

THE CATHOLIC SCHOOLS IN THE DIOCESE OF SPOKANE
Bloodborne Pathogens
Exposure Control Plan

It is the policy of the Catholic Schools in the Diocese of Spokane to provide a safe environment for employees and students. As such, all Catholic school employees are required to know and follow “Universal Precautions” as described by the Center for Disease Control. Specific exposure control procedures which have been adopted and implemented in the Catholic Schools in the Diocese of Spokane are as follows:

All employees whose tasks may expose them to blood, body fluids, or other potentially infectious materials shall be provided with a copy of this Exposure Control Plan or shall have access to it and shall receive training as described herein.

This Exposure Control Plan has been adopted by the Catholic Schools in the Diocese of Spokane and shall be reviewed and updated at least annually. This plan shall also be reviewed and updated whenever the introduction of new or modified tasks or procedures warrant.

A. EXPOSURE DETERMINATION

1. Category One:

All employees in the following job classifications may have occupational exposure to bloodborne pathogens.

- A. First Aid Team (Principals, Vice-Principals, School Secretaries, Educare Directors, Educare Supervisors)
- B. Coaches and Assistants
- C. Custodians

2. Category Two:

Some of the employees in the following job classifications could potentially be exposed to blood and/or body fluids in the performance of their duties resulting in an occupational exposure to bloodborne pathogens:

- A. All teachers
- B. Substitute teachers
- C. Bus drivers
- D. Staff playground mothers
- E. Special education teachers
- F. Preschool teachers
- G. Educare workers

- H. Educare aides
- I. Cafeteria workers
- J. Development Directors
- K. Bookkeepers
- L. Librarians
- M. Preschool aides

Tasks and Procedures performed in the Catholic Schools in the Diocese of Spokane which include a risk of exposure are:

- A. First aid procedures
- B. Athletic procedures commonly involving damage to skin or mucous membranes
- C. Health services educational procedures
- D. Toileting procedures
- E. Cleaning procedures involving maintenance and repair of bathrooms or cleaning solution disposal areas
- F. Interaction with students known to bite and scratch
- G. Hypodermic needles during use and disposal
- H. All sharps use and disposal procedures in laboratory, classroom, kitchen, shops, maintenance and other settings
- I. All procedures involving equipment or materials which may cause injury to skin or mucous membrane

All procedures performed in the Catholic Schools in the Diocese of Spokane must be done in such a manner as to prevent or minimize any splashing, spraying, or spattering of blood or other potentially infectious materials.

Employees are prohibited from eating and drinking, applying cosmetics or lip balm, and handling contact lenses in areas where injuries or illnesses are treated or where there is reasonable likelihood of exposure to blood or other potentially infectious materials.

Employees in Category Two should examine the **Tasks and Procedures** list and then consult with their supervisors to determine if they are to be offered pre-exposure HBV vaccinations.

All Catholic School employees will be offered post-exposure HBV vaccinations if an occupational exposure incident occurs.

At least once each year this Exposure Control Plan will be re-evaluated. It will be most important to update the Category One, Category Two and Tasks and Procedures lists during that annual review.

B. HEPATITIS B VACCINATION

Hepatitis B vaccinations (HBV) shall be offered to all of the Category One employees, and to those Category Two employees identified as likely to experience occupational exposure, by the Catholic Schools in the Diocese of Spokane at no cost to the employee. The vaccinations will be provided after the employee has received the training outlined in this plan, but within 10 days of assignment to duties. Employees for whom the vaccine is contraindicated will still be covered by all other portions of this plan. Employee's vaccinations shall be documented and maintained in the employee's medical record as prescribed by WISHA, and shall be preserved for the duration of employment plus 30 years. If the healthcare professional decides that the Hepatitis B vaccine is contraindicated, he/she will so indicate that in the report to the employer.

Routine booster dose(s) of the HBV vaccine shall be provided in accordance with U.S. Public Health Service recommendations at no cost to the employee if required.

If an employee declines the vaccinations, the employee will be required to document that refusal on the HBV Declination Statement form which will be maintained in the employee's medical record for the duration of employment plus 30 years. If, however, an employee subsequently decides to have an HBV vaccination, it will be made available under the same terms and conditions as stated above.

HBV vaccinations provided to employees under the regulation shall be at employer expense. Vaccinations will be provided to employees during normal working hours and any travel expenses incurred will be borne by the employer.

C. FOLLOW-UP PROCEDURES AFTER POSSIBLE EXPOSURE TO BLOODBORNE PATHOGENS

Documentation and Testing:

All employees are required to report any incident of occupational exposure to blood and/or body fluids to their immediate supervisor before the end of the work shift. An exposure incident report form, as well as an accident report form must be completed by the employee and the supervisor. Exposure incidents, if meeting the WISHA recordability requirements, shall be recorded on the OSHA 200 form and maintained in the employee's medical record.

Possible exposure incidents include percutaneous (through unbroken skin) needle sticks or cuts, or mucous membrane exposure to blood or body fluids via chapped, abraded (scrapes), or otherwise non-intact skin surfaces and exposures of large areas of intact skin.

All exposure incident reports must document the route(s) of exposure and the circumstances under which the exposure occurred.

The source individual or his/her legal guardian shall be notified of the exposure incident and be requested to consent to and obtain testing for HIV/HBV or other bloodborne pathogens as recommended by the medical professional.

Refusal by the source individual to consent for testing must be documented.

If consent is obtained, the source individual's blood shall be tested as soon as possible, preferably within 24 hours of the incident, to determine HIV or HBV infectivity. If the source individual is known to be infected with either HIV or HBV or other infectious bloodborne pathogens, testing need not be repeated to determine the known infectivity. The source individual must agree in writing to testing and the release of test results to the exposed employee and/or the employee's healthcare professional.

All test results must be documented.

The results of the source individual's test shall be made known to the exposed employee and/or the exposed employee's healthcare professional.

While the Catholic Schools in the Diocese of Spokane will always strive to comply with the requirements of the WISHA Bloodborne Pathogens regulation, the schools will also use every precaution to protect the privacy of each individual in accordance with all applicable Washington State Laws and all regulations issued by the Office of the Superintendent of Public Instruction (see WAC 392-198).

The exposed employee shall have a clinical evaluation which includes the appropriate testing, as determined by the healthcare professional, as soon as possible.

If the exposed employee's tests are negative, the employee shall be retested at a later date as per recommendations of the healthcare professional.

Follow-up procedures shall also be taken for employees exposed or potentially exposed to HBV depending on the employee immunization status, antibody response, and HBV serologic status of the source individual. (Has the individual received the HBV serum/vaccination?)

Exposed employees shall have post-exposure prophylaxis made immediately available as recommended by the U.S. Public Health Service when medically indicated. Post-exposure prophylaxis includes HBV immunization series if not already completed. Post-exposure immunizations must be initiated within 24 hours of exposure for optimum results.

Any employee who declines a post-exposure evaluation must sign a statement of declination.

Exposed employees shall also be advised to report and seek medical evaluation of any acute febrile (feverish) illness within the 12 weeks following exposure.

All tests shall be conducted by an accredited laboratory at no cost to the employee.

Information to Healthcare Professional

The employer shall ensure that the following information is provided to the healthcare professional performing the post-exposure evaluation:

1. A copy of the WISHA regulation pertaining to bloodborne pathogens.
2. A description of the employee's duties relating to the exposure incident.
3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
4. The identity of the source individual and the consent to test, if obtained.
5. All relevant medical records of the employee, including vaccination status, and any known information on other findings maintained by healthcare professionals, e.g., information from earlier exposure incidents.

Healthcare Professional's Written Report to the Employer:

The employer will obtain a written report and opinion from the healthcare professional performing the post-exposure evaluation which shall be limited to:

1. Whether an HBV vaccination is indicated, and if the employee has received such vaccination.
2. That the employee has been informed of the results of the examination.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other infectious materials which require further evaluation or treatment.

Employer's Written Report to the Employee:

Within 15 days of completion of the medical evaluation, the exposed employee must be provided with a copy of the healthcare professional's written opinion as provided by the healthcare professional to the employer.

D. SHARPS AND DISPOSABLE ITEMS

WISHA's definition of "contaminated sharps" is: any contaminated object that can penetrate the skin including, but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Except for reusable tools or equipment which will be decontaminated (see #3 below) contaminated sharps and disposable sharp items shall, after use, be disposed of in the following manner:

1. All such sharp items shall be placed in a **closing, leak-proof, rigid, puncture-resistant, break-resistant** container which is **conspicuously and/or color coded**, located as close as possible to the operation requiring sharps.
2. The person using the sharp instrument or item shall be responsible for its proper disposal immediately after use.
3. **The Catholic Schools in the Diocese of Spokane do not utilize any medical "sharps" in our normal working environment.** Other "sharps" such as broken glass and metal objects which may become contaminated with blood or other potentially infectious material (OPIM) will be discarded as in Items 1 or 2 above. Reusable items such as hand tools, equipment, etc., will be decontaminated using approved methods prior to re-use. Household bleach in a 1:10 solution is an approved disinfectant for contaminated objects. All reusable contaminated items will be removed or secured from the work environment until decontamination is completed.

E. LINENS AND LAUNDRY

The following items are used in some of the Catholic Schools in the Diocese of Spokane and may be exposed to blood or body fluids:

1. Sheets
2. Pillowcases
3. Blankets
4. Towels
5. Clothing (including athletic uniforms)

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed.

Contaminated laundry shall be placed in a bag or container marked with the bio-hazard symbol. Should the outside bag become contaminated, double-bagging is required. For wet laundry, the bags should be strong enough to hold the contents and be leak-proof.

Employees who handle or have contact with contaminated laundry shall wear gloves at a minimum. Wet laundry may require additional personal protective equipment (PPE), e.g., aprons, waterproof shoes, utility gloves.

The employer is responsible for the procedures used and any expense incurred in laundering and disinfection of contaminated linen, towels, and athletic uniforms. The exception to this policy is when employees or students are responsible for laundering their own individually assigned uniforms.

F. CONTAMINATED DISPOSABLE EQUIPMENT AND MATERIAL

The following disposable equipment and material are used in some of the Catholic Schools in the Diocese of Spokane and do come in contact with blood or body fluids, and could potentially expose employees to HIV/HBV or other bloodborne pathogens:

1. Tongue depressors
2. Cotton applicators
3. Gauze pads
4. Gloves
5. Diapers
6. Used tissues
7. Feminine hygiene products

Disposable gloves are single incidents use only. Disposable gloves should never be cleaned for re-use.

The above referenced non-sharp, disposable equipment and/or material shall be segregated and disposed of in a leak-proof plastic bag which shall be available in the room where the item is used.

Disposal and transport of the above referenced items shall be carried out as outlined in the housekeeping section of these policies and procedures.

G. CONTAMINATED REUSABLE EQUIPMENT

The following reusable equipment is used in the Catholic Schools in the Diocese of Spokane and does come in direct contact with blood or other body fluids and could potentially expose employees to HIV/HBV:

1. Athletic equipment
2. Science laboratory equipment
3. Sick room equipment and furniture
4. Garbage cans
5. Cleaning tools, i.e., mops, mop bucket, dust pan, broom, brushes

Reusable equipment shall be scrubbed to remove all debris from surfaces immediately following use by the person using the equipment. Garbage can liners shall always be utilized in areas where potentially contaminating activities regularly occur. (See Tasks and Procedures List.)

H. HAND WASHING

No skin contact is allowed with body fluids. All employees shall wash their hands using warm water and soap before and after any accidental contact with any body fluids or other potentially infectious material (OPIM).

Employees shall immediately remove and dispose of gloves in an approved manner. (Always use Universal Precautions.)

Employees shall immediately and thoroughly wash hands and other exposed skin surfaces after removal of gloves using warm water and soap.

These procedures shall also be followed after removal of other personal protective equipment following an accidental exposure to blood or body fluids, e.g., aprons, eye protection, respirators, boots, etc. (Always use the procedures outlined in Universal Precautions.)

I. PERSONAL PROTECTIVE EQUIPMENT

The employer shall provide and maintain, in a sanitary and reliable condition, necessary personal protective equipment which is relevant to the job functions of the employees. Employees are required to use appropriate protective equipment for the task they are performing, except in those rare and extraordinary circumstances such as a fire or explosion, when such use would, in the employee's professional judgment, prevent proper healthcare delivery or increase the hazard to the worker.

In such cases, the incident shall be investigated and documented in order to determine if changes can be instituted to prevent such occurrences.

The use of gloves is indicated and **must be worn** for:

1. All contact which involves potential exposure to blood or body fluids.
2. All potential contact when the employee has cut, abraded skin, chapped hands, or other non-intact skin.
3. All cleaning of blood or body fluids and decontamination procedures of the sick room or first aid or treatment area.

Gloves shall be of appropriate quality and material and shall comply with the standards of safety for the procedures performed. The employer shall supply a sufficient quality of gloves of appropriate size for each employee. Hypo-allergenic gloves, glove liners, powderless gloves or similar alternatives will be made available to those employees who are allergic to the gloves normally provided. Gloves shall be single-use and shall be disposed of immediately following any contact except when the task requires the use of heavy duty utility gloves. Reusable utility gloves shall be decontaminated after each exposure to body fluids.

Eye protectors or face masks shall be available and are required to be used when contamination of mucosal membranes (eye, nose, or mouth) with body fluids is likely to occur.

Resuscitation barrier equipment shall be provided to minimize the need for mouth-to-mouth resuscitation and shall be easily accessible in the event resuscitation is necessary.

All contaminated or potentially contaminated personal protective equipment must be removed and placed in the appropriate area or container upon completion of the task and prior to leaving the work area.

J. HOUSEKEEPING – General Policies

All equipment and work surfaces must be cleaned and decontaminated after any contact with blood or other potentially infectious material, and at the end of the work day.

All bins, cans, or other receptacles which will be reused and which may be contaminated are to be emptied, cleaned, and decontaminated at the end of each work day.

Broken glassware which may be contaminated is not to be picked up by hand, but cleaned up by using a broom and dust pan or other appropriate tools.

Disposable sharps are, after use, to be placed in the bio-hazard labeled “sharps” container. Employees shall not reach into such container with their hands.

Potentially contaminated waste removed from the first aid room, sick room, or training room shall be placed in a bag labeled to contain contaminated waste.

Regulated waste will be treated and discarded in accord with local health district regulations or “regulated waste.”

K. SIGNS AND LABELING

Bio-hazard warning labels shall be affixed to all containers containing blood or other potentially infectious material designated as “regulated waste.”

Warning labels will include the bio-hazard symbol and will be fluorescent orange, or orange-red, or predominantly so, with lettering and symbols in a contrasting color. Warning labels will be affixed to containers by tape, string, wire, or adhesive in order to prevent their unintentional removal.

L. EDUCATION AND TRAINING OF EMPLOYEES

All employees whose job functions involve the risk of occupational exposure to blood or body fluids shall receive appropriate education and training prior to the commencement of their duties and annually thereafter. Such education and training shall, at a minimum, include:

1. Training by a person knowledgeable in the subject matter.
2. Access to a copy of the WISHA regulation, WAC 296-62-08001 through 296-62-08050, and an explanation of its contents. A personal copy of the regulations will be provided to any employee who requests one.
3. A general explanation of the epidemiology and symptoms of bloodborne diseases (HIV/HBV).
4. An explanation of the modes of transmission of bloodborne pathogens.
5. An explanation of the employer’s Exposure Control Plan and means by which the employee can obtain a copy of the written Plan.
6. An explanation of Universal Precautions.
7. Training in the selection and use of Personal Protective Equipment.
8. Information on the HBV vaccine including its efficacy, safety, and the benefits of being vaccinated.
9. An explanation of the procedure to follow if an exposure incident occurs, methods of reporting the incident, and the medical follow-up that will be made available.
10. An explanation of the signs, labels, tags, and/or color coding used to denote bio-hazard. This symbol must be placed on all “regulated waste.”
11. An opportunity for interactive questions and answers with the persons conducting the training.

An additional training will be provided whenever new tasks or procedures are instituted which might increase occupational exposure in the working environment and annually.

Records of training sessions will be maintained for three years. Such records will include:

1. Date of training
2. Summary of contents
3. Name(s) and qualifications of person conducting the training sessions.
4. Names and job titles of all persons attending the training sessions.

Training records will be made available to employees, their representatives, and appropriate government representatives upon request.

M. MEDICAL RECORDS

A medical record for each employee whose duties include potential occupational exposure will be maintained by the employer. These records will include:

1. Name and social security number of the employee.
2. A copy of the employee's HBV vaccination status, including the dates of vaccination and any medical records regarding the employee's ability to receive the vaccination.
3. A copy of any healthcare professional's written report to the employer involving post-exposure incidents.
4. A copy of any information provided to a healthcare professional regarding the possible exposure.

Such records will be kept confidential and will not be disclosed to any person, except as required by law, without the express written consent of the employee.

Such records will be maintained for 30 years beyond the duration of employment.

N. DEFINITIONS (from WAC 296-62-08001, Bloodborne Pathogens)

"Acute (disease)". Of short duration, usually with an abrupt onset, and sometimes severe (as opposed to chronic disease).

"AIDS (Acquired immunodeficiency Syndrome)". The most severe manifestation of infection with the Human Immunodeficiency Virus (HIV).

"Amniotic Fluid". The watery fluid that surrounds the fetus or unborn child in the uterus.

"Antibody". Substance that a person's immune system develops to help fight infection.

“Antigen”. Substance such as HIV that is foreign to a person’s body. An antigen causes the immune system to form antibodies to fight the antigen.

“Asymptomatic”. Having a disease-causing agent in the body but showing no outward signs of disease.

“Asymptomatic HIV Seropositive”. The condition of testing positive for HIV antibodies without showing any symptoms of disease. A person who is HIV positive, even without symptoms, is capable of transmitting the virus to others.

“Biological Agents” are organisms or their by-products.

“Blood” means human blood, human blood components, and products made from human blood. The term “human blood components” includes plasma, platelets, and serosanguineous fluids; e.g., exudates from wounds.

“Bloodborne Pathogens” means pathogenic microorganisms that are present to human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). The term includes any pathogenic microorganisms that are present in humans and can infect and cause disease in persons who are exposed to blood containing the pathogen. Other examples include Hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral, infections, relapsing fever, Creutzfeldt-Jacob disease, Human T-lymphotrophic Virus Type 1, and viral hemorrhagic fever.

“Body Fluids”. To which Universal Precautions apply: 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.

“Carrier”. A person who is apparently healthy, but who is infected with some disease-causing organism (such as HIV or HBV) that can be transmitted to another person.

“Center for Disease Control (CDC)”. Federal health agency which is a branch of the U.S. Department of Health and Human Services. CDC provides national health and safety guidelines and statistical data on AIDS and other diseases.

“Chronic (disease)”. Lasting a long time, or recurring often.

“Clinical Laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

“Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

“Contaminated Sharps” means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

“Director” means the Director of Washington State Department of Labor and Industries (the state designee for the Washington State Plan).

“Engineering Controls” means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Exposure”. The act or condition of coming in contact with, but not necessarily being infected by, a disease-causing agent.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties. “Non-intact skin” includes skin with dermatitis, hangnails, cuts, abrasions, chafing, etc.

“Hand Washing Facilities” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“HBIG”. Hepatitis B immune globulin, which is a preparation that provides some temporary protection following exposure to HBV if given within seven days after exposure, preferably within 24 hours of exposure.

“HBV” means Hepatitis B Virus.

“Healthcare Professional” (see “Licensed Healthcare Professional”)

“Helper/Suppressor T-Cells”. White blood cells that are part of the immune system.

“Hepatitis B (HBV)”. A viral infection that affects the liver. The effects of the disease on the liver can range from mild and even in apparent to severe or fatal.

“High-Risk Behavior”. A term that describes certain activities which increase the risk of transmitting HIV or HBV. These include anal intercourse, vaginal intercourse without a condom, oral-anal contact, semen in the mouth, sharing intravenous needles and intimate blood contact.

“HIV” means Human Immunodeficiency Virus.

“HIV Antibody Positive”. A test result indicating the HIV antibodies are found.

“HIV Antibody Screening Test”. A blood test that reveals the presence of antibodies to HIV.

“HIV Antigen Positive”. The result of antigen testing where it has been found that HIV is present. Antigen testing can be useful in predicting the progression of HIV infection and monitoring treatment.

“HIV Disease”. The term which describes the spectrum of HIV infection, chronologically described as a progression from asymptomatic seropositive to AIDS.

“Immune Status”. The state of the body’s immune system. Factors affecting immune status including heredity, age, diet and physical and mental health.

“Immune System”. A body system that helps resist disease-causing germs, viruses or other infections.

“Immunosupressed”. A condition or state of the body in which the immune system does not work normally.

“Incubation Period”. The time period between infection and appearance of disease symptoms.

“Infection”. A condition or state of the body in which a disease-causing agent has entered it.

“Intravenous Drugs”. Drugs injected by needle directly into a vein.

“Latency”. A period when a virus is in the body but is inactive.

“Licensed Healthcare Professional” is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by subsection (6) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

“Mucous Membrane”. A moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus or urethra.

“Non-intact skin”. Skin that is chapped, abraded, weeping or that has rashes or eruptions.

“Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties. The term “reasonably anticipated” includes the potential for exposure as well as actual exposure.

NOTE: This definition does not cover “Good Samaritan” acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee, although WISHA encourages employers to offer follow-up procedures in such cases.

“Opportunistic Infection”. Infection that usually is warded off by a healthy immune system. If the immune system is not strong and effective, these infections “take the opportunity” to harm the body.

“Other Potentially Infectious Materials” (OPIM) means:

1. The following human body fluids: semen, vaginal secretion, cerebrospinal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead), and
3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. Coverage under this definition also extends to blood and tissues of animals who are deliberately infected with HIV or HBV.

“Parenteral” means piercing mucous membranes or the skin barrier through such events as needles sticks, human bites, cuts, and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“Production Facility” means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

“Prophylaxis”. Any substance or steps taken to prevent something from happening (e.g., condom, vaccines).

“Regulated Waste” means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

“Research Laboratory” means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

“Sharps” (see “Contaminated Sharps”)

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

“Sterilization”. Destruction of all microbial life by means of steam, gas, or liquid agents.

“Sterilize” means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

“Syndrome”. A collection of signs and symptoms that occur together.

“Universal Precautions” are an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

“Vaccine”. A substance that produces or increases immunity and protection against a particular disease.

“Virus”. Organism that causes disease.

“Window Period”. The time it takes the immune system to develop antibodies to the virus after exposure to it.

“Work Practice Controls” means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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