

4.7.2. The equipment is labeled as to the portions which remain contaminated in order to inform downstream servicing/repair employees of the hazard and precautions they need to take.

4.7.2.1. Mouth Pipetting. Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited. Waste Receptacles. Waste receptacles for regulated waste must be closable and constructed to contain all contents and prevent leakage of fluids during handling, storage and transport. Receptacles must be labeled with a biohazard sign, or color-coded red.

4.7.2.1.1. Examination and Maintenance

- 4.7.2.1.1.1. If the agency labs use protective shields, they are to be checked by the primary investigator or a designee to make certain shields are readily available and in good repair.
- 4.7.2.1.1.2. Lab exhaust hoods are inspected annually. Inspections are coordinated through Facilities Management.
- 4.7.2.1.1.3. Sharps disposal containers are checked regularly to verify these items are replaced as frequently as is needed.

This facility identifies the need for changes in engineering controls and work practices through review of OSHA regulations, employee interviews, risk management and safety committee meetings and supervisor and management recommendations. The agency evaluates new procedures and new products regularly. Front-line workers, supervisors and management officials are involved in this process.

## **5. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- 5.1. The purpose of the Personal Protective Equipment (PPE) Policy is to protect the employees of DC OCME from exposure to work place hazards and the risk of injury through the use of PPE. PPE is provided to employees at no cost to them. Training in the use of appropriate PPE for specific tasks or procedures is provided by the Deputy Chief Medical Examiner, Mortuary Supervisor, Director of Investigations and ARMOR.
- 5.2. Under normal conditions of use, PPE should not permit blood, body fluids, tissues, or other potentially infective materials to reach work clothes, street clothes, undergarments, skin, eyes, or mucus membranes. PPE of appropriate size will be provided for the various personnel who will be using them. Protective equipment that requires washing (such as aprons or gowns) will be laundered by a contracted laundry service. Employees and volunteers are responsible for inspecting the integrity of personal protective equipment before use. Damaged or defective equipment should be repaired, destroyed, or replaced immediately.
- 5.3. The employee should wear PPE at the beginning of a procedure and it should be worn for the duration of the procedure. Surgical scrubs and protective outerwear must be worn at all times by autopsy assistants, pathologist assistants, forensic photographers, medicolegal investigators, forensic investigators and medical examiners while on duty in the autopsy room. Shoes worn in the autopsy room should have non-absorptive rubber or synthetic soles, and covered with shoe covers. Work shoes should be left in the employee lockers and street shoes worn whenever one leaves the building and for other work-related activities outside of the autopsy room. Forensic Toxicologists should wear appropriate PPE for laboratory operations.
- 5.4. Authorized visitors to the autopsy room (i.e., employees, mobile crime, toxicologists, residents and/or interns) must wear protective equipment (e.g. masks, booties).

5.5. PPE is located in the Mortuary Suite and Toxicology Laboratory and may also be obtained through the Deputy CME, Mortuary Supervisor or Chief Toxicologist. Examples of PPE available to employees are: gloves, protective clothing and masks/eye protection.

5.5.1. Gloves

5.5.1.1. Gloves must be worn when there is reasonable likelihood of hand contact with blood, body fluids, organs, or tissues or other potentially infectious material (i.e. dried blood can retain HIV and HBV infectivity) and handling of contaminated items or surfaces and (e.g., evisceration, cleaning of contaminated surfaces, handling biological specimens or when leaning against bloody or contaminated surfaces).

5.5.1.1.1. If the employee/student/volunteer is allergic to the gloves provided, this must be documented on an incident report and brought to the Safety Officer and management's attention.

5.5.1.1.1.1. Reasonable accommodations will be made to provide an alternative product.

5.5.1.1.1.2. This might include non-latex gloves or simply changing to another brand of gloves.

5.5.1.2. Disposable single-use gloves are used (sterile or non-sterile) depending on the purpose for use. Surgical gloves shall be used when handling organs or tissues or when collecting blood or body fluid for analysis. To reduce the risk of accidental cuts of the hand during evisceration, the hand not holding the scalpel handle and blade should be covered with a surgical glove, then a cut-resistant glove, followed by an outer surgical glove. Surgical gloves shall be worn when removing or picking up bodies or during routine handling of bodies, such as during intake, undressing, and clean-up. A clean pair of gloves can be placed over contaminated gloves during these procedures, prior to resumption of evisceration or organ dissection. Two pairs of cut-resistant gloves will be issued per medical examiner, autopsy assistant, and physician assistant. The gloves shall be decontaminated after each use or at the end of the day by washing or soaking the gloves in disinfectant and, followed by air drying.

5.5.1.2.1. Powdered latex gloves are not used.

5.5.1.2.2. Gloves must be replaced as soon as practical when contaminated, or as soon as feasible if they are torn, punctured, or when the ability to provide an effective barrier is lost. Do not touch, with contaminated gloves, any surface or object that is outside the autopsy room and likely to be touched by other personnel with bare hands, such as door handles, knobs, telephones, pens, pencils, records, death certificates,

forms, desk materials, surfaces, drawers, computer, chairs, cabinets, shelves, etc. Remove contaminated gloves before leaving the autopsy room or using/touching any of the above items. If accidental contamination of an item or surface does occur, decontaminate it immediately with paper toweling moistened with disinfectant or with a disposal disinfectant cloth.

- 5.5.1.2.3. Disposable gloves must not be washed or decontaminated for reuse.
- 5.5.1.2.4. Gloves are changed after direct contact with each procedure or when the integrity of the glove has been compromised.
- 5.5.1.2.5. Gloves are removed when procedures are completed.
- 5.5.1.2.6. Hands should be washed as soon as possible with germicidal soap and water whenever contaminated gloves are removed or discarded.
- 5.5.1.3. Utility gloves may be used for cleaning tasks and may be decontaminated and reused if the integrity of the gloves is not compromised. Gloves must be discarded if there are signs of cracking or peeling, being torn or punctured, having discoloration, or exhibit other signs of deterioration.

## 6. PROTECTIVE CLOTHING

- 6.1. Employees must wear protective clothing such as (but not limited to) gowns, aprons, lab coats, or similar outer garments. Fluid retardant gowns, aprons, and other protective clothing must be worn during tasks and procedures that are likely to generate splashes of blood, body fluids, or other potentially infective materials (e.g., evisceration, cleaning of contaminated surfaces, handling biological specimens or when leaning against bloody or contaminated surfaces). Do not lean against clean surfaces such as shelving, desks, benches, chairs, or equipment, etc., when wearing contaminated apparel.
- 6.2. Surgical caps and hoods, shoe covers, and/or boots must be worn in instances when gross contamination can reasonably be expected - such as autopsies.
- 6.3. In some situations, it may be necessary for protective clothing or specific areas of the clothing to have reinforcement (e.g., elbow or chest area) to prevent liquid penetration, such as during autopsy or during lengthy animal surgical procedures where soaking of clothing is likely.
- 6.4. Gowns shall be worn one time only. Change gowns and/or aprons promptly when they become grossly contaminated with blood or body fluids. Used gowns and aprons are to be discarded in the appropriate biohazard waste receptacles.
- 6.5. Laboratory coats may be used as a protective cover in areas of the laboratory where risk of splashes is minimal.

- 6.6. Protective clothing is removed immediately when penetrated by blood, body fluids, other potentially infectious materials, or hazardous chemicals and is not worn outside the work area.

## 7. MASKS/EYE PROTECTION

- 7.1. Masks must be worn in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields whenever there is the possibility that splashes, spray, spatter, or droplets of blood or other infectious materials could be generated which could contaminate eye, nose, and/or mouth (mucus membranes).
- 7.2. Eye protection shall be worn during procedures that are likely to generate droplets of blood, body fluid, or any other potentially infectious materials.
- 7.3. Procedures requiring the use of eye protection for Standard Precautions include, but are not limited to, the following:
- 7.3.1. Emptying tubing or containers with blood, body fluids, tissues, or other potentially infectious materials for disposal
  - 7.3.2. Suctioning
  - 7.3.3. Insertion of invasive devices as well as other invasive procedure
  - 7.3.4. Preparing specimens for examination
  - 7.3.5. Dissection
  - 7.3.6. Pouring fluids
  - 7.3.7. Adding fluids together
  - 7.3.8. Vortexing solutions
  - 7.3.9. While performing scrubbing in the operating room
  - 7.3.10. During work on the sewer system, such as plunging a drain or snaking a pipe.
- 7.4. Approved types of eye protection for blood, body fluids, tissues, and other potentially infectious materials include the following: goggles face shields, glasses with side shields, and a mask with protective shields. Ordinary prescription glasses should not be used as the only source of protection; however, protective devices that fit over glasses are acceptable.
- 7.5. N95 or higher respirators and protective eyewear shall be worn during invasive autopsy procedures such as opening the body cavity using a Stryker saw, drawing blood or any procedure that is likely to generate droplet or aerosols of blood, other body fluids or bone dust. Positive pressure head enclosures provided with HEPA-filtered air, and powered by portable battery pack are available and can be used on a daily basis or whenever cases with suspected or documented tuberculosis or other air-borne pathogen are autopsied.

- 7.6. Generally, while working, do not touch your skin, mouth, nose, eyes, hair or any skin lesion or cut with contaminated gloves. Additionally, do not touch any other items or surfaces with your fingers. Cover any cuts, abrasions, or other skin lesions with an appropriate bandage, prior to putting on protective clothing as indicated below.

## 8. HOUSEKEEPING

The core facility, including the mortuary suite and laboratory, is to be maintained in a clean condition. The agency also occupies space in a separate District facility and the building management of that facility is responsible for housekeeping responsibilities.

### 8.1. Removal and Disposal of PPE

- 8.1.1. Personal protective equipment must be removed before leaving the work area.
- 8.1.2. Gloves and other disposable PPE are properly disposed of in a waste container.
- 8.1.3. Reusable PPE such as lab coats should be left in an area designated for storing contaminated lab coats.
- 8.1.4. Lab coats or gowns going to the laundry should be placed in a laundry bag at the point of use for later transport to the laundry.

### 8.2. Cleaning and Maintenance

- 8.2.1. Procedures and policies have been developed for cleaning and maintenance which includes cleaning of reusable receptacles.
- 8.2.2. Even if plastic liners are used, trash containers routinely used for contaminated items are cleaned and decontaminated on a regular schedule by a biohazard waste contractor.
- 8.2.3. All reusable buckets, pails, cans and other receptacles used and intended for reuse must be inspected and decontaminated on a regularly scheduled basis, or cleaned and decontaminated immediately if there is visible contamination.
- 8.2.4. Cleaning schedules and methods will vary according to various factors.
- 8.2.5. Disinfection or sterilization of environmental surfaces such as walls or floors is accomplished through routine cleaning and removal of soil, as well as through contractual services as scheduled.
- 8.2.6. Each unit supervisor and Management Services Officer must determine and implement an appropriate written schedule of cleaning and decontamination based upon:
  - 8.2.6.1. The location within the facility (e.g., mortuary versus toxicology)
  - 8.2.6.2. Type of surface to be cleaned, (e.g., hard-surfaced flooring versus carpeting or walls)
  - 8.2.6.3. Type of soil present, (e.g., gross contamination versus minor splattering)
  - 8.2.6.4. Tasks and procedures being performed, (e.g., autopsies, laboratory analyses versus routine clerical duties).

8.3. Blood Spills

8.3.1. Blood spills are cleaned immediately and the area disinfected with a 1:10 solution of sodium hypochlorite 5.25% (bleach) or a phenolic solution.

**Small Spill**

Contain spill  
Absorb blood/OPIM  
Disinfect

**Large Spill**

Contain spill  
Secure area  
Absorb blood/OPIM  
Disinfect  
Contact immediate supervisor

8.3.2. Household bleach should be available, provided that they are in an opaque container and used for decontamination of sites following initial cleanup (i.e., wiping up) of spills of blood or other potentially infectious materials.

8.3.3. Contact time for bleach is ten minutes.

8.3.4. Gross contamination must be cleaned up first with a soap and water solution, to ensure the disinfectant is completely effective, then the spill is to be cleaned with the bleach solution.

8.3.5. Acceptable Solutions for disinfection, cleaning, and decontamination of the environment, equipment, and work surfaces at OCME are determined by Mortuary Unit and Toxicology Laboratory.

8.4. Exposure Prevention

8.4.1. To prevent exposure of the employee/student/volunteer to blood, body fluids, tissues, or other potentially infective materials remaining on a work surface from a previous procedure, all work surfaces must be cleaned and disinfected after completion of each procedure, when they are overtly contaminated during a procedure, and at the end of the work shift.

8.4.2. Employees shall not place their hands into containers whose contents include reusable sharps contaminated with blood or OPIM. The intent is to prevent conditions of use in which the contents cannot be seen and safely handled, (i.e., employees must not reach into sinks filled with soapy matter in which sharp objects have been placed. Such a circumstance would require the use of a strainer type basket to hold the instruments, and forceps to remove the items).

8.4.3. Employees shall not hand sharps to other employees. Sharps should be placed in “plain view” for another employee to then pick up for use.

8.4.4. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper are acceptable methods of protecting items and surfaces against contamination. However, these coverings must be replaced as soon as possible after they become contaminated or at the end of the work shift if they have become contaminated during the procedure. This does not eliminate the need to decontaminate the surface area if overtly contaminated.

8.5. Trash Containers

8.5.1. The federal standard requires that trash containers used to collect regulated waste be closable. It is not necessary to cover trash containers during use.

- 8.5.2. The container must be covered prior to removal to prevent spillage during handling, storing, transporting, or shipping.

#### 8.6. Handling Broken Glass

- 8.6.1. Since contaminated broken glass (e.g., glass capillary tubes, lab specimen dishes, phlebotomy tubes) is capable of inflicting percutaneous injury and direct inoculation of blood-borne pathogens into the bloodstream, broken glassware which may be contaminated must not be picked up directly with the hands.
- 8.6.2. Only mechanical means are to be used to clean up broken glassware, sharps, or other infectious waste (brush, dustpan, tongs, forceps, etc.) and must be properly decontaminated or discarded after use and the broken glass placed in a sharps container.
- 8.6.3. Vacuum cleaners are not appropriate for cleanup of contaminated broken glass.

### 9. Laundry

- 9.1. All scrubs are to be laundered through the means provided by the OCME. Scrubs utilized in the autopsy suite are not to be taken from the facility by individual employees for laundering. Laundering is done through a laundry service and is conducted through the Management Services Officer.
- 9.2. Precautions for Laundry. Standard Precautions will be used with soiled laundry and reusable protective clothing worn to prevent occupational exposures.
- 9.3. Used Laundry. All used laundry will be considered contaminated. Laundry guidelines include:
  - 9.3.1. Appropriate personal protective equipment will be used by employees for protection against occupational exposure when handling laundry.
  - 9.3.2. Contaminated laundry is placed in containers at the location where it is used but sorting or rinsing laundry is prohibited.
  - 9.3.3. Bags or containers from areas other than the mortuary area in which laundry is placed and transported must be labeled or color-coded, sufficient to permit employees to recognize the containers as having contaminated contents.
  - 9.3.4. Laundry is collected in cloth linen or plastic laundry bags at the point of use before transportation.
  - 9.3.5. Double bagging is not necessary unless the bag is torn or the outside is contaminated.
  - 9.3.6. Wet contaminated laundry must be placed and transported in bags or containers that prevent soak-through or leakage to the exterior.
  - 9.3.7. Bagged linen will be transported to the laundry facility in appropriate containers.
  - 9.3.8. All used laundry is treated as contaminated and is handled as little as possible.
  - 9.3.9. Employees who have contact with contaminated laundry must wear gloves and other appropriate personal protective equipment.

### 10. Signs and Labels

- 10.1. Labeling



- 10.1.1. Specific labeling (biohazard symbol or the use of red bags or containers) is required to warn of potential hazards. Contaminated equipment, containers of regulated waste, refrigerators, freezers, or other containers used to store, transport, or ship blood, body fluids, tissues, or other potentially infectious materials must be labeled. The standard requires:
  - 10.1.1.1.1. Warning labels must include the universal biohazard legend and symbol followed by the term biohazard.
  - 10.1.1.1.2. Biohazard labels must be fluorescent orange or orange-red, or predominantly so, with lettering or symbols in contrasting color.
  - 10.1.1.1.3. The labels must be either an integral part of the container or affixed as close as feasible to the container by a string, wire, adhesive, or other method to prevent their loss or unintentional removal.
  - 10.1.1.1.4. Red bags or container may be substituted for specific labeling.
  - 10.1.1.1.5. Biohazard signs are attached to refrigerators and freezers containing blood, body fluids, tissues, or other potentially infectious materials.
  - 10.1.1.1.6. Regulated waste is placed in red or labeled biohazard containers.
  - 10.1.1.1.7. Contaminated equipment sent for servicing or repair must meet with specifications above and must be labeled with a biohazard sign stating which parts are contaminated.
  - 10.1.1.1.8. Specimens transported out of OCME shall be labeled with a biohazard sign.
  - 10.1.1.1.9. Specimens, infectious or other, shipped off campus by carrier(s) (e.g., UPS, Federal Express, etc.) will be packaged and labeled in accordance with the OCME protocol.

## 10.2. Labeling Tissue Specimens

- 10.2.1. Tissue specimens are subject to the containerization and labeling provisions of the standard.
- 10.2.2. Labeling is not required for:
  - 10.2.2.1. Individual containers of blood, body fluids, tissues, or other potentially infectious materials that are placed in secondary labeled containers during storage, transport, shipment, or disposal.
  - 10.2.2.2. Specimen containers if the facility uses Standard Precautions when handling all specimens.
  - 10.2.2.3. Laundry bags or containers if the facility uses Standard Precautions for handling all laundry.

## 11. Regulated Waste

### 11.1. Waste Management

- 11.1.1. It is the policy of OCME to manage waste in a manner designed to protect employees, medical students, contractors, visitors, and volunteers, the general public, as well as the environment. Waste handling is accomplished in a cost-

effective manner in accordance with all applicable local, state, and federal regulations and laws.

11.2. Bio-hazardous (Regulated) Waste

11.2.1. OCME follows OSHA's definition for Bio-hazardous waste which includes:

11.2.1.1. Liquid or semi-liquid blood or other potentially infectious materials.

11.2.1.2. Contaminated items that release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.

11.2.1.3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.

11.2.1.4. Contaminated sharps.

11.2.1.5. Pathological and microbiological waste containing blood or other potentially infectious materials.

11.3. Bio-hazardous (regulated/infectious) waste is considered to be waste type capable of producing an infectious disease in humans and includes at a minimum blood, body fluids, tissues, and discarded inoculated culture media.

11.3.1. Bio-hazardous (regulated) waste (including waste to be transported off campus) is placed in rigid or semi-rigid leakproof containers, which are clearly marked with a biohazard label. These containers are closed in such a manner that they are completely sealed before transport.

11.3.2. Sharps and contaminated broken glass must be disposed of in leak-proof, rigid, puncture-resistant, and break-resistant containers. These containers must be sealed shut when they are three-fourths full and placed with the Bio-hazardous waste for pick up and disposal.

11.3.3. Clean glass will be disposed of in clean cardboard boxes or in designated containers.

11.3.4. Items that are only slightly soiled with drainage such as small bandages will not be considered Bio-hazardous (regulated) waste.

11.3.5. Bio-hazardous (regulated) waste that has been decontaminated need not be labeled or color-coded.

11.3.6. Bio-hazardous (regulated) waste containers must prevent leakage and be labeled or color-coded red, and closed prior to handling, storing, transporting, or shipping.

## 12. Hepatitis B Vaccination

### 12.1. General

12.1.1. The ARMR will provide training to employees on Hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration and availability.

12.1.2. The Hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in

the Exposure Determination Section of this ECP (Section II). Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

- 12.1.3. All potentially exposed or at-risk employees will be offered Hepatitis B vaccination at no cost to them. However, if an employee declines the vaccination, the employee must sign a declination form. See ECP Attachment A. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept with the ARMR.
- 12.1.4. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the Hepatitis vaccine and whether the vaccine was administered.

#### 12.2. Hepatitis B Vaccination of Visitors/Volunteers

- 12.2.1. All visitors or volunteers (i.e., including law enforcement officers, residents, consultants, interns etc.) should be vaccinated.

### 13. Post-Exposure Evaluation and Follow-up

13.1. Blood-borne Pathogen Exposure: A blood-borne pathogen exposure incident is defined as a specific eye, mouth, or other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that may result from the performance of employee/student/volunteer duties.

#### 13.2. Employee Action In Exposure Occurrence:

- 13.2.1. In the event of a blood or body fluid exposure, the employee/student/volunteer should:
- 13.2.2. Wash the affected area immediately with soap and water (eyes and other mucus membranes should be flushed with water).
- 13.2.3. **DO NOT WAIT.** Report **immediately** to the nearest emergency room if necessary.
- 13.2.4. Inform the appropriate supervisor.
  - 13.2.4.1.1. Document the exposure on a OCME Accident Report Form and provide it to the supervisor or Agency Risk Management Representative (ARMR). The supervisor or ARMR must call in the incident to the number provided on the form immediately or as soon as practicable.
- 13.2.5. Risk Management
  - 13.2.5.1. The supervisor will assist in the risk assessment of an exposure incident to determine when medical evaluation and follow-up is necessary.

**13.2.6. There is no fee involved for reporting or follow-up care related to a blood borne pathogen exposure.**

13.2.7. The employee/student/volunteer may receive further directions regarding treatment and follow-up from the exposure.

13.2.8. Once an Employee Accident Form has been completed and the information called in by a supervisor to the Office of Risk Management's (ORM) Disability Compensation Program number, paperwork is forwarded from the Disability Compensation Program to the employee which must be filled out by the employee and supervisor. The supervisor receives a notification as to the status of the claim. The Disability Compensation Program caseworker determines whether the claim is accepted and, if so, provides further instruction to the employee and supervisor.

13.3. Management Action in Post-Exposure

13.3.1. An immediate confidential, post-exposure medical evaluation and follow-up is required following an exposure incident.

13.3.2. The Deputy CME, Mortuary Supervisor or Chief Toxicologist will review the circumstances of all exposure incidents and provide a report to the ARMR to include:

13.3.2.1. Identification and documentation of the source individual.

13.3.2.1.1. Obtain consent and make arrangements for testing of the source of the individual's blood as soon as feasible to determine Hepatitis B virus (HBV), Hepatitis C virus (HCV), and HIV infectivity. Post-exposure prophylaxis algorithm for blood-borne pathogen exposure will be followed. Document that the source individual's test results were conveyed to the employee's health care provider.

13.3.2.1.2. Detailed documentation will include a minimum of the following: the route of exposure, device and its brand name involved the circumstances under which the exposure occurred, engineering controls, PPE in use, work practices, location of incident, procedure being performed and employee training.

13.3.2.2. The ARMR will maintain a record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

13.3.3. When the HBV, HCV, and HIV status of the source individual is known prior to injury, the status will be documented.

13.3.3.1. Repeat testing is not necessary.

13.3.4. Availability of Information

13.3.4.1. The results of the source individuals testing will be made available to the exposed employee/student/visitor/volunteer; and to the treating physician upon request for source testing and access to the results, shall be submitted to OCME on official letter head. If source testing is available and approved, then the source testing will be conducted for the requestor, but the results

- may be redacted and then forwarded to the treating physician via US mail or may be picked up in person.
- 13.3.4.2. The employee/student/visitor/volunteer will also be informed of applicable law, regulations and policies concerning disclosure of the identity, and the infectious status of the source individual.
- 13.3.5. Baseline Blood Collection and Testing of Personnel Collection and testing of the exposed employee/student/volunteer's blood for HBV, HCV, and HIV serological status shall be collected.
- 13.3.6. After obtaining consent, the exposed employee/student/volunteer's blood shall be collected as soon as feasible and tested for HBsAB (when antibody status is unknown), HCV, and HIV after consent is obtained.
- 13.3.6.1. If the employee/student/volunteer consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the blood sample shall be preserved for at least 90 days.
- 13.3.6.1.1. If, within 90 days of the exposure incident, the employee/student/volunteer elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- 13.3.7. HIV Post-Exposure Prophylaxis
- 13.3.7.1. Post-exposure prophylactic medications, when indicated, will be offered as per current recommendations from the Centers for Disease Control (CDC) and Prevention/U.S. Public Health Services, or other professional governing bodies.
- 13.3.7.2. These medications should be started within two (2) hours of the exposure. See algorithms for post-exposure prophylaxis and determining HIV status.
- 13.3.8. Counseling
- 13.3.8.1. Every employee/student/volunteer will be provided necessary counseling regarding their exposure.
- 13.3.8.2. Such counseling will include, when appropriate:
- 13.3.8.2.1. Recommendations for treatment
- 13.3.8.2.2. Follow-up care and testing
- 13.3.8.2.3. Reporting of illness
- 13.3.8.2.4. Safer-sex guidelines
- 13.3.8.2.5. Any other information necessary and relevant to the exposure.
- 13.3.8.3. The employee/student/volunteer will be given an opportunity to ask questions.
- 13.3.8.4. Additional counseling will be provided as necessary and/or as requested in the post exposure period.
- 13.3.8.5. The D.C. Employee Assistance Program (EAP) is also available, if desired. Information regarding this program is provided to employees within the OCME Employee Orientation Manual.

13.4. Evaluation of Reported Illness

- 13.4.1. Employees/students/volunteers will be advised to report illnesses in the post exposure period.
- 13.4.2. These illnesses will preferably be evaluated by ORM or the vendor.
- 13.4.3. In the event the illness is determined to be a result of the employee/student/volunteers' previously reported exposure, a D.C. Worker's Compensation representative or other designated Case Manager(s) will be notified.

13.5. Post Exposure Follow-Up: Post-exposure follow-up is offered with any occupational exposure incident.

- 13.5.1. All evaluations, procedures, vaccinations, and post-exposure management are confidentially provided to the employee/visitor/volunteer through a medical facility at a reasonable time and place at no cost and according to the current recommendations provided by the U.S. Public Health Service.
- 13.5.2. All medical evaluations and procedures are performed by or under the supervision of a licensed physician or another licensed healthcare professional. All laboratory tests and treatment are performed by an accredited laboratory and are processed at no cost to the employee/student/volunteer.
- 13.5.3. Information Provided to the Healthcare Professional
  - 13.5.3.1. A copy of 29 CFR 1910.1030 (Blood-borne Pathogen Standard) will be kept on file in the Mortuary Unit and Toxicology Laboratory. All medical care records due to an occupational exposure or for Hepatitis B prophylaxis will be kept according to this federal standard.

13.6. An Accident report must be completed (preferably by the involved employee/student /volunteer) for every blood and body fluid exposure.

- 13.6.1. Information on the report shall include:
  - 13.6.1.1. A description of the exposed individuals duties as the relate to the exposure incident
  - 13.6.1.2. Documentation of the route of exposure and injury site
  - 13.6.1.3. Device and brand name
  - 13.6.1.4. Circumstances under which the exposure occurred
  - 13.6.1.5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

13.7. Written Opinion

- 13.7.1. A medical facility will provide a written post exposure report to the employee/student/volunteer within 15 days of the completion of the initial evaluation. This report will identify:
  - 13.7.1.1. Whether Hepatitis B vaccination was recommended

- 13.7.1.2. Whether or not the employee/student/volunteer received the vaccination.
- 13.7.2. The ORM risk management case workers must also note that the employee/student/volunteer has been informed of the results of the evaluation and told of any medical condition resulting from exposure to blood or any other potentially infectious materials which may require further evaluation or treatment.
- 13.7.3. All other findings or diagnoses will be kept as confidential (as required by state and federal regulations) and shall not be included in the written report.

#### 13.8. Records

- 13.8.1. Following completion of a post-exposure follow-up, all exposure records will be maintained in accordance with 29 CFR 1910.20.
- 13.8.2. This record will be located in the office of the ARMOR for employees/students/volunteers and will consist of a copy of the information provided to the employee/student/volunteer as well as the individual's name, social security number, and a copy of the individual's Hepatitis B status; dates of all Hepatitis B vaccinations, and any records relative to the individual's ability to receive vaccination.
- 13.8.3. The exposure record shall also include a copy of all results of any post-exposure evaluations, including examinations and medical testing, and follow-up procedures as well as a copy of the written opinion provided by the medical facility.
- 13.8.4. Record Confidentiality: Medical records of occupational exposures will not be disclosed or reported without the employees written consent, except as required by law.

#### 13.9. Record Retention

- 13.9.1. All records are confidential and employee records are retained for the duration of employment plus 30 years (on microfilm), in accordance with 29 CFR 1910.20.
- 13.9.2. Visitor/volunteer records are also maintained for the duration of volunteerism at OCME and then electronically maintained.

### 14. Training

- 14.1. The OSHA standard requires that employers shall ensure that employees with occupational exposure risk are trained. This includes full or part-time employees.
- 14.2. All employees with potential occupational exposure to blood-borne pathogens must receive training arranged by the ARMOR. All employees who have exposure to occupational exposure to blood-borne pathogens receive training on the epidemiology, symptoms and transmission of blood-borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
  - 14.2.1. A copy and explanation of the OSHA blood-borne pathogen standard
  - 14.2.2. An explanation of the OCME ECP and how to obtain a copy

- 14.2.3. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
  - 14.2.4. An explanation of the use and limitations of engineering controls, work practices and PPE
  - 14.2.5. An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE
  - 14.2.6. An explanation of the basis for PPE selection
  - 14.2.7. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
  - 14.2.8. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
  - 14.2.9. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
  - 14.2.10. An explanation of the signs and labels and/or color coding requirement by the standard and used at this facility
  - 14.2.11. An opportunity for interactive questions and answers with the person conducting the training session.
- 14.3. Training records are kept in the agency personnel files and maintained by supervisors and ARMR. These records include:
- 14.3.1. Dates of training sessions
  - 14.3.2. Contents and summary of training sessions
  - 14.3.3. Names and qualifications of persons conducting training sessions
  - 14.3.4. Names and job titles of all persons attending training sessions
- 14.4. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the employee's supervisor.

## **15. Recordkeeping**

### 15.1. Medical Records

- 15.1.1. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- 15.1.2. The supervisor and ARMR are responsible for maintenance of the required medical records. These confidential records are kept in the employee's personnel file for at least the duration of employment plus 30 years.
- 15.1.3. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 days. Such requests should be sent to the employee's supervisor



15.2. OSHA Recordkeeping

- 15.2.1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the ARMR with assistance from supervisors.

15.3. Sharps Injury Log

- 15.3.1. In addition to the OSHA 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- 15.3.1.1. Date of injury
- 15.3.1.2. Type and brand of the device involved (i.e., syringe, suture needle)
- 15.3.1.3. Department or work area where the incident occurred
- 15.3.1.4. Explanation of how the incident occurred

- 15.3.2. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

15.4. Training Records

- 15.4.1. Training records shall be kept in accordance with Section J of this ECP.

**OCME Hepatitis B Vaccination  
Mandatory Declination (ECP Attachment A)**

Pursuant to 29 CFR §1910.1030 (Occupational Exposure to Blood-borne Pathogens)

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.

Employee's Name (print): \_\_\_\_\_

Employee's Unit: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_