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GN470086 – SNL BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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Note: This document is reviewed annually.

[Change History](#)

* Indicates a substantive change

- [Applicability](#)
- [Minimizing Occupational Exposure](#)
- [In Case of Exposure](#)
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- [*Generating Infectious Waste](#)

- [*Storing and Disposing of Infectious Waste](#)
- [*Handling Contaminated Laundry](#)
- [*Housekeeping](#)
- [Organization-Specific Procedures](#)
- [*References](#)
- Form
 - SF 2050-P, Report of Occupational Occurrences (Injury/Illness) ([Word file/ Acrobat file](#))



APPLICABILITY

For purposes of this document, Members of the Workforce are:

- Sandia employees.
- Sandia contractors as specified in [Section 1B](#), "What Is the Scope."

This document applies to all Members of the Workforce whose job duties include performing tasks that involve an inherent potential for mucous membrane, skin, or [parenteral contact](#) with human [blood](#) or [other potentially infectious material \(OPIM\)](#). This document supplements CPR400.1.1, MN471001, *ES&H Manual*:

- [Section 4L](#), "Personal Protective Equipment (PPE)."
- [Section 4M](#), "Signs (Including SWHAS) and Tags."
- [Chapter 16](#), "Benefits and Health Services."
- [Section 19F](#), "Other Waste" - the material titled "Infectious Waste."
- [Chapter 21](#), "Technical Work Documents (TWDs)."

MINIMIZING OCCUPATIONAL EXPOSURE





Requirements

Managers shall follow this procedure to minimize [occupational exposure](#) of Members of the Workforce to [bloodborne pathogens](#):

Step	Action
1	<p>Determine who is at risk of occupational exposure:</p> <ol style="list-style-type: none"> a. Identify tasks that may expose Members of the Workforce to bloodborne pathogens. b. Identify Members of the Workforce who perform those tasks. c. Document steps a and b in an organization-specific procedure. d. Ensure that this hazard is identified in the applicable primary hazard screening (PHS). <p>Note: Tasks that may involve occupational exposure include performing medical procedures, medical emergency response activities, security emergency response activities, and some research and development activities.</p>
2	<p>Require that Members of the Workforce who perform tasks with a potential for occupational exposure to bloodborne pathogens complete MED113, <i>Bloodborne Pathogens Training for Non-Medical Personnel</i>:</p> <ul style="list-style-type: none"> ● At the time of initial assignment for tasks with risk occupational exposure. ● At least annually thereafter.
3	<p>Require implementation of universal precautions, engineering and work practice controls by Members of the Workforce who perform tasks having risks of occupational exposure.</p>

- | | |
|---|---|
| 4 | <p>Require proper selection, availability, use, and care of personal protective equipment (PPE) as follows:</p> <ul style="list-style-type: none"> ● Involve Members of the Workforce as well as Industrial Hygiene or Medical, to determine appropriate PPE, such as control devices, for the tasks to be performed. ● Request SME to review biotechnical and bioengineering literature at least annually to monitor improvements in PPE and to communicate recommendations to manager. ● Establish funds, supplies, and storage areas so that appropriate sizes of PPE are readily accessible or issued to Members of the Workforce. ● Require that Members of the Workforce are properly trained in the use and limitations of PPE. ● Require that Members of the Workforce use appropriate PPE. ● Establish procedures for proper disposal or decontamination of PPE. ● Investigate situations where a worker decides not to use PPE in an emergency, and document the circumstances of this decision to evaluate the process for mitigating risk in similar situations. |
| 5 | <p>Establish and document their organization-specific procedure for mitigating exposure (see "Organization-Specific Procedures").</p> |

Guidance

Managers should inform the SME of the Members of the Workforce identified in Step 1, "*Determine who is at risk...*," so that the SME is aware of the various job duties and PPE needs of organization personnel.

Members of the Workforce should consult the [bloodborne pathogens](#) contact for:

- More information about controlling occupational exposure to bloodborne pathogens.
- Guidance in determining if contractors are eligible to receive Hepatitis B vaccine

and/or required training.

The following contacts provide free Hepatitis B vaccination, a series of three injections over a 6-month period to all Members of the Workforce (on a case-by-case basis) with potential occupational exposure to [blood](#) or [other potentially infectious material \(OPIM\)](#):

Site	Hepatitis B Vaccination Contact
SNL/NM	International Travel Clinic personnel
SNL/CA	Health Services Department personnel
KTF	Resident range manager
TTR	Emergency medical technician or paramedic
NTS	Mercury medical paramedics
Pantex	Occupational Medicine Department personnel
WIPP	Occupational medicine head nurse
Others	Bloodborne pathogens contact at SNL/NM

Members of the Workforce (on a case by case basis) may start the Hepatitis B vaccination series after completing required training and within 10 working days of initial assignment to jobs with the potential for occupational exposure to bloodborne pathogens.

Members of the Workforce who decline to accept the Hepatitis B vaccination series must sign a declination form (see [FR-MED015](#), "Hepatitis B Vaccination Declination Form"), but may elect to receive the vaccination at a later time.

IN CASE OF EXPOSURE

Requirements

Managers shall be responsible for:

- Requiring that Members of the Workforce who sustain an [occupational exposure incident](#) to [blood](#) or [other potentially infectious material \(OPIM\)](#) report to the site



Medical office (or specified medical provider if off site) immediately.

- Completing SF 2050-P, Report of Occupational Injury/Illness ([Word file](#)/[Acrobat file](#)), for all occupational exposure incidents.
- Implementing any necessary changes to applicable work processes to mitigate future occupational exposure incidents.

Members of the Workforce shall follow the steps below when involved in an occupational exposure incident:

Step	Action
1	Remove contaminated personal protective equipment (PPE) and clothing and segregate it for decontamination or disposal.
2	Wash hands and other skin surfaces with soap and running water immediately and thoroughly upon contact with blood or OPIM. (Ordinary soap is sufficient; soaps with antimicrobial agents are not required.)
3	Flush mucous membranes (eyes, mouth, nose) with tap water.
4	Isolate any contaminated work area and alert Members of the Workforce in the immediate vicinity to notify the Incident Commander (or the ES&H Hotline at SNL/CA) to arrange for decontamination.
5	Report the incident to their manager. If a manager is not immediately available report after seeking medical care.
6	Go to the site medical office (or specified medical provider if off site) during operational hours or local emergency room during non-operational hours.

COMMUNICATING HAZARDS



Requirements

Members of the Workforce shall:

- Follow the requirements in CPR400.1.1, MN471001, *ES&H Manual*, [Section 4M](#), "Signs (Including SWHAS) and Tags," as they relate to [bloodborne pathogens](#).

- Verify that all containers that hold [blood](#) or [other potentially infectious material \(OPIM\)](#) are red or bear the biohazard label (see Figure 1), which identifies the contents of the container as potentially infectious material.
- Affix biohazard labels as close as possible to containers with adhesive, string, wire, or another method that prevents loss or unintentional removal.



Figure 1. Biohazard Label



ENGINEERING AND WORK PRACTICE CONTROLS

Requirements

Members of the Workforce with a potential for occupational exposure to blood or OPIM shall implement the following to minimize risk of occupational exposure:

Universal Precautions

- Treat all human blood and OPIM as if potentially contaminated.

Engineering Controls



- Place [contaminated sharps](#) in appropriate containers located in area of use

immediately after use. (See "[Generating Infectious Waste](#)" for more information.)

- Use appropriate safety engineered products such as self-sheathing needle/syringes

Work Practice Controls

- Wash hands with soap and water as soon as feasible after removing gloves or other PPE. Where hand washing facilities are not available, do the following:
 1. Wash hands with either an appropriate antiseptic hand cleanser and a cloth or paper towel, or with antiseptic towelettes.
 2. Upon having access to soap and running water, wash hands immediately.
- Perform all procedures involving blood or OPIM in a manner that minimizes splashing, spraying, spattering, and generation of droplets.
- Place specimens of blood or OPIM in containers that are labeled as biohazard and that prevent leakage during collection, handling, processing, storage, transportation, or shipping. If the outside of the container becomes contaminated, place the primary container in a secondary container labeled as biohazard. If the specimen could puncture the primary container, the secondary container shall also be puncture-resistant.
- Examine equipment that may become contaminated prior to servicing and/or shipping, and decontaminate it as necessary. If decontamination is not feasible, attach a readily observable label to contaminated equipment that bears the biohazard label and that states which portions of the equipment remain contaminated. Convey information about contaminated equipment to all affected Members of the Workforce, the servicing representative, or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions may be taken.

Members of the Workforce shall **not**:

- Bend, recap, shear, or remove contaminated needles or other contaminated sharps unless:
 - No alternative is feasible.



- Such action is required by a medical procedure.
- Such action is accomplished through a mechanical device or a one-handed technique.
- Engage in the following activities in areas where there is a reasonable likelihood of occupational exposure:
 - Eating
 - Drinking
 - Handling contact lenses
 - Applying cosmetics or lip balm
- Perform mouth pipetting or mouth suctioning of blood or OPIM.
- Keep food or drink in refrigerators, freezers, shelves, or cabinets or on countertops or benchtops where blood or OPIM is stored.



PERSONAL PROTECTIVE EQUIPMENT (PPE)

Requirements

Members of the Workforce who still have a potential for [occupational exposure](#) to [bloodborne pathogens](#) after implementing [universal precautions](#), engineering and work practice controls shall:

- Select and use PPE appropriate to risk of task(s) to be performed. PPE is appropriate only if it does not permit blood or OPIM to reach the worker's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time that the equipment is used. In this context, PPE includes, but is not limited to, the following:



- Gloves (including single use, and utility gloves).
- Gowns.
- Lab coats.
- Eye and face protection devices, such as surgical masks, chin-length face shields, screen shields, goggles, and safety glasses with side shields.
- Ventilation devices with one way valves (for example, mouthpieces, resuscitation bags, and pocket masks).



- Wear gloves when:
 - Hand contact with [blood](#) or [other potentially infectious material \(OPIM\)](#) can be reasonably anticipated.
 - Performing vascular access procedures.
 - Handling or touching [contaminated](#) items or surfaces.
- Replace disposable (single use) gloves as soon as practical when they become contaminated or as soon as feasible if they are torn or punctured or when their ability to function as a barrier is compromised. **Do not wash or decontaminate gloves for reuse.**
- Discard [utility gloves](#) if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse.



Note: Utility gloves may be decontaminated for reuse.

- Always wear [personal protective equipment \(PPE\)](#) that protects all mucous membranes (eyes, nose, and mouth) whenever the possibility exists for splashes, spray, spatter, or droplets of blood or OPIM. (e.g., face shields or surgical masks in combination with goggles or safety glasses).
- Wear surgical caps or hoods and shoe covers or boots in instances where gross contamination is anticipated (e.g., during emergency response to injury involving arterial bleeding).





- Always wear gowns, aprons, lab coats, clinic jackets, or similar outer garments as needed in potential occupational exposure situations. The type and characteristics of garments depend upon the task and the degree of anticipated exposure.
- Use ventilation devices with one-way valves when performing rescue breathing.

Members of the Workforce shall always use PPE during potential occupational exposure to blood and OPIM. In life-threatening situations, Members of the Workforce **may** decline to use PPE when its use would prevent the delivery of health care or public safety services or pose increased hazards to Members of the Workforce.

Managers shall investigate and document the circumstances of when PPE is declined to evaluate the process for mitigating risk in similar situations.



Guidance

Members of the Workforce should follow these guidelines when using PPE:

- Use disposable PPE whenever possible.
- Remove garments that are penetrated by blood or OPIM as soon as practical.
- After removing PPE, place it in an appropriate designated area or biohazard container for storage, washing, decontamination, or disposal.

*GENERATING INFECTIOUS WASTE



*Requirements

Note: These requirements supplement those listed in [Section 19F](#), "Other Waste," under the heading "Infectious Waste."

*Tracking and Segregating

Members of the Workforce who generate [infectious waste](#) shall be responsible for:

- At SNL/NM, tracking infectious waste from the time it is generated until it is picked up from the designated holding area by SNL [Hazardous Waste Management Facility \(HWMF\)](#) personnel.



- Segregating infectious waste from all other waste at the point of origin.
- Segregating, collecting, and labeling infectious waste according to the requirements in this document.

Disposing of Sharps

Members of the Workforce shall:

- **Not** recap needles, purposely bend or break them by hand, remove them from disposable syringes, or otherwise manipulate them by hand.
- Discard [contaminated sharps](#) as soon as possible in containers that are manufactured for the purpose of sharps containment.



Using Disposal Containers for Contaminated Sharps

Members of the Workforce shall use only containers for contaminated sharps that are:

- Rigid and puncture resistant.
- Labeled as biohazard.
- Leakproof on the sides and bottom.
- Designed in a way that does not require Members of the Workforce to reach by hand into the containers where these sharps are placed.
- Taped closed or have a tightly fitting lid to preclude loss of contents.
- Located in the immediate area of use and accessible to Members of the Workforce.
- Maintained upright.




- Replaced routinely to prevent overflow.

*Segregating Other Infectious Waste

Members of the Workforce shall:

- At SNL/NM, place liquid infectious waste in unbreakable flasks before placing it in biohazard disposal bags.
- At SNL/CA, liquid infectious medical waste shall be decontaminated using a 10% bleach solution for a 30-minute contact time and then disposed of down the drain with water per the [California Medical Waste Management Act](#).
- Place infectious waste other than sharps in appropriately labeled biohazard disposal bags that are impervious to moisture and strong enough to preclude rupture.
- Close bags securely to prevent leakage during storage, handling, or transportation.
- Place biohazard disposal bags into rigid containers clearly labeled as biohazard in designated holding areas.
- Upon collection for disposal, replace rigid containers with clean containers.

 If container...	Members of the Workforce shall...
Previously contained free liquid	Use one cup of absorbent material in the container liner per each 6 cubic feet of the container area.
Currently contains free liquid	Place enough absorbent material inside the container liner to absorb 15% of the total volume of free liquids in the container.



Warning: Contaminated cardboard containers cannot be decontaminated and **shall not be reused**. All contaminated containers that cannot be decontaminated shall be treated as infectious waste.

Members of the Workforce shall verify that any container used for the storage or transportation of infectious waste is **only** reused under the following conditions:



- The surfaces of the container were completely protected from contamination by disposable, unpunctured, and undamaged liners, bags, or other devices that were removed with the infectious waste.
- The surfaces of the container show no evidence of damage, puncture or contamination.
- The container was thoroughly washed and decontaminated if visibly contaminated.

Guidance

Members of the Workforce should call the [waste management](#) or [bloodborne pathogens](#) contact for more information on kinds of infectious waste and activities that generate such waste.



*STORING AND DISPOSING OF INFECTIOUS WASTE

*Requirements

Note: These requirements supplement those listed in [Section 19F](#), "Other Waste," under the heading "Infectious Waste."

Members of the Workforce shall:

- Store [infectious waste](#), prior to offsite transportation and disposal, in an access-restricted, designated holding area that is ventilated to the outdoors, protected from water, rain, wind, animals, insects, rodents, and marked with prominent warning signs which can be easily read during daylight from a distance of 25 feet.
- At SNL/CA, infectious medical waste shall not be stored at room temperature for longer than seven days or, if frozen, for longer than 90 days.
- At SNL/CA, infectious medical waste shall be disposed of by either an approved medical waste vendor or by autoclaving in an approved medical waste autoclave.



- Dispose of puncture-resistant containers according to policies and procedures of the specific work area in which they are located. (See Form [FR-MED018](#), "Procedure for Mitigating Exposure of Members of the Workforce to Bloodborne Pathogens," for more information on procedures.)



- Place all biohazard disposal bags in rigid biohazard storage containers located in the designated holding area.
- At SNL/NM, store waste in the designated holding area for no more than 45 days.
- **Not** use compactors, grinders, or similar devices to reduce the volume of infectious waste.

Members of the Workforce shall call the [waste management](#) contact for offsite pick-up, offsite transportation, and disposal of infectious waste.

*HANDLING CONTAMINATED LAUNDRY

*Requirements



Members of the Workforce shall:

- Handle [contaminated laundry](#) as little as possible with minimum of agitation.
- Wear protective gloves and other appropriate PPE when handling contaminated laundry.
- Place contaminated laundry in biohazard bags or containers at the point of use.
- Place wet contaminated laundry in leakproof biohazard bags or containers.
- **Not** sort or rinse contaminated laundry.

Guidance



Members of the Workforce are encouraged to use disposable items whenever possible.

Members of the Workforce should contact the following for information on obtaining laundry services for linen that is contaminated with [blood](#) or [other potentially infectious material \(OPIM\)](#):

- At SNL/NM, call the Just-In-Time (JIT) Hotline at 844-1530.
- At SNL/CA, contact health services department personnel at [294-2700](#).



*HOUSEKEEPING

*Requirements

Members of the Workforce shall:

- Use one of the following solutions to decontaminate surfaces that are or that may be contaminated with [blood](#) or [other potentially infectious material \(OPIM\)](#):
 - Solution (made fresh every week) of one part household bleach to **9** parts water
 - Chemical germicides that are approved as "hospital disinfectants" and that are tuberculocidal when used at recommended dilutions



Note: Owner's manuals may provide procedures to decontaminate specific pieces of equipment.

- Follow this procedure when using the above solutions:

Step	Action
1	Don disposable gloves, lab coat , and eye protection , and remove visible material by wiping it up with disposable towels.
2	Place soiled toweling in a red, labeled biohazard disposal bag.



3	Saturate area with appropriate chemical germicide, let it stand for at least 20 minutes, and wipe it up with disposable towels.
4	Use clean disposable towels and a germicide to thoroughly wipe area. Let it air dry.
5	Remove gloves and place them in the red, labeled biohazard disposal bag.
6	Wash hands with soap and running water.

- Clean and decontaminate all equipment and working or environmental surfaces (countertops, walls, floors, ambulance seats, woodwork) at the following times:
 - After completion of procedures.
 - As soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM.
 - At the end of the work shift if the surface may have become contaminated since the last cleaning.
- Remove and replace protective coverings (for example, plastic wrap, aluminum foil, or imperviously backed absorbent paper) used to cover equipment and environmental surfaces as follows:
 - As soon as feasible when overtly contaminated
 - At the end of a workshift if coverings may have become contaminated during the shift
- On a regularly scheduled basis, inspect and decontaminate receptacles intended for reuse (for example, bins, cans, and pails) that have a reasonable likelihood for becoming contaminated with blood or OPIM. Clean and decontaminate receptacles intended for reuse as soon as feasible upon visible contamination.
- Dispose of disposable towels and other swabs used to decontaminate surfaces that may be contaminated with blood or OPIM as infectious waste, whether they are obviously contaminated or not.
- Follow this procedure to dispose of broken glassware that may be contaminated with blood or OPIM.



Step	Action
1	Use mechanical means such as brush and dust pan, tongs, or forceps to pick up contaminated broken glass. Do not pick up contaminated broken glass with hands.
2	Place in a rigid puncture resistant sharps container that is labeled as a biohazard.




Guidance

For clean up of blood or OPIM, Members of the Workforce should call the appropriate [non-emergency](#) phone number.

If the blood or OPIM is combined with other hazardous material, Members of the Workforce should call the appropriate [emergency](#) phone number.

ORGANIZATION-SPECIFIC PROCEDURES

Requirements



Managers of Members of the Workforce whose job duties include performing tasks that involve the potential for mucous membrane, skin, or [parenteral contact](#) with human [blood](#) or [other potentially infectious material \(OPIM\)](#) shall:

- Document, in a written procedure, how their organization will implement the requirements of this document, including:
 - An exposure determination, which identifies job classifications in which **all** Members of the Workforce have occupational exposure, and those in which **some** Members of the Workforce have occupational exposure.
 - Organization-specific instructions for minimizing occupational exposure to bloodborne pathogens.
 - Procedure for evaluating the circumstances involving occupational exposure incidents.





- Organization-specific instructions for generating, storing, and disposing of infectious waste.
- At a minimum, schedule and implement the following annually:
 - [Universal precautions](#), engineering and work practice controls for bloodborne pathogens, personal protective equipment (PPE), housekeeping and waste management.
 - Hazard communication to Members of the Workforce. Solicit input from nonmanagerial Members of the Workforce who are potentially exposed to injuries from contaminated sharps regarding the identification, evaluation, and selection of effective engineering and work practice controls.
- For sharp injuries involving contaminated objects, record via the SF 2050-P Injury/Illness tracking system:
 - The type/brand of device involved in the incident
 - The work area location of the incident
 - A thorough explanation of the events leading to the incident

Note: Effective January 1, 2002, SNL will be required to record all sharp injuries involving contaminated objects on the OSHA 300 "Log of Work-Related Injuries and Illnesses" and the OSHA 301 "Injury and Illness Incident Report."

- Make this procedure available to affected Members of the Workforce.
- Review and update this procedure **at least annually**, and whenever necessary to account for the consideration and implementation of any technological developments that would reduce the risk of exposure incidents.

Note: Such documentation should include a description of all safety devices considered for adoption, the methods used to evaluate and test devices, the results of such evaluations, and the justification for selection decisions.

- Retain this procedure for as long as they have Members of the Workforce whose job duties involve potential occupational exposure to bloodborne pathogens.

Note: SNL medical organizations maintain Hepatitis B virus ([HBV](#)) immunization records of Members of the Workforce with occupational exposure to bloodborne pathogens and post-exposure follow-up records of those who experience [occupational exposure incidents](#).



Guidance

Managers may satisfy the requirement for documenting their procedure to minimize occupational exposure to bloodborne pathogens by completing Form [FR-MED018](#), "Procedure for Mitigating Exposure of Members of the Workforce to Bloodborne Pathogens." Managers who choose not to use this form should use [GN470098](#), *Developing ES&H Procedures*, to create an alternate procedure.

*REFERENCES

*Requirements Source Documents

[20 NMAC 9.1](#), *New Mexico Administrative Code*, Title 20, Chapter 9, Part I, "Solid Waste Management," November 30, 1995.

[29 CFR 1910.1030](#), *Bloodborne Pathogens*.

[66 FR 5317](#), *Occupational Exposure to Bloodborne Pathogens; Needlestick and other Sharps Injuries*.

California Environmental Protection Agency, Title 22, *California Code of Regulations*, Division 4.5, "Environmental Health Standards for the Management of Hazardous Waste," latest edition.

[California Medical Waste Management Act](#), *California Health and Safety Code Sections 117600 - 118360*.

Implementing Documents

Final Rule Analysis, FRA 01-04, "OSHA amends the BBP Standards," Environmental Regulatory Consultants, Lockheed Martin Corporation, 2/2/2001.

SNL, CPR400.1.1, MN471001, *ES&H Manual*:

- [Section 4L](#), "Personal Protective Equipment (PPE)."
- [Section 4M](#), "Signs (Including SWHAS) and Tags."
- [Chapter 16](#), "Benefits and Health Services."
- [Section 19F](#), "Other Waste."
- [Chapter 21](#), "Technical Work Documents (TWDs)."

SNL, [GN470075](#), *Guidelines for Waste Generators at SNL/CA*.

SNL, [GN470098](#), *Developing ES&H Procedures*.



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CHANGE HISTORY

GN470086, *SNL Bloodborne Pathogens Exposure Control Plan*

Administrative Changes Only December 13, 2006

This supplement was revised to:

- **Change:** The Subject Matter Expert (SME) **from** "Mickey Fitzpatrick" **to** "Nancy Vrabel."
- **Change:** The NM SME in the Direct Access Services (DAS) list under the heading "Bloodborne Pathogens" from "Mickey Fitzpatrick" to "Nancy Vrabel," and also make this change under the heading "Health Services."



September 11, 2006

Note: (*) asterisk denotes substantive change.

This chapter was revised to:

- **Add:** The Review Date to the header to indicate that an ES&H Manual Self-Assessment (SA) was completed on this section.
- **Add:** The following statement under the header: "Note: This document is reviewed annually."
- **Change:** The heading "Applicability and Ownership" **to** "Applicability."
- Under topic, "Applicability":
 - **Add:** The following bullet to the list of ES&H Manual Sections which this document supplements:



- Section 19F , "Other Waste," – the material titled “Infectious Waste.”

- **Delete:** The heading titled “Ownership” and the subordinate sentence “The director of the Health, Benefits and Employee Services (HBE) Center (3300) owns this document.”

- Under topic, “Personal Protective Equipment”:



- **Change:** The first bullet under “Guidance” **from** “Purchase and use disposable PPE whenever possible” **to** “Use disposable PPE whenever possible.”

- Under topic, “Generating Infectious Waste”:

- **Add:** The following general note:

- **Note:** These requirements supplement those listed in Section 19F, "Other Waste," under the heading “Infectious Waste.”

- ***Change:** The first bullet listed in “Requirements” under the subtopic “Tracking and Segregating” **from** “Tracking infectious waste from the time it” **to** “At SNL/NM, tracking infectious waste from the time it” to indicate that this requirement is specific to SNL/NM.



- ***Change:** The first bullet listed in “Requirements” under the subtopic “Segregating Other Infectious Waste” **from** “Place liquid infectious waste in unbreakable” **to** “At SNL/NM, place liquid infectious waste in unbreakable” to indicate that this requirement is specific to SNL/NM.

- ***Add:** The following SNL/CA requirement as a bullet under the subtopic "Segregating Other Infectious Waste”:

- At SNL/CA, liquid infectious medical waste shall be decontaminated using a 10% bleach solution for a 30-minute contact time and then disposed of down the drain with water per the California Medical Waste Management Act.

- ***Add:** The following requirement as a bullet under the subtopic “Segregating Other Infectious Waste”:





- Upon collection for disposal, replace rigid containers with clean containers.

- Under topic, “Storing and Disposing of Infectious Waste”:

- **Add:** The following general note:

- **Note:** These requirements supplement those listed in Section 19F, "Other Waste," under the heading “Infectious Waste.”

- ***Add:** The following SNL/CA requirement as a bullet:

- At SNL/CA, infectious medical waste shall not be stored at room temperature for longer than seven days or, if frozen, for longer than 90 days.



- ***Add:** The following SNL/CA requirement as a bullet:

- At SNL/CA, infectious medical waste shall be disposed of by either an approved medical waste vendor or by autoclaving in an approved medical waste autoclave.

- ***Change:** The former fourth bullet **from** “Store waste in the designated holding area for no more than 45 days” **to** “At SNL/NM, store waste in the designated holding area for no more than 45 days” to indicate that this requirement is specific to SNL/NM.

- Under topic, “Handling Contaminated Laundry”:

- ***Change:** The first bullet under “Requirements” **from** “Handle contaminated laundry as little as possible” **to** “Handle contaminated laundry as little as possible with minimum of agitation.”



- ***Add:** The following bullet under Requirements:

- Wear protective gloves and other appropriate PPE when handling contaminated laundry.

- **Change:** The first sentence under “Guidance” **from** “Members of the Workforce are encouraged to purchase and use disposable items whenever

possible” **to** “Members of the Workforce are encouraged to use disposable items whenever possible.”



- **Change:** The last bullet under “Guidance” **from** “At SNL/CA, contact health services department personnel” **to** “At SNL/CA, contact health services department personnel at 294-2700.”

- Under topic, “Housekeeping”:

- ***Change:** The first subordinate bullet under the first bullet listed under “Requirements” **from** “Solution (made fresh every week) of one part household bleach to 10 parts water” **to** “Solution (made fresh every week) of one part household bleach to 9 parts water.”
- ***Change:** Step 1 in the first Table listed under “Requirements” **from** “Don disposable gloves and remove visible material by wiping it up with disposable towels” **to** “Don disposable gloves, lab coat, and eye protection, and remove visible material by wiping it up with disposable towels.”



- ***Change:** Step 3 in the first Table listed under “Requirements” **from** “Saturate area with appropriate chemical germicide, let it stand for at least 10 minutes, and wipe it up with disposable towels” **to** “Saturate area with appropriate chemical germicide, let it stand for at least 20 minutes, and wipe it up with disposable towels.”
- ***Change:** Step 2 in the second Table listed under “Requirements” **from** “Place in a rigid puncture resistant disposal container that is labeled as a biohazard ” **to** “Place in a rigid puncture resistant sharps container that is labeled as a biohazard.”

- Under topic, “References”:

- ***Add:** The following requirement under “Requirement Source Documents”:
- [California Medical Waste Management Act](#), California Health and Safety Code Sections 117600 - 118360.



- **Add:** The following document under “Implementing Documents”:
- [Section 19F](#), "Other Waste."

Administrative Changes Only November 3, 2005

This document was administratively revised to:



- **Change.** The SME from Renee Wood, RN to Mickey Fitzpatrick, RN COHN.

- **Change.** CA Counterpart: Gail Bachman, from RN to NP

- Under the subtopic "Ownership," under the topic "Applicability and Ownership:"
 - **Change.** "The director of the Benefits and Health Services" to "The director of the Health, Benefits and Employee Services (HBE) Center (3300) owns this document."
- Under the subtopic "Guidance," under the topic "Minimizing Occupational Exposure:"



- **Change.** The first SNL/NM Hepatitis B Vaccination Contact from "Medical Clinic Department" to "International Travel Clinic."
- Under the email contact information on the bottom of the page:
 - **Change.** "Renee Wood, rvwood@sandia.gov" to "Mickey Fitzpatrick, mfitzp@sandia.gov."

Administrative Changes Only June 29, 2005

This document was administratively revised to:



- **Change:** Executive Policy Sponsor from Les Shephard to Frank Figueroa
-

Administrative Changes Only February 19, 2003

This section was administratively revised to:

- **Change:**
 - A new SNL/NM subject matter expert and a new CA Counterpart
 - Under the topic, "In Case of Exposure," Step 4, was changed to read, "Isolate any contaminated work area and alert Members of the Workforce in the immediate vicinity to notify the Incident Commander (or the ES&H Hotline at SNL/CA) to arrange for decontamination."



December 4, 2001

This document has been revised to:

- **Add:**
 - To the Section "Minimizing Occupational Exposure, Requirements" to Step 4, managers to "request SME to review biotechnical and bioengineering literature at least annually to select the safest controls as they become available" and "involve employees in the identification and selection of new control devices."
 - To the Section "Minimizing Occupational Exposure, Guidance," managers should inform the SME of the Members of the Workforce identified in Step 1, so that the SME is aware of the various job duties and PPE needs of organization personnel."
 - To the Section "Generating Infectious Waste, Guidance," bloodborne pathogens contact.



- To the Section “Organization-Specific Procedures, Requirements”:
- The requirement to include “organization specific instructions for generating, storing, and disposing of infectious waste.”
- The requirement to track sharps injuries and a heads-up about a procedure change that will be effective January 1, 2002.



- **Change:**

- In Section “Minimizing Occupational Exposure, Requirements,” in Step 2, specify that the required training is MED113, Bloodborne Pathogens Training for Non-Medical Personnel.”
- In Section “Minimizing Occupational Exposure, Requirements,” simplify Step 5 to “establish and document their organization-specific procedure for mitigating exposure.”
- In Section “Generating Infectious Waste, Requirements, Tracking and Segregating,” clarify the requirements for Members of the Workforce.
- In Section “Housekeeping, Guidance,” replaced the table that directed the reader to custodians and incident commanders for clean up of blood spills and other potentially infectious material (OPIM) with a link to the phone number list in Chapter 15, “Emergency Preparedness and Management.”
- In Section “Organization-Specific Procedures, Requirements,” revised as follows:
 - Clarify the schedule as “annually.”
 - Reword the requirement to review and update organization-specific procedures whenever necessary to “account for the consideration and implementation of any technological developments that would reduce the risk of exposure incidents.”
- To the Section “References,” include new regulations regarding needle stick and other sharps injuries.



- **Delete:**

- From Section “Minimizing Occupational Exposure, Requirements,” Step 1, “certain custodial tasks (i.e., bloodborne pathogen spill clean up),” because custodial personnel no longer clean up spills of bloodborne pathogens.
- From Section “Generating Infectious Waste, Requirements, Disposing of Sharps,” “see Using Disposal Containers for Contaminated Sharps,” because that section follows immediately.
- From the Section “References,” the subsection “Related Documents,” because the information is in this document.

GLOSSARY

The Glossary was revised to:

- **Add:** the term “biohazardous waste” and point to the definition for “infectious waste.”
- **Delete** the definition for “medical waste” and point to the definition for “infectious waste.”



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