

MEMORANDUM

To: All College Employees
From: Dr. Don Shoening, President
Date: March 1, 2000
Subject: SAFETY MANAGEMENT PROGRAM

Arizona Western College is committed to ensuring the safety and health of its employees. The enclosed regulations are in keeping with our philosophy that employee safety is of the utmost importance and our desire to set the example for other community colleges.

The purpose of these regulations is to provide College employees and supervisors policies, guidelines and procedures to manage the hazards associated with operating a large organization. It is imperative that everyone comply with these regulations to make our College a safer place.

All College employees are responsible for the implementation of these regulations. It will be the responsibility of the Director of Facilities Planning and Management to ensure these regulations are reviewed and revised annually to ensure their conformance with applicable laws and statutes.

Arizona Western College's
Safety Management Program

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GLOSSARY OF TERMS

ADOSH	Arizona Department of Occupational Safety and Health
AWC	Arizona Western College
CFR	Code of Federal Regulations
DFPM	Director of Facilities Planning and Management
DOT	Department of Transportation
DSR	Department/Division Safety Representative
EAP	Emergency Action Plan
EPA	Environmental Protection Agency
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
MSDS	Material Safety Data Sheet
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Act
PPE	Personal Protective Equipment
TWA	Time Weighted Average

ARIZONA WESTERN COLLEGE ENVIRONMENTAL & SAFETY TRAINING TABLE

<i>TRAINING</i>	<i>REGULATORY CITATION</i>	<i>FREQUENCY</i>	<i>EMPLOYEES AFFECTED</i>
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ENVIRONMENTAL

DOT HAZARDOUS MATERIALS	49 CFR 172.700	TRIENNIAL	Any employee who signs for, packages, or ships hazardous materials.
HAZARDOUS WASTE	40 CFR 265.16	ANNUAL	Any employee who handles hazardous waste.

S A F E T Y

ASBESTOS AWARENESS (CUSTODIAL)	29 CFR 1910.1001 (j)(7)(iv)	ANNUAL	Any employee who performs housekeeping operations in an area which contains ACM.
BLOOD BORNE PATHOGENS	29 CFR 1910.1030 (g)(2)	ANNUAL	Any employee at risk for exposure to blood and other potentially infectious materials.
CHEMICAL HYGIENE (LABORATORIES)	29 CFR 1910.1450(f)(1)	ANNUAL	All laboratory employees.
CONFINED SPACE - (ENTRANT, ATTENDANT, SUPERVISOR)	29 CFR 1910.146 (g)(1)	INITIAL/ AS REQUIRED	Any employee assigned to perform work in, act as attendant for, or act as supervisor for a confined space.
EMERGENCY ACTION PLAN	29 CFR 1910.38 (a)(5)(I)	INITIAL/ AS REQUIRED	Any employee designated to assist in the safe and orderly emergency evacuation of employees.
FALL PROTECTION	29 CFR 1926.503 (a)	INITIAL/ AS REQUIRED	Any employee who might be exposed to fall hazards.
FIRE PREVENTION PLAN	29 CFR 1910.38 (b)(4)	INITIAL/ AS REQUIRED	Any employee exposed to fire hazards in the workplace.
HAZARD COMMUNICATION	29 CFR 1910.1200 (h)(1)	ANNUAL	Any employee who works with hazardous chemicals.

HEARING CONSERVATION	29 CFR 1910.95 (k)(1)	ANNUAL	Any employee exposed to noise at or above an 8 hour TWA of 85 decibels.
INDUSTRIAL POWERED TRUCKS (FORKLIFTS)	29 CFR 1910.178 (l)	INITIAL/ AS REQUIRED	Any employee required to operate an industrial powered truck.
LOCKOUT/TAGOUT	29 CFR 1910.147 (c)(7)	INITIAL/ AS REQUIRED	Any employee who services or maintains machines or equipment in which the unexpected energization, start up, or release of stored energy could cause injury to employees.
PERSONAL PROTECTIVE EQUIPMENT	29 CFR 1910.132 (f)(1)	INITIAL/ AS REQUIRED	All employees required to wear personal protective equipment.
RESPIRATORY PROTECTION	29 CFR 1910.134 (e)(5)	INITIAL/ AS REQUIRED	Any employee required to utilize a respirator in the course of work.

General

- A. **PURPOSE:** These regulations establishes the Arizona Western College Safety Program and sets forth policies, directives, organization responsibilities and reporting requirements for their implementation.
- B. **SCOPE:** This regulation is applicable to all part-time and full-time College employees while on duty and contractor personnel doing business with the College.
- C. **POLICY:**
 - (1) The Director of Facilities Planning and Management (DFPM) is the Designated Responsible Party to represent the College during announced or unannounced inspections by the Arizona Department of Occupational Safety and Health (ADOSH).
 - (2) Employees will be provided an effective Safety Program consistent with Occupational Safety and Health Act (OSHA) Standards.
 - (3) Prompt attention will be given to reports by employees of noncompliance or unsafe or unhealthy working conditions in accordance with the procedures specified in these regulations. All reports of the above conditions will be routed through supervisory channels to the Director of Facilities Planning and Management (DFPM).
 - (4) Department or Division Heads or their designee will provide orientation for newly assigned personnel and maintain records of such training.
- D. **RESPONSIBILITIES:**
 - (1) All College employees are responsible for compliance with these regulations.
 - (2) The President of AWC is responsible for overall supervision of the Safety Program.
 - (3) The Director of Facilities Planning and Management is the designated Occupational Safety and Health (OSH) official for the College and will:
 - (a) Be the College's initial point of contact with all regulatory agencies.
 - (b) Initiate, respond or review all written communications with regulatory agencies from all College departments for all but routine activities.
 - (c) Sign off or review all reports or other non-routine required safety documents submitted on behalf of the College. The only exception being the annual OSHA 200 Log which documents all employee accidents and injuries reported the previous calendar year.

- (d) Ensure requested training and education in Occupational Safety and Health is provided to all affected college employees.
 - (e) Develop policies and procedures to implement the Occupational Safety and Health program.
 - (c) Ensure safety audits are conducted on designated facilities for District Campuses.
 - (d) Ensure internal compliance with all applicable regulations.
 - (e) Notify affected occupants of any facility hazards that may be found in their work area.
- (5) The Department/Division Safety Representative (DSR) is the designated employee to represent his/her department in safety matters and will:
- (a) Evaluate their operations to determine existing safety or health hazards and request assistance as necessary. Such evaluations may be from one or more of the following:
 - (1) Personal knowledge
 - (2) Safety surveys
 - (3) Fire Marshal inspections
 - (b) Provide orientation for all employees as to the hazards present within the work areas, and the procedures to avoid such hazards.
 - (c) Coordinate safety training with the DFPM and ensure attendance of departmental personnel at such training.
 - (d) Investigate and complete accident reports and forward to the DFPM.
- (6) Employees will:
- (a) Comply with regulations identified in this document, College policies and guidelines.
 - (b) Utilize proper protective measures for the task to be performed.
 - (c) Report to their immediate supervisor any unsafe or unhealthy conditions they detect.
 - (d) Perform their work in a safe manner.
- E. SAFETY INSPECTIONS: Safety inspections will be conducted for designated College facilities and reports of non-compliance will be documented. Follow-up corrective action will be taken by responsible departments and reported to the DFPM within the specified time frame. A master inspection schedule will be developed each calendar year.

Campus Safety Policy

Purpose

This Campus safety philosophy provides a guiding vision and general policy by which we conduct business and safety together every day. This philosophy is a statement of the ideals Arizona Western College would like to achieve in safety.

Campus Safety Philosophy

We believe that the safety of employees is of utmost importance. Maintenance of safe operating procedures at all times is of both monetary and human value, with the human value being far greater to the employer, the employee, and the community. The following principles support this philosophy:

1. All injuries and accidents are preventable through establishment and compliance with safe work procedures.
2. The prevention of bodily injury and safeguarding of health are the first considerations in all workplace actions and are the responsibility of every employee at every level.
3. Written safety plans describing the safe work practices and procedures to be practiced in all workplace actions are an essential element of the overall workplace safety program. All employees at every level are responsible for knowing and following the safety practices described in the written safety plans.
4. Off the job, all employees should be similarly safe and demonstrate awareness of potential hazards.

Employer Responsibility to Provide a Safe Work Environment

It is the policy of Arizona Western College to provide a place of employment reasonably free from hazards which may cause illness, injury, or death to associates. It is also Arizona Western College policy to establish an effective and continuous safety program incorporating educational and monitoring procedures maintained to teach safety, correct deficiencies, and provide a safe, clean working environment.

All Arizona Western College Department/Division Safety Representatives (DSR), supervisors, and crew leaders are responsible for the enforcement of safety policies and practices. They must ensure that:

- Their staff members are trained in appropriate safety procedures, including chemical-specific training as required. Individual safety files are maintained for all employees.
- They notify the Director of Facilities Planning and Management (DFPM), and complete the necessary forms if an accident or work-related health problem occurs in their department.

- Equipment and property within their area of responsibility is maintained in a safe, hazard-free condition.

Employee Responsibility to Follow Safety Rules and Work Safely at All Times

All employees have a responsibility to themselves and to Arizona Western College for their safety and the safety of the co-workers. All employees are required to:

- Comply with all federal, state, and local rules and regulations relevant to their work.
- Observe all Arizona Western College rules and regulations related to the efficient and safe performance of their work.
- Integrate safety into each job function and live by this philosophy in the performance of job duties.
- Report or correct unsafe equipment and practices.
- Report any accidents that occur while on the job.

The DFPM ensures workplace safety inspections are conducted; a report is filed on the results, and ensures listed deficiencies are corrected/repared as soon as possible.

Supervisor's Responsibility to Recognize and Penalize Violators of Safety Codes

DSR's and Supervisors are directly responsible for the enforcement of all Arizona Western College safety policies and practices.

They must ensure that employees under their direct supervision are trained in appropriate safety practices and procedures, and that they follow safe work practices at all times in their daily work.

If an employee is found to violate safe work practices or procedures, the Supervisor is responsible for disciplining the employee and reinforcing the correct method of work. Discipline will depend on the severity of the safety rule infraction, and can range anywhere from a verbal reprimand to a written warning to suspension or even dismissal. (See Explanation of Penalty System for Noncompliance with Safety Rules, further in this policy.)

Intent to Comply with All Government Regulations

Arizona Western College will comply with appropriate safety and security laws and regulations such as those established by:

- The OSHA (Occupational Safety and Health Act)
- The EPA (Environmental Protection Agency)
- The DOT (Department of Transportation)
- All other applicable federal, state and local safety and health regulations.

Explanation of the Penalty System for Noncompliance with Safety Rules

Upon violation of any Campus safety rule, the violating employee will be penalized. The list of possible disciplinary actions includes:

- **Verbal reprimand** -- An informal discussion of the incorrect behavior that should take place as soon as possible after the Supervisor has knowledge of the safety misconduct.
- **Written reprimand** -- A written form documenting the safety misconduct, to be presented to the employee and placed in the employee's personnel file.
- **Suspension** -- A period of time during which the employee is debarred from the function of attending work and during which the employee is not paid.
- **Dismissal/termination of employment** -- The permanent separation of an employee from Arizona Western College, initiated for disciplinary reasons, safety misconduct.

The severity of the penalty will be in direct correlation to the severity of the safety violation. Injury or damage is not a necessary constituent to warrant disciplinary action. It is the violation of the rule itself and not necessarily its end result that is the subject of the discipline.

Accident Reporting & Investigation Plan

Purpose

This Accident Reporting & Investigation Plan prescribes methods and practices for reporting and investigating accidents. This Accident Reporting & Investigation Plan provides a means to deal with work place accidents in a standardized way. In addition, it is the policy of Arizona Western College to comply with all workers' compensation laws and regulations.

Accident Reporting Procedures

1. Employees injured on the job are to report the injury and any damage to equipment/property to the Department/Division Safety Representative (DSR) (if possible) as soon as possible after the incident/accident utilizing the Injury/Accident/Exposure Report (see Enclosure 1). "Near Miss" accidents or incidents should be reported as well i.e., when an employee nearly has an accident but is able to avoid it.
2. The DSR is to complete the Accident Report with the employee, any witness, and or other relevant people as soon as possible after the accident is reported.
3. The DSR is to immediately notify the Director of Facilities Planning and Management (DFPM), and to send a copy of the written Accident Report to the DFPM as soon as possible after the accident.
4. Any employee witnessing an accident at work is to call for emergency help or whatever assistance appears to be necessary. In addition, the employee is immediately to report the accident to his or her supervisor and take part in answering questions related to the Accident Report and Accident Investigation.

Accident Investigation Procedures

Use the following list as guidelines for all of your accident investigations. The DSR is to:

1. Conduct the accident investigation at the scene of the injury as soon after the injury as safely possible.
2. Ask the employee involved in the accident and any witnesses, in separate interviews, to tell you in their own words exactly what happened. Do Not interrupt or ask for more details at this time, just let the employee describe it in his or her own style.
3. Repeat the employee's version of the event back to him/her and allow him to make any corrections or additions.
4. After the employee has given his/her description of the event, ask appropriate questions that focus on the causes.
5. When you are finished, remind the employee the investigation was to determine the cause and possible corrective action that can eliminate the cause(s) of the accident.
6. Attached is a sample investigation report. Complete the first section with the employee

- and review data with employee for accuracy.
7. The Accident Investigation Report is to be used for:
- Tracking and reporting injuries or property damage on a monthly basis.
 - Grouping injuries by type, cause, body part affected, time of day, and process involved.
 - Determining if any trends in injury occurrence exist and graph those trends if possible.
 - Identifying any equipment, materials, or environmental factors that seem to be commonly involved in injury incidents.
 - Discussing with the safety team and superiors the possible solutions to the problems identified.
 - Proceeding with improvements to reduce the likelihood of future injuries.

Thorough accident investigations will help Arizona Western College determine why accidents occur, where they happen, and any trends that might be developing. Such identification is critical to preventing and controlling hazards and potential accidents.

Injury/Medical Issues

(See Arizona Western College Employee Handbook)

Housekeeping Procedures

Purpose

This document serves as the written procedures for basic/general housekeeping at Arizona Western College. All of these rules are to be housekeeping standards of practice in this facility, in order to help ensure as safe work environment at all times in all areas of Arizona Western College.

In-Department

Inventory and Materials

1. Store securely by piling or arranging in an orderly manner according to the designated storage system of Arizona Western College.
(If an area has no designated storage system then a logical method of storage may be devised by the Supervisor.)
2. Physically or mechanically load and move in a safe manner in a pan, car, cart, truck, or other approved conveyances.
3. The Director of Facilities Planning and Management (DFPM) will ensure Hazard Communication training is provided for those who in the course of housekeeping duties will be exposed to hazardous chemicals, such as bleach, ammonia, or any other types of cleaning products that may pose a chemical hazard. If you work with a chemical you suspect poses a hazard and you have not been trained in its safe use, contact your Department Safety Representative (DSR) immediately.

Machinery and Stationary Equipment

1. Keep it clean and free of unnecessary material.
2. Do not allow excess grease or oil to accumulate.
3. Provide proper guards and keep them in good operating condition.

Tools and Movable Equipment

1. Store properly in secure assigned location when not in use.
2. Do not allow excess grease or oil to accumulate.
3. Maintain in safe working condition.

Aisles and Passageways

1. Provide for access to all work stations and areas, exits, fire extinguishes, fire blankets, electrical disconnects, safety showers, and other emergency aids.

2. Clearly mark to distinguish walkways from areas not for pedestrian traffic.
3. Keep free of physical obstructions that would prevent access, including objects blocking path, spills of liquids or solids, etc.

Doors and Windows

1. Keep all door entrances completely free of debris, shrubs, or other obstructions.
2. Keep doors and windows properly maintained in good working order. Repair any damage to doors and windows as soon as possible.

Loading Docks

1. Keep all loading dock areas free of unnecessary materials accumulation.
2. Have emergency spill kits and other spill clean-up equipment and materials available in the loading dock area and clean up spills as soon as they occur.
3. Keep all overhead doors clean and free of rust or dirt at hinges.

Vents

1. Provide adequate ventilation to all work areas as needed to maintain air free of particles and contaminants.

Floors

1. Have safe, slip-resistant surfaces suitable to the work being performed.
2. Area clean, dry, and free of waste, unnecessary material, oil and grease.
3. Have an adequate number of waste receptacles provided at accessible locations throughout all work areas.

Buildings

General

1. Walls must be properly maintained and kept free of any unnecessary items.
2. Maintain adequate lighting systems in a clean and efficient manner. Replace bulbs as soon as possible after failure.
3. Must have safe stairs that are clean, dry, and free of waste, well-lighted, and provided with adequate hand rails and treads that are in good condition.

Outside

1. Keep doors and windows properly maintained in good working order. Repair any damage to doors and windows as needed.

2. Any stairs or platforms adjacent to or leading into the building(s) must be provided with adequate rails, adequate treads to climb, and an area clean and free of materials.

Grounds

1. Keep in good order, free of refuse, and free of unnecessary materials.
2. Store materials outdoors only in designated areas of the grounds.
3. Provide designated walkways through grounds, preferably paved and kept clear of materials, or any other physical hazards.
4. Provide a lighting system that is adequate to allow employees to navigate around the grounds as necessary at dusk and after dark.

Hazard Communication Program

General College Policy

The purpose of this notice is to inform you Arizona Western College is complying with the OSHA Hazard Communication Standard, Title 29 Code of Federal Regulations 1910.1200, by compiling a hazardous chemicals list, by using MSDS's, by ensuring that containers are labeled, and by providing you with training.

This program applies to all work operations at Arizona Western College where you may be exposed to hazardous substances under normal working conditions or during an emergency situation.

The program coordinator is the Director of Facilities Planning and Management (DFPM), who acts as the Campus representative, and has overall responsibility for the program. He will review and update the program, as necessary. Copies of the written program may be obtained from Facilities Management Administrative Assistant (FMAA).

Under this program, you will be informed of:

- The contents of the hazard communication standard
- The hazardous properties of chemicals with which you work
- Safe handling procedures
- Measures to take to protect yourselves from these chemicals.

You will also be informed of the hazards associated with non-routine tasks, such as the cleaning of reactor vessels, and the hazards associated with chemicals in unlabeled pipes.

List of Hazardous Chemicals

The Department/Division Safety Representative (DSR) will make and keep a list of all hazardous chemicals and related work practices used in the facility, and will update the list as necessary. Our list of chemicals identifies all of the chemicals used in our work process areas and is available from the DSR.

Material Safety Data Sheets (MSDSs)

MSDSs provide you with specific information on the chemicals you may be exposed to. The DSR will maintain a binder in his/her office with an MSDS on every substance on the list of hazardous chemicals. The DFPM will ensure that each work site maintains MSDSs for hazardous materials in that area. MSDSs are readily available to you during your shifts. Supervisors can tell you the exact location.

The DSR is responsible for acquiring and updating MSDSs. He/she will contact the chemical manufacturer or vendor if additional research is necessary or if an MSDS has not been supplied with an initial shipment. All new products must comply with the AWC Purchasing Manual procedures and be cleared by the DFPM.

Labels and Other Forms of Warning

The DSR will ensure that all hazardous chemicals within their department are properly labeled and updated, as necessary. Labels should list at least the chemical identity and appropriate hazard warnings. Your supervisor will refer to the corresponding MSDS to assist you in verifying label information. Containers that are shipped from the Campus will be checked by the Supervisor of shipping and receiving to make sure all containers are properly labeled.

If there are a number of stationary containers within a work area that have similar contents and hazards, signs will be posted on them to convey the hazard information. These written materials will be made readily available to you during your work shift.

If you transfer chemicals from a labeled container to a portable container that is intended only for your immediate use, no labels are required on the portable container. Pipes or piping systems will not be labeled but their contents will be described in the training sessions.

Training

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the Hazard Communication Standard and the safe use of those hazardous chemicals by the DFPM or his designee. A program that uses both audiovisual materials and classroom type training has been prepared for this purpose. Whenever a new hazard is introduced, additional training will be provided. Regular safety meetings will also be used to review the information presented in the initial training. Supervisors will be extensively trained regarding hazards and appropriate protective measure so they will be available to answer questions from employees and provide daily monitoring of safe work practices.

The training plan will emphasize these items:

- Summary of the standard and this written program.
- Chemical and physical properties of hazardous materials (e.g., flash point, reactivity) and methods that can be used to detect the presence or release of chemicals (including chemicals in unlabeled pipes).
- Physical hazards of chemicals (e.g., potential for fire, explosion, etc.).
- Health hazards, including signs and symptoms of exposure, associated with exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical.

- Procedures to protect against hazards (e.g., personal protective equipment required, proper use, and maintenance; work practices or methods to assure proper use and handling of chemicals; and procedures for emergency response).
- Work procedures to follow to assure protection when cleaning hazardous chemical spills and leaks.
- Where MSDSs are located, how to read and interpret the information on both labels and MSDSs, and how employees may obtain additional hazard information.

The DSR's will review the employee training program and advise the DFPM on training or retraining needs. Retraining is required when the hazard changes or when a new hazard is introduced into the workplace, but it will be Arizona Western College's policy to provide training regularly in safety meetings to ensure the effectiveness of the program. As part of the assessment of the training program, the DFPM will obtain input from employees regarding the training they have received, and their suggestions for improving it.

Non-Routine Tasks

When you are required to perform hazardous non-routine tasks like:

- Cleaning tanks
- Entering confined spaces, or
- Cleaning cooling towers
- Pesticide application

A special training session will be conducted to inform you regarding the hazardous chemicals to which you might be exposed and the proper precautions to take to reduce or avoid exposure.

Contractor Employees

The DFPM, upon notification by the Director of Maintenance and Operations, will advise outside contractors in person of any chemical hazards that may be encountered in the formal course of their work on the premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used. In addition, the DFPM will notify these individuals of the location and availability of MSDSs. Each Contractor bringing chemicals on-site must provide us with the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

Information

All employees, or their designated representatives, can obtain further information on this written program, the Hazard Communication Standard, applicable MSDSs, and chemical information lists.

Personal Protective Equipment (PPE) Program

Purpose of Program

The purpose of this Personal Protective Equipment (PPE) Program is to document the hazard assessment, measures in place and PPE in use at Arizona Western College. PPE devices are not to be relied on as the only means to provide protection against hazards, but are used in conjunction with guards, engineering controls, and sound operational practices. If possible, hazards will be abated first through engineering controls, with PPE to provide protection against hazards that cannot reasonably be abated otherwise.

Hazard Assessment

In order to assess the need for PPE the following steps are taken:

1. The DFPM or his designee conducts a walk-through survey of workplace areas where hazards may be. The purpose of the survey is to identify sources of hazards to employees. Consideration is given to the basic hazard categories:

- | | |
|--------------------------|----------------------------|
| ✓Impact | ✓Heat |
| ✓Penetration | ✓Harmful dust |
| ✓Compression (roll-over) | ✓Light (optical) radiation |
| ✓Chemical | |

During the walk-through survey the following observations are recorded:

- Sources of motion; i.e., machinery or processes where any movement of tools, machine elements or particles could exist, or movement of personnel that could result in collision with stationary objects.
- Sources of high temperatures that could result in burns, eye injury or ignition of protective equipment, etc.
- Types of chemical exposures.
- Sources of harmful dust.
- Sources of light radiation, i.e.; welding, brazing, cutting, furnaces, heat treating, high intensity lights, etc.
- Sources of falling objects or potential for dropping objects.

- Sources of sharp objects which might pierce the feet or cut the hands.
 - Sources of rolling or pinching objects which could crush the feet.
 - Layout of workplace and location of co-workers.
 - Any electrical hazards. In addition, injury/accident data should be reviewed to help identify problem areas.
2. Following the walk-through survey, The DFPM or his designee organizes the data and information for use in the assessment of hazards to analyze the hazards and enable proper selection of protective equipment.
 3. An estimate of the potential for injuries is now made. Each of the basic hazards is reviewed and a determination made as to the type, level of risk, and seriousness of potential injury from each of the hazards found.
 4. The DFPM or his designee documents the hazard assessment via a written certification that identifies the workplace evaluated, the person certifying that the evaluation has been performed, the date(s) of the hazard assessment, and that the document is a certification of hazard assessment.

Selection Guidelines

After completion of the hazard assessment, the general procedure for selection of protective equipment is to:

1. Become familiar with the potential hazards and the type of protective equipment (PPE) that are available, and what they can do.
2. Compare the hazards associated with the environment.
3. Select the PPE that ensures a level of protection greater than the minimum required to protect employees from the hazards.
4. Fit the user with the proper, comfortable, well-fitting protective device and give instructions on care and use of the PPE. It is very important that the users are aware of all warning labels for and limitations of their PPE. See the Employee Training guidelines outlined in the next section of this program for a more detailed description of training procedures.

It is the responsibility of the DFPM to ensure the workplace is reassessed for hazardous situations as necessary, to identify and evaluate new equipment and processes, to review accident records, and reevaluate the suitability of previously selected PPE. This reassessment will take place at least annually.

Elements which should be considered in the reassessment include:

- Adequacy of PPE program
- Accidents and illness experience
- Levels of exposure

- Adequacy of equipment selection
- Number of person-hours that workers wear various protective ensembles
- Adequacy of training/fitting of PPE
- Program costs
- The adequacy of program records
- Recommendation for program improvement and modification
- Coordination with overall safety and health program

Employee Training

1. The DFPM ensures training is provided for each employee who is required to use personal protective equipment. Training includes:
 - ✓ *When* PPE is necessary
 - ✓ *What* PPE is necessary
 - ✓ *How to wear* assigned PPE
 - ✓ Limitations of PPE
 - ✓ The proper care, maintenance, useful life, and disposal of assigned PPE
2. Employees must demonstrate an understanding of the training and the ability to use the PPE properly before they are allowed to perform work requiring the use of the equipment.
3. Employees shall not perform work without donning appropriate PPE to protect them from the hazards they will encounter in the course of that work.
4. If The DFPM has reason to believe an employee does not have the understanding or skill required, the employer must retrain. Circumstances where retraining may be required include changes in the workplace or changes in the types of PPE to be used which would render previous training obsolete. Also, inadequacies in an affected employee's knowledge or use of the assigned PPE which indicates that the employee has not retained the necessary understanding or skills.
5. The trainer certifies in writing that the employee has received and understands the PPE training.

Cleaning and Maintenance

It is important that all PPE be kept clean and properly maintained by the employee to whom it is assigned. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. PPE is to be inspected, cleaned, and maintained by employees at regular intervals as part of their normal job duties so that the PPE provides the requisite protection. Supervisors are responsible for ensuring compliance with cleaning responsibilities by employees. If PPE is for general use, the Department/Division Safety Representative (DSR) has responsibility for cleaning and maintenance. If the piece of PPE is in need of repair or replacement it is the responsibility of the employee to bring it to the immediate attention of his or her Supervisor or the DSR. It is against work rules to use a piece of PPE equipment that is in disrepair or not able to perform its intended function. Contaminated PPE, which cannot be decontaminated, is disposed of in a manner that protects employees from exposure to hazards.

Emergency Action Plan

Purpose

This Emergency Action Plan (EAP) is in place to ensure employee safety from fire and other emergencies. It provides a written document detailing the actions and procedures to be followed in case of emergency.

At the time of an emergency, employees should know what type of evacuation is necessary and what their role is in carrying out the plan. In some cases where the emergency is very grave, total and immediate evacuation of all employees is necessary. In other emergencies, a partial evacuation of nonessential employees with a delayed evacuation of others may be necessary for continued plant operation. In some cases, only those employees in the immediate area of the fire may be expected to evacuate or move to a safe area such as when a local application fire suppression system discharge employee alarm is sounded. Employees must be sure that they know what is expected of them in all such emergency possibilities which have been planned in order to provide assurance of their safety from fire for other emergency. This plan contains the information they need to know.

Emergency Escape Procedures and Assignments

Procedures in case of fire, bomb threat, toxic chemical release, and earthquake

1. Employees are to proceed to the nearest available and safe exit and leave the building as quickly as possible in the event of fire or other emergency requiring evacuation to achieve safety.
2. All employees are trained in safe evacuation procedures and refresher training is conducted whenever the employee's responsibilities or designated actions under the plan change, and whenever the plan itself is changed. In addition, the Department/Division Safety Representative (DSR) (or his designated representative) must review with each employee, upon initial assignment, the parts of the plan which the employee must know to protect the employee in the event of an emergency.
3. The training includes use of workplace maps that clearly show the emergency escape routes included in the Emergency Action Plan. These maps are available and posted at all times in every area of the campus to provide guidance in an emergency.
4. No employee is permitted to re-enter the facility until advised by the DFPM (after determination has been made that such re-entry is safe).
5. Personnel staff operating moving machinery are to depress the closest emergency stop button en route to their assigned locations. Anyone using a forklift should park it off to the side immediately.

6. Refuge zones are explained here:

The primary refuge zones are designated on the evacuation maps. All employees should proceed to this site if it is safe to do so.

If it is unsafe to reach the primary refuge zone, employees should proceed to the secondary zone, designated on the evacuation maps.

Employee Head Count Procedures

The DSR (or designated representative) conducts head counts once evacuation has been completed.

Rescue and Medical Duty Assignments

The City of Yuma Fire Department personnel are responsible for performing rescue and medical duties in case of emergency requiring rescue.

Employees may choose to provide medical assistance within their capabilities to fellow employees requiring it during an emergency situation. Any assistance rendered is on a strictly voluntary basis.

Professional emergency services responding in an emergency will help with and direct all rescue and medical duty assignments upon their arrival on-site.

Fire and Emergency Reporting Procedures

In the Event of a Fire:

- When a fire is detected, go to the nearest fire alarm station and activate the alarm by pulling on the lever. The alarms will notify the Campus Police. Fire alarms are located near each entry/exit door.
- The Campus Police will perform assigned duties and will meet the fire department to assist them in putting out the fire.
- No employees are to return to the buildings until the "all clear" is given by the Campus Police.

Responsible Person List

There are no designated employees required to remain behind during evacuation to care for critical operations.

Fire Prevention Plan

Purpose

This Fire Prevention Plan is in place at Arizona Western College to control and reduce the possibility of fire and to specify the type of equipment to use in case of fire. This plan lists the following information:

- Major workplace fire hazards and their proper handling and storage procedures.
- Potential ignition sources for fires and their control procedures.
- The type of fire protection equipment or systems which can control a fire involving them.
- Regular job titles of personnel responsible for maintenance of equipment and systems installed to prevent or control ignition of fires and for control of fuel source hazards.

A List of Workplace Fire Hazards and Procedures to Handle and Store Them

Housekeeping-Related Hazards

It is the intent of Arizona Western College to assure that hazardous accumulations of combustible waste materials are controlled so that a fast developing fire, rapid spread of toxic smoke, or an explosion will not occur. This does not necessarily mean that each room has to be swept each day. Employees are to be made aware of the hazardous properties of materials in their workplaces, and the degree of hazard each poses.

Certainly oil soaked rags have to be treated differently than general paper trash in office areas. In addition, large accumulations of waste paper or corrugated boxes, etc., can pose a significant fire hazard. Accumulations of materials that can cause large fires or generate dense smoke that are easily ignited or may start from spontaneous combustion are the types of materials with which this Fire Prevention Plan is concerned. Such combustible materials may be easily ignited by matches, welders sparks, cigarettes and similar low-level energy ignition sources. It is the intent of Arizona Western College to prevent such accumulation of materials.

Maintenance of Equipment Under the Fire Prevention Plan.

Certain equipment is often installed in workplaces to control heat sources or to detect fuel leaks. An example is a temperature limit switch often found on deep-fat food fryers. There may be similar switches for high temperature dip tanks, or flame failure and flashback arrester devices on furnaces and similar heat producing equipment. If these devices are not properly maintained or if they become inoperative, a definite fire hazard exists. Again employees and Supervisors should be aware of the specific type of control devices on equipment involved with combustible materials in the workplace and would make sure, through periodic inspection or testing, that these controls are operable.

Ignition Sources and Fire Protection

The following table lays out known ignition sources at Arizona Western College and their control procedures:

Ignition Source	Control Procedures
Paint Storage Areas	No Electricity; Non-Combustible Walls
Welding Areas	Welding Screens; Non-Combustible Walls & Floor
Warehouse	Flammable Locker
Carpenter Shop	Housekeeping Practices; Flammable Locker
Automotive Laboratory	Flammable Lockers; Covers on Parts Washers
Chemistry Laboratory	Flammable Lockers; Work Practices
Biology Laboratory	Flammable Lockers; Work Practices
Print Shop	Flammable Locker; Work Practices

Fire protection equipment in use at Arizona Western College includes ABC extinguishers, to protect from the various types of fire hazards.

Responsible Person List

This is the list of regular job titles of personnel responsible for maintenance of equipment and systems installed to prevent or control ignition of fires:

- DFPM-- Responsible for choosing appropriate/adequate system, maintenance of equipment and systems installed to prevent or control ignition of fires.

Names or regular job titles of personnel responsible for control of fuel source hazards:

- Central Plant Mechanics-- Responsible for housekeeping and monthly extinguisher inspections.
- Director of Maintenance and Operations -- Responsible for overall state of plant, reduction of fuel plant hazards in all areas of plant
- Receiving Agent -- Responsible for control of flammable source hazards in the loading dock area
- Director of Maintenance and Operations -- Responsible for oversight of housekeeping

duties that reduce and control fuel source hazards such as accumulation of flammable and combustible materials such as trash, oily rags, or any other fire hazard.

- Storekeeper -- Responsible for control of flammables received and fuel source hazards.
- Custodians -- Monthly extinguisher inspections of all facilities under their care.
- Automotive Professor -- Responsible for control of flammable source hazards in the automotive technology shop.
- Chemical Hygiene Officer (Chemistry) -- Responsible for control of all flammable source hazards in the chemistry laboratory.
- Chemical Hygiene Officer (Biology) -- Responsible for control of all flammable source hazards in the biology laboratory.
- Print Shop Manager – Responsible for control of all flammable source hazards in the Print Shop.

Housekeeping Procedures

Arizona Western College controls accumulations of flammable and combustible waste materials and residues so that they do not contribute to a fire emergency. The housekeeping procedures are included in the written Fire Prevention Plan. See the Housekeeping chapter for the housekeeping procedures in use at this facility.

Machine Safety & Equipment Usage Procedures

Purpose

It is the policy of Arizona Western College to permit only trained and authorized employees to operate machinery or equipment at any time. This policy is applicable to both daily operators of machinery and equipment and those who only occasionally have cause to use machinery or equipment.

List of Machinery and Equipment

The machinery and equipment used at Arizona Western College includes the following:

Mechanical press Bobcat Forklift Tractor W/ mowers Trash compactor Motorized vehicles (vans, etc.)	Milling machine Table saws Drill press Band saw Lathes Grinders	Power sander Welder Jack hammer Oxy/Acetyl torches Turbo torches Power threader Print Presses
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Pre-Operational Procedures

1. Any machine part, function, or process that may cause injury must be guarded. Ensure that all permanent guards are securely attached in good working order and all removable guards are in place on the machine or equipment before starting use. Guards must meet these minimum general requirements:
 - **Prevent contact** -- The guard must prevent hands, arms, or any part of your body or clothing from making contact with dangerous moving parts.
 - **Secure** -- Guards should not be easy to remove or alter. Guards and safety devices should be made of durable material that will withstand the conditions of normal use. They must be firmly secured to the machine.
 - **Protect from falling objects** -- The guard should ensure that no objects can fall into moving parts.
 - **Create no new hazards** -- If a guard creates a hazard of its own such as shear point, a jagged edge, or an unfinished surface that can cause a laceration, then do not use the piece of machinery or equipment. The edges of guards, for instance, should be rolled or bolted in such a way that they eliminate sharp edges.

2. If a guard is defective, damaged, or in any way does not meet the requirements of these procedures, do not use the machine, but immediately notify the Department/Division Safety Representative (DSR) or your Supervisor.
3. Where the operation of a machine or accidental contact with it can injure you or others in the vicinity, the hazard must be either controlled or eliminated.
4. Locate and don necessary and appropriate personal protective equipment (PPE) for use with the machinery or equipment before beginning use.
5. Ensure that your work area is well-lit, dry and clean before beginning work. Sawdust, paper and oily rags are a fire hazard and can damage your machinery and equipment.
6. Dress appropriately. Change clothing or take off jewelry that could become entangled in the machinery or equipment you are to use.
7. Install or repair equipment only if you're qualified. Notify the Maintenance Department if you think machinery or equipment is in need of any type of repair.
8. If a lock or tag is in place on a piece of machinery or equipment, do not remove it and do not use that machinery or equipment.

Operating Procedures

1. Do not remove a guard for any reason while operating any piece of machinery or equipment.
2. Do not remove any necessary personal protective equipment (PPE) while the machinery or equipment is running.
3. Pay constant attention to the work at hand. Do not focus on anything else. If distracted or unable to focus on the work with the machinery or equipment, stop work with that machinery or equipment.
4. Upon finishing with a piece of equipment or machine, do basic maintenance for it. Keep it sharp, oiled and stored properly, as appropriate. Regularly inspect all machinery, equipment, cords and accessories. Repair or replace problem equipment immediately and report it to your immediate Supervisor.
5. Always use the proper piece of machinery or equipment for the job.
6. Keep electric cables and cords clean, free from kinks. Never carry a piece of equipment by its cord.

Training Program

Under no circumstances shall an employee operate a piece of machinery or equipment until he/she has successfully completed Arizona Western College's machinery and equipment training program. This includes all new operators or users of machinery and equipment, regardless of claimed previous experience. Arizona Western College's training program includes classroom instruction and operational training on each specific piece of machinery and equipment to be utilized by the employee in his/her work area.

Individuals in the following departments receive training:

1. Facilities Management
2. Technology
3. Fine Arts
4. Print Shop

The DSR will identify all new employees within their department and make arrangements with the Director of Facilities Planning and Management (DFPM) to schedule the classroom instruction for those employees previously identified in this policy.

Classroom training consists of:

1. Review of these written procedures by employee.
2. Review general safety training video.

Operational training consists of:

1. Pre-operational procedures
2. Operational review of each piece of machinery or equipment the employee is expected to operate.

Responsibilities

The DSR is responsible for organizing training.

The DFPM maintains records in employee safety files of individuals trained and certified for machinery and equipment.

Supervisors are responsible for scheduling the employee to complete the operational training program after successful completion of the classroom training or re-training segment.

Hearing Conservation Program

Purpose

It is the policy of Arizona Western College to institute an occupational hearing conservation program to prevent any temporary or permanent noise-induced hearing loss to employees, and to comply with Federal OSHA Standard 29 CFR 1910.95.

Monitoring

1. The Director of Facilities Planning and Management (DFPM) or his designee will monitor and identify workplace noise levels using a calibrated sound level meter on annual basis, or whenever there is a change in production processes, equipment, or controls. Monitoring is performed to determine which employees are exposed to excessive noise and fall under the Hearing Conservation Program. Whenever employee sound levels (TWA) of 85 decibels measured on the A scale (slow response) or, equivalently, a dose of fifty percent, the affected employee will be subject to the Hearing Conservation Program.
2. The Department/Division Safety Representative (DRS) will notify the DFPM of upcoming equipment purchases or modifications which may affect sound levels. When the equipment purchase or modification is nearing its final decision phase, the DFPM is to be notified. If necessary, on-site visits or vendor contact will be coordinated to monitor noise levels and also assess any potential safety/ergonomic issues which may affect employees. The DFPM will also work with Procurement to obtain necessary technical specifications as well as coordinate any vendor contact on safety issues.
3. Controlling noise at the source utilizing engineering controls must be considered first before any other tactics are implemented.
4. Warning signs will be posted in conspicuous locations near the high noise level areas to ensure that hearing protection is required when operating machinery.

Audiometric Testing Program

1. Arizona Western College will provide audiometric testing at no cost to every employee in the Hearing Conservation Program. This testing will be done at the pre-placement physical, on a regular annual basis, whenever production/properties and maintenance changes occur that result in increased noise levels, in employee job transfer situations into or out of a department in the Hearing Conservation Program, and in termination/layoff situations.
2. Audiometric testing will be performed by a licensed/certified audiologist, technician, or any other qualified individual.
3. The DFPM will inform employees prior to their scheduled testing. Employees must have 14 hours of non-exposure to workplace noise, prior to the actual testing. Protective

- hearing equipment may be substituted for the necessary waiting period.
4. If an employee's audiogram suggests that a standard threshold shift has occurred, the employee will be notified in writing within 21 days. He/she will be retested within 30 days via a clinical audiological evaluation or an otological examination. The new audiogram will be considered as the baseline audiogram for any future testing. The occurrence will be recorded on the OSHA 200 log.
 5. Audiometric testing will be conducted on an annual basis.

Currently, the following employees are participating in the Hearing Conservation Program, which includes the mandatory audiometric testing:

Department Name
None

Hearing Protection

1. The DFPM will ensure adequate hearing protection is provided for employees. All employees subject to work in those areas must be provided with appropriate hearing protection devices from among the following types listed in the table in 4, below.
2. Employees are required to wear college-provided hearing protection and at no time must an employee tamper with, or modify any hearing protection equipment. Damaged or defective equipment must be discarded and replaced.
3. Supervisors are required to enforce the Hearing Conservation policy in their area of responsibility.
4. The Standard requires Arizona Western College to provide a variety of hearing protection devices to persons who are required to wear them. The types of protective devices available include:

Type of Hearing Protecting	Advantages	Disadvantages
Ear Muffs	<p>One size fits most adults. Can easily be seen at a distance. Can be put on, adjusted, etc. while wearing gloves. Can be warming to the ears in cold environments.</p>	<p>Usually have a lower noise reduction rating than ear plugs, but still provide effective protection. They are bulky and cannot fit in pockets or stored in tool kits. May interfere with and not sit properly when glasses, hearing aids, etc. Because of their size, may not be suitable for the work quarters. Excessive heat and sweat accumulation may make uncomfortable to wear in hot locations. Are more difficult to clean than ear plugs.</p>
Ear Plugs (2 types: pre-formed and expandable)	<p>Have highest noise reduction rating and are very effective in protecting your hearing when worn properly. Do not interfere with work in close quarters. Are easily carried and stored when not in use. Compatible with glasses or any other type of head gear without affecting performance. Can be easily cleaned.</p>	<p>Fitting can be complicated. Ear canals vary in diameter and the left and right ear canals are not necessarily similar in size, shape or position. Can be easily left in other work clothes or fall out of a jacket or shirt pocket and become lost. Cannot be seen at a distance which makes it difficult to evaluate if a person is wearing them Gloves must be removed and hands washed prior to putting in ear plugs.</p>

It is currently recommended that hearing protection be used in the following production operations:

- Chiller Room

Training and Information

1. The DFPM will ensure that each employee in the Hearing Conservation Program receives training during the first week of employment.
2. Retraining will be conducted on an annual basis. Information provided in the retraining program will be updated to be consistent with changes in work processes and/or protective equipment.

Record keeping

1. The DFPM will maintain accurate records for all noise level surveys and employee exposures.
2. Employees' baseline/annual audiogram and any other records will be retained in a separate file for the duration of employment plus 30 years after termination.
3. Records will be provided to employees, former employees, or designated representatives thereof, upon written request to the DFPM.

For more specific information on hearing conservation program see Title 29 CFR 1910.95-- Occupational Noise Exposure.

Bloodborne Pathogen Exposure Control Plan

I. BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

A. PURPOSE

In order to comply with the OSHA Blood borne Pathogen Standard 29 CFR 1910.1030 (APPENDIX D) this Exposure Control Plan is designed to limit exposure to blood and other potentially infectious materials since any exposure could result in transmission of Blood borne pathogens which could lead to disease or death. (This plan replaces the 1/90 AIDS guidelines.) Arizona Western College will:

1. Establish exposure control plan to identify, in writing, job classifications (APPENDIX E), as well as tasks and procedures where occupational exposure to blood occurs. These plans are accessible to employees, students, and to OSHA at the personnel Office and the Health Service Office.
2. Provide a training program initially upon assignment and annually as needed to emphasis up-to-date information on blood borne pathogen diseases, regulations, blood borne pathogens, and transmission, exposure control plan, universal precautions, protective clothing and equipment, Hepatitis B vaccine, response to exposure evaluation and follow-up program, signs/label/color-coding, and work practice controls to employees and students at risk for exposure to blood and other potentially infectious materials (OPIM).
3. Establish methods of compliance for safety procedures and equipment for the classrooms and work sites that will minimize the risk of acquiring HIV, HHBV, and other infectious diseases.
4. Establish procedures necessary to have Hepatitis B vaccination available according to the latest recommendations of the U.S. Public Health Service.
5. Specify procedures for post-exposure evaluation and follow-up. Protect the individuals rights of privacy and freedom from discrimination for employees and students who contract the disease or test positive for exposure to the blood borne pathogens virus.
6. Establish method of communicating hazards to containers of regulated waste, refrigerators and freezers and other containers used to store or transport blood or other potentially infectious materials.

7. Establish method for medical record keeping for training, consent forms, and exposure plan, and post-exposure.
8. Establish a Health Task Force which is charged with the following:
 - a. Review and update annually for changes and or modifications which are required to be implemented that affect any new occupational exposure and to reflect any changes in employee positions.
 - b. Review of specific concerns of members of the college community.
 - c. Management of the process of evaluating individual cases (identified by case numbers) by weighing pending decisions carefully to protect individual students, employees, other members of the college, and local citizens, as well as the institution itself. The Task Force shall determine the impact of applicable federal and state laws or judicial decisions before recommending actions that exclude or remove persons having HIV or HBV from work, classes, or other activities.

II. POLICY OF BLOOD BORNE PATHOGEN CONTROL

A. INTRODUCTION

These guidelines, which are derived from the best currently available medical facts about blood borne pathogens such as HIV (Human Immunodeficiency Virus) and HBV (Hepatitis B) infections and apply to all employees and students at risk for exposure to blood borne pathogens.

B. GENERAL POLICY STATEMENT

1. Under most circumstances, employees and students who have a positive HIV or who have HBV, whether they are symptomatic or not, will be allowed regular classroom attendance, residence in campus housing, and performance of their usual duties in an unrestricted manner, as long as they are physically and mentally able. Any student or employee with a Blood borne pathogen whose personal behavior and/or medical condition poses a potential risk to the college community, will be evaluated by the Health Task Force on an individual basis to determine if limitations in contact activities or continuation at the college is in the best interest of the student, employee, and the college community. In considering any individual situation where a student or employee is infected with blood borne pathogen the Health Task Force shall seek input and advice from the infected person's physician, a physician selected by the College, College legal counsel and public health officials.

a. EXCLUSIONS

HIV or HBV infected students or employees who lack control of their bodily secretions, or display behavior that may endanger others, such as biting, self-inflicting wound, etc., or have an uncoverable oozing lesion(s), shall not be permitted to attend classes, reside in campus housing, participate in school activities, or work with other students or employees if it is determined following a hearing described in Section 1. below that the danger of infection to others outweighs the interest of the employee and student. In lieu of exclusion from class or work, students or employees described in this section may be permitted to attend classes, reside in campus housing, participate in activities, or work, subject to certain restrictions that may be imposed following the hearing described in Section 1.b.

b. HEALTH TASK FORCE DETERMINATION/HEARING

A determination shall be made on a case by case basis by a majority of members of the Health Task Force and a college retained physician, the employee's or student's physician, the lawyer of the college, and public health officials. No school employee shall be terminated, non-renewed, suspended (with or without pay), transferred, or subjected to any other adverse employment action solely because he or she is an infected individual. An employee may be discharged from employment, placed on a leave of absence, or permitted to work subject to certain restrictions if it is determined that despite reasonable attempts by the College to accommodate the employee, the employee's presence poses a danger of infection to students and employees.

C. INSTITUTIONAL GUIDELINES

1. Considerations for the existence of a Blood borne pathogens will not be a part of the initial admission or employment decision for those applying to attend or work at Arizona Western college.
2. The institution will not require screening of current employees or students for the antibodies to HIV, HBV, or other Blood borne pathogens.
3. In the absence of extraordinary circumstances, (as may be determined by a Health Task Force evaluation), there is no medical justification for restricting access to residence halls, student pools, recreational facilities, restrooms, or other common areas, by employees and students with Blood borne pathogens.
4. Special precaution to protect the health of known immunologically compromised individuals shall be applied during periods of prevalence of certain contagious diseases, such as measles and chicken pox.
5. Persons known to have immune deficiencies are exempt from institutional requirements

for certain vaccinations.

6. The institution acknowledges the importance of privacy considerations with regard to persons with HIV or HBV. The number of people who are aware of the existence and/or identity of employees or students who have a Blood borne pathogen should be kept to a reasonable minimum.
7. Employee group medical insurance plans may cover treatment and care of HIV and HBV in the same way care is provided for other conditions. However, accidental exposures to Blood borne pathogens at the work site are covered under workers compensation, and must be reported to the Personnel Office as soon as possible. Students with accidental exposures may be covered under the Student Accident Insurance, and should contact the Health Service Office for further information.
8. Employees and students are urged to observe measures and practices to prevent possible transmission of the HIV and HBV virus. (See Education and Training for Exposure to Control Plan)
9. Employees and students with HIV and HBV infections are encouraged to inform campus health care providers to enable the institution to assist in providing them proper medical care, support, counsel, and education.

III. EDUCATION FOR EXPOSURE CONTROL PLAN

A. EDUCATION AND TRAINING

Employees and students can obtain a copy of the Exposure Control Plan at the Personnel Office or at the Health Service Office. Individuals at risk for exposure to blood and body fluids, must consider all blood and body as capable of transmitting diseases, such as Human Immunodeficiency Virus Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). An annual training session will be presented to employees at risk for exposure to blood and other potentially infectious materials, and other employees if their job classification changes to be at risk, or if they are in need of additional training. Instructors must also educate their students at risk. These training sessions will include information about the regulatory text of the standard, an explanation of its contents, general discussion on work practice controls, personal protective clothing and equipment, Hepatitis B vaccine, response to emergencies involving blood and how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. Training sessions will also include an opportunity for questions and answers. The trainer must be knowledgeable in the subject matter. Laboratory and production facility workers must receive additional specialized initial training.

B. BLOOD-BORNE PATHOGEN DISEASES

Employees and students in health-related programs should receive education regarding the epidemiology, modes of transmission, and prevention of infectious diseases for Blood borne pathogens, such as HIV and HBV infections. Besides blood, other potentially infectious materials (OPIM) include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Blood borne pathogens are pathogenic microorganisms that are present in human blood and OPIM and can cause disease in humans.

1. HUMAN IMMUNODEFICIENCY VIRUS, henceforth referred to as HIV, is a virus that weakens the body's immune system. Without the ability to fight off infection, a person is susceptible to a number of unusual diseases, often called "opportunistic infections." Current medical knowledge indicates that students or employees with AIDS, or HIV, generally do not pose a health risk to other students or employees in an academic setting. AIDS is transmitted only by sexual contact, exposure to infected blood or blood components, and by infected mothers to a neonate at birth and possibly via breast milk. There has not been any confirmed cases of transmission of AIDS by living in the same house of an infected person, caring for an infected person, being coughed or sneezed upon by an infected person, casual kissing, or swimming in a pool with an infected person.
2. HEPATITIS B (HBV) is an inflammation of the liver caused by the hepatitis B virus. Hepatitis B can be asymptomatic like having a mild case of the flu or may be of the more severe nature requiring extended bed rest or hospitalization. Hepatitis B antigen is found in blood, saliva, semen, vaginal secretions, and possibly other body fluids. Moreover, the virus can survive for days on environmental surfaces--and every contact with hepatitis B is capable of causing infection. The risk of contacting hepatitis B from a single contaminated needle stick ranges from 6% to 30%. Hepatitis B patients are difficult to identify and, in many cases, may not show the symptoms of the disease. Short term consequences of hepatitis B include an average of seven weeks lost from work, and the risk of permanent liver damage. Long-term consequences include chronic active hepatitis and cirrhosis of the liver.

C. HEPATITIS B VACCINATION

Your liver lets you live. It is located in the upper right part of the abdomen and is protected by the rib cage; its functions are many and complex. Among other things, it helps to store several important energy resources for the body such as iron, glycogen (sugar) and vitamin B12. It helps to remove poisonous chemical from the blood, destroy old red blood cells, produce bile used in the digestion of fats, and regulate many metabolic processes necessary for life. Thus the importance of protecting the liver from injury such as infection. One type of infection that can damage or destroy the liver is Hepatitis B infection. Certain population groups are at increased

risk of developing Hepatitis B because of their occupations, lifestyles, or health problems. Many people may be infected with Hepatitis B but never have symptoms. However, if they occur, the usual symptoms may be flu-like and include fatigue, mild fever, muscle and joint aches, nausea, vomiting, loss of appetite, vague abdominal pain, occasional diarrhea, and jaundice. While most patients recover, Hepatitis B can be very serious and even fatal.

Hepatitis B is usually spread by contact with infected blood or blood products. It can spread in such a way as illicit injectable drug use, tattooing, and ear piercing. In addition to its presence in blood Hepatitis B virus may be found in other body fluids such as semen, vaginal secretions, and breast milk. As a result, transmission of the disease can also occur through close interpersonal contact, including sexual contact.

Therapy is directed toward relieving symptoms and making the patient more comfortable. Patients with severe cases may need to be hospitalized. There is no specific treatment and no known cure for Hepatitis B. However, there is preventative measures available.

1. Employees at risk shall be given information on the Hepatitis B, Hepatitis B Vaccine which is a subunit viral vaccine derived from hepatitis B surface antigen produced by a recombinant strain of yeast. Any person at risk of contact with blood and/or body fluids of other persons should consider immunizations against Hepatitis B infection. Hepatitis B vaccine is given intramuscularly in the deltoid muscle. The standard dosage regimen is three injections at 0, 1, and 6 months. Studies with more than 10,000 subjects proved the Hepatitis B vaccine was well tolerated. Recipients of the vaccine may experience local reactions such as soreness, redness, and swelling at the injection site. It has a 85% to 92% effective rate. Hepatitis B vaccine is contraindicated in individuals who are hypersensitive to yeast or any other component of the vaccine. The Hepatitis B Vaccine questionnaire must be completed on all personnel at risk (APPENDIX F).
2. All employees at risk shall be furnished, at no cost to the employees, a series of Hepatitis B vaccinations which may provide a measure of protection following an exposure to the disease.
3. Vaccinations shall be given according to recommendations for standard medical practice.

D. UNIVERSAL PRECAUTIONS:

Previously known as Blood and Body Fluid Precautions: are intended to prevent parenteral or mucous membrane exposures to Blood borne pathogens. Such exposures can occur during direct care, while working with laboratory specimens or from inadvertent or unknowing exposure to equipment contaminated with infectious material. "Universal" means these precautions should be practiced on all persons because one cannot or reliably identify all persons infected with Blood borne pathogens. "Precautions" refer to the appropriate use of barriers such as gloves, gowns, masks, face shields or goggles to prevent exposure to blood or

other body fluids. Universal precautions are intended to supplement routine infection control practices, such as disease-specific isolation precautions and hand washing.

1. **HAND WASHING** is the single most important practice in the fight against transmission of infectious organisms. **HAND WASHING** by vigorously rubbing hands together for at least one minute, even if gloves were worn. Thoroughly rinse hands, shaking excess water off, dry with disposable towels, and use the towel to turn off the water. Dispose of the towel in a waste receptacle. Adequate facilities--such as hot and cold water, sinks, soap and paper towels--must be furnished. Germicidal towelettes shall be provided where water is not available. However, hands shall be washed with soap and running water as soon as feasible.

2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Protective barriers are used to reduce the risk of skin or mucous membrane exposure to potential infective materials. When there is risk for exposure, at no cost to the employee, protective equipment shall be provided such as , but not limited to gloves, gowns, laboratory coats, face shields or masks, or other ventilation devices. Personal protective equipment shall be considered “appropriate only if it does not permit blood and or other potentially infectious materials to pass through or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. The employee shall use the protective equipment unless the employers show that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee’s professional judgment that in the specific instance its use would have prevented the delivery of health care of public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

- a. **GLOVES:** A supply of disposable gloves of various sizes will be in readily accessible locations. Slip each hand into a clean glove, pulling it snugly over the fingers to ensure a good fit. Pull glove over the wrist as far as it will go to maximize coverage. Do not re-use gloves. Remove first glove by turning the glove inside out as it is pulled over the hand, grasp the glove in remaining gloved hand. During removal of the second glove, avoid touching the outer surface by slipping the fingers of the ungloved hand under the glove and pulling it inside out as it is pulled over the hand, effectively sealing the first glove inside. Dispose of the used gloves in a lined waste container. **After**

removal of gloves or other personal protective equipment, wash hands thoroughly, following HAND WASHING procedures.

1. Gloves should be worn when personnel or students are in direct contact with blood or blood contaminated body fluids of any patient. Either latex or vinyl gloves may be used as both are considered effective barriers. Gloves should be worn when:
 - I. handling or processing blood specimens or fluids containing blood
 - ii. cleaning up blood or blood contaminated spills
 - iii. performing phlebotomy when the health care worker has cuts, scratches, or other breaks in their skin.
 - iv. performing phlebotomy on an uncooperative patient
 - v. when persons are receiving training in phlebotomy.
 2. Disposable gloves shall not be washed or decontaminated for re-use.
 3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- b. **GOWNS:** Gowns are used to prevent blood and body fluids containing blood from soaking arms, legs, and body surfaces. Gowns should be worn during surgeries, autopsies, and childbirth or when contamination of clothing by blood or body fluids is anticipated.
- c. **MASKS:** Masks are not necessary for care-givers unless the patient has a communicable disease transmissible via the respiratory route, such as tuberculosis. While HIV is not spread through the air, dental workers and other medical profession etc., should wear a mask or face protection to prevent contact with splashes of bloody saliva., amniotic fluid, blood, etc.
- d. **EYE PROTECTION:** Eye protection such as goggles, glasses, or face shields, should be used in situations where splatter from blood or blood contaminated fluids is expected.

3. CLEANING OF PROTECTIVE EQUIPMENT

- a. The employer shall clean, launder, and dispose of personal protective equipment, required by the standard, at no cost to the employee. **All personal protective equipment shall be removed prior to leaving the work area.** When personal protective equipment is removed it shall be placed in an appropriate designated area or container for storage, washing, decontamination, or disposal. If repair or replacement is needed, the employer shall cover the expense.

- b. If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged, contained at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with the standard. When the contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and /or leakage of fluids to the exterior. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

E. HOUSEKEEPING

1. Work sites/labs shall be maintained in a clean and sanitary condition. An appropriate written schedule for cleaning and the method for decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedures being performed in the area.

2. If a work surface becomes contaminated, the surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

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

4. All bins, pails, cans, or similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

5. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
6. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
7. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled or color coded. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g. laundries), maintained upright throughout use; and replaced routinely and not be allowed to overfill.
8. When removing contaminated sharps containers from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping; placed in a secondary container if leakage is possible which is closable, constructed to contain all contents and prevent leakage during handling storage, transport, or shipping and labeled or color-coded according to standard.
9. Regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport of shipping; labeled or color-coded , and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

F. WORK PRACTICE CONTROLS

1. NO EATING, DRINKING OR SMOKING, applying cosmetics or lip balm, and handling contact lenses shall be permitted in any laboratory or in locations where blood or other body secretions are being handled.
2. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
3. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
4. Reusable objects shall be avoided wherever possible. When necessary, however, these reusables (such as metal equipment) shall be thoroughly cleansed before processing, since

organic material (e.g. blood and proteins) inactivates disinfectants and impedes adequate or effective sterilization.

5. Items such as needles, scalpel blades, and other sharp instruments should be considered as potentially infectious and be handled with extraordinary care to prevent accidental injuries. To prevent injuries, used needles and other contaminated sharps shall NOT be recapped, purposefully bent, broken, or removed from disposable syringes or otherwise manipulated by hand. In the event used needles must be recapped, the one hand scoop method must be used.
6. Disposable syringes and needles, scalpel blades, and other sharp items shall be placed into puncture-resistant containers located as close as practical to the area in which they are used. These containers shall be puncture resistant, color-coded in accordance with this standard, be leak proof on the sides and bottom; and in accordance with the requirements set for reusable sharps.
7. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. Such equipment shall be properly labeled to ensure that this information is conveyed to all affected employees, the servicing representative, and or the manufacturer, as appropriate, prior to handling, serving, or shipping so that appropriate precautions will be taken.
8. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
9. When the possibility of exposure to blood or other body fluids exist, routinely recommended precautions should be followed. Persons processing blood and body fluid specimens should wear vinyl gloves. Mask and protective eyewear should be worn if mucous-membrane contact with blood or body fluids is anticipated. Vinyl gloves should be changed and hands washed after completion of specimen processing with each client.
10. Health care workers/food handlers/students who have uncoverable oozing lesions or weeping dermatitis should refrain from all direct client care and from handling client care equipment until the condition resolves.

G. CLEAN UP PROCEDURES FOR EXPOSURES

1. SURFACES

- a. Wear disposable gloves.
- b. Sprinkle disinfecting absorbent over the spillage and wipe surrounding surfaces with a paper towel. If absorbent powder is not available, spread paper toweling over spill and allow it to soak up the fluid.
- c. Dispose of the material in a lined bio-hazardous waste container.
- d. Spray the affected area with a spray cleaner/disinfectant. This can be any hospital-grade tuberculocidal and germicidal product. A 10 percent bleach solution is an

acceptable substitute.

- e. After allowing for adequate contact time, (10 minutes) wipe the disinfectant from the affected surface.
- f. Dispose of the paper towels and gloves in a bio-hazardous waste container.
- g. Draw the plastic liner out of the waste container. Tie and immediately dispose of the bag in following normal procedure.
- h. Wash hands thoroughly, following HAND WASHING Procedures.

2. OBJECTS:

- a. Wear disposable gloves. If gloves are not available, use disposable towels as a barrier when handling the object.
- b. Discard contaminated items that cannot be cleaned properly.
- c. Wash object using clean, warm water and a general-purpose cleaning agent. Use only mops, sponges or cloths not used on floors, walls, or plumbing fixtures.
- d. Rinse the object thoroughly in clean water.
- e. Disinfect or sanitize the object by spraying, swabbing or immersion in a germicidal solution. A 10 percent bleach solution or commercially available disinfectant is adequate.
- f. Objects that might be placed in a person's mouth should be rinsed in clear water after they have been disinfected.
- g. Wash hands thoroughly, following HAND WASHING Procedures.

3. PERSONS -Urge the injured party to perform as much of this procedure as possible.

- a. Wear disposable gloves.
- b. Use a paper towel to wipe material from exposed skin, paying particular attention to the face. Germicidal towelettes should be used when running water is not available.
- c. If exposure is to the mouth, eyes, or other mucous membranes, rinse mouth, nose and eyes with running water, for approximately 15 minutes if possible.
- d. Place soiled towels or towelettes in a lined bio-hazardous waste container.
- e. If practical, remove soiled clothing and place in a plastic bag for laundering later.
- f. Assist in cleansing the affected body area.
- g. Put on clean clothing
- h. Soiled clothing should be laundered separately from the rest of the laundry. Use hot water and a cup of bleach in each load.
- I. Follow procedures for the cleaning of Surfaces and objects.
- j. Remove and dispose of gloves in a lined Biohazardous waste container.
- k. Pull the liner from the waste container. Tie it and immediately double bag it and dispose of the bag in an appropriate disposal of waste procedure.
- l. Wash hands thoroughly, following HAND WASHING procedures.
- m. When helping with a runny nose, coughing and/or drooling, provide facial tissues and dispose of them in a bio-hazardous plastic-lined trash can.

- n. Wash hands after the procedure is completed.

H. MANAGEMENT OF EXPOSURES

If a student or employee has a parenteral (e.g. needle stick or cut) or mucous-membrane (e.g., splash to the eye or mouth) exposure to blood or other infectious materials or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood (especially when the exposed skin is chapped, abraded, afflicted with dermatitis) the student or employee should immediately:

1. Bleed wound
2. Wash thoroughly with soap and water
3. Determine the degree of exposure (massive, definite, possible, doubtful, or non-parenteral)
4. Be counseled regarding safe sex, deferred from donating blood, etc., until results of source HIV/HBV are known.
5. **REPORT TO APPROPRIATE SCHOOL OFFICIAL**

a. STUDENTS

(Students, who are involved in Allied Health and Nursing Programs in which they may have exposure to HIV or HBV clients in the course of their clinical training, may be subject to institutional policies at the practicum setting governing the care of HIV or HBV clients.)

1. Contact their instructor to complete a student incident report form.
2. Contact AWC Health Service Office to complete student insurance claim form.

b. EMPLOYEE

1. Contact their supervisor and the **PERSONNEL OFFICE** to complete the appropriate documentation.
 - a. Form 41-100 Work exposure to bodily fluids
 - b. Workers Comp.. claim form
2. Confidential medical evaluation and follow-up is available to employees exposed to blood or infectious material at their work site at no cost to the employee. The employer will document the route of exposure, HBV and HIV status of the source individual if known, and the circumstances under which the exposure occurred. Follow-up of the exposed

worker shall include counseling, medical evaluation including screening and evaluation of any acute febrile illness that occurs within 12 weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practice.

6. Contact their private physician or YUMA COUNTY HEALTH DEPARTMENT-AIDS PROGRAM 201 SOUTH ST. AVENUE YUMA, ARIZONA 85364 329-0751
7. Seek counseling regarding the risk of infection and be evaluated clinically and serologically for evidence of the HIV AND HBV infection within 10 days after exposure (The source client should also be notified of the incident and be encouraged to be tested for serological evidence of HIV infection after consent is obtained.)
8. Report and seek a medical evaluation for any acute febrile illness that occurs within 12 weeks after exposure, or such an illness, particularly one characterized by fever, rash, or lymphadenopathy, which may be indicative of a recent HIV infection.
9. Retested, if sero-negative, 6 weeks post-exposure and on a periodic basis thereafter (e.g. 12 weeks and 6 months after exposure) to determine whether transmission has occurred.)
10. Follow the recommendations to prevent the transmission of HIV during the follow-up period--especially the first 6-12 weeks after exposure, when most infected persons are expected to seroconvert.

I. HAZARD COMMUNICATIONS

Warning labels including the orange and orange-red biohazard symbol will be affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store and transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. When a facility uses universal precaution in its handling of all specimens, labeling is not required within the facility. Likewise, when all laundry is handled with universal precautions, the laundry need not be labeled. Blood which has been tested and found free of HIV and HBV and released for clinical use, and regulated waste which as been decontaminated need not be labeled.

J. RECORD KEEPING

The Personnel Office shall maintain appropriate record of vaccinations and exposures in accordance with federal regulations.

1. The employee records shall be maintained for the duration of employment plus thirty

years. It will contain the name and social security number, Hepatitis B vaccination status (including dates); results of any examination, medical testing and follow-up procedures a copy of the health care professional's written opinion; and a copy of information provided to the health care professional. The confidentiality provision of 29 CFR 1910.1030 and other applicable rules shall be strictly followed. Additionally, appropriate OSHA reports will be filed as required by law.

2. Training records (Appendix G) must be maintained for three years and must include dates, contents of the training program or a summary, trainer's name and qualifications, names and job titles of all persons attending the sessions.
3. Medical records (Appendix H) must be made available to the subject employee, anyone with written consent of the employee, OSHA and NIOSH--they are not available to the employer. Disposal of records must be in accord with OSHA's standard covering access to records.
4. The plan will be made available upon request for review and copying to all college employees and regulatory authorities. The Personnel Office will be caretaker of the document. Upon request, arrangements can be made to examine or copy the document through the Personnel Office.
5. Transfer of records shall comply with requirements involving transfer of records set forth in 29 CFR 1910.20

III. RESOURCES

A. LOCAL RESOURCES

Arizona Western College-Health Services HIV/HBV EDUCATION TRAINING
Suzanne Amon, R.N.- AIDS/Hep B Coordinator
P.O. Box 929
Yuma, Arizona 85364

Yuma County Health Department HIV/HBV TESTING
201 S. St. Avenue COUNSELING
Yuma, Arizona 85364 EDUCATION
329-0751

American Red Cross

Southwestern Chapter
MCAS Yuma, Arizona

AIDS EDUCATION

Arizona Department of Health Services
Office of Health Promotion and Education
AIDS Program
3008 N. 3rd Street, Room 103
Phoenix, Arizona 85012
230-5838

INFORMATION
EDUCATION

Arizona AIDS Information Line
(602) 234-2752

AIDS INFORMATION

ARIZONA WESTERN COLLEGE

HEPATITIS B VACCINE INFORMATION

Your liver lets you live. It is located in the upper right part of the abdomen and is protected by the rib cage; its functions are many and complex.

Among other things, it helps to store several important energy resources for the body, such as iron, glycogen (sugar), and vitamin B12. It helps to remove poisonous chemicals from the blood, destroy old red blood cells, produce bile used in the digestion of fats, and regulate many metabolic processes necessary for life. Thus the importance of protecting the liver from injury such as infection.

One type of infection that can damage or destroy the liver is hepatitis B infection. Certain populations groups are at increased risk of developing hepatitis B because of their occupations, lifestyles, or health problems.

SYMPTOMS

Many people may be infected with hepatitis B but never have symptoms. However, if they occur, the usual symptoms may be flu-like and include fatigue, mild fever, muscle and joint aches, nausea, vomiting, loss of appetite, vague abdominal pain, occasional diarrhea, and jaundice. While most patients recover, hepatitis B can be very serious and even fatal.

TREATMENT

Therapy is directed toward relieving symptoms and making the patient more comfortable. Patients with severe cases may need to be hospitalized. **There is no specific treatment and no known cure for hepatitis B.**

TRANSMISSION OF HEPATITIS B

Hepatitis B is usually spread by contact with infected blood or blood products. It can also be spread in such ways as illicit injectable drug use, tattooing, and ear piercing. In addition to its presence in blood, hepatitis B virus may be found in other body fluids such as urine, tears, semen, vaginal secretions, and breast milk. As a result, transmission of the disease can also occur through close interpersonal contact, including sexual contact.

HEPATITIS B IN HEALTH CARE WORKERS

Of the 200,000 cases of hepatitis B each year, 18,000 infections occur in health care workers (HCW). Of these, 12,000 cases occur in employees with occupational exposure to blood. Over 2,500 cases of clinical acute hepatitis occur, requiring over 500 hospitalizations and

resulting in over 200 deaths. Approximately 1,000 HCW annually become hepatitis B carriers.

Hepatitis B Vaccine Frequently Asked Questions-- Recombinant (SK&F)

Q. What is Hepatitis B Vaccine?

Engird-B is a noninfectious subunit viral vaccine derived from hepatitis B surface antigen (HBsAg) produced by a recombinant strain of the yeast Saccharomyces cerevisiae.

Q. Who should received Hepatitis B Vaccine?

Any person at risk of contact with blood and/or body fluids of other persons should consider immunization against hepatitis B infection.

Q. How is Hepatitis B Vaccine administered?

Engird-B is given by intramuscular injection in the deltoid muscle. The standard dosing regimen is three injections at 0, 1 and 6 months.

Q. What type of adverse reactions have been associated with the vaccine?

Studies with more than 10,000 subjects proved the Hepatitis B Vaccine was well tolerated. Recipients of the vaccine may experience local reactions such as soreness, redness, and swelling at the injection site. These reactions are mild and generally subside within two days of vaccination.

Hepatitis B Vaccine is contraindicated in individuals who are hypersensitive to yeast or any other component of the vaccine.

Q. Can you donate blood if you have received Hepatitis B Vaccine?

Yes, provided you have no other contraindications to donating blood.

Q. How effective is Hepatitis B Vaccine?

Hepatitis B Vaccine efficacy is 85% to 92% (active immunization).

ARIZONA WESTERN COLLEGE

INFORMED CONSENT-HEPATITIS B VIRUS VACCINE

I have received information regarding Hepatitis B and know that I may be exposed to hepatitis B virus in my workplace.

I request that Arizona Western College immunize me against Hepatitis B virus and authorize them to do so. I understand the full immunization program lasts for a period of six (6) months and I do not hold Arizona Western College responsible for future injections if I should terminate my employment during this period.

_____ Signature

_____ Date

SCREENING QUESTIONNAIRE:

circle one

- | | | |
|---|-----|----|
| 1. Do you have an allergy to yeast? | yes | no |
| 2. Do you have an active infection or fever at this time? | yes | no |
| 3. Have you received any other vaccine within the last 30 days?
If yes, what type? _____ | yes | no |
| 4. Do you have any cardio-pulmonary problems requiring
medical treatments? | yes | no |
| 5. Are you immunodeficient or on immunosuppressive therapy? | yes | no |

FEMALES ONLY

- | | | |
|----------------------------|-----|----|
| 6. Are you pregnant? | yes | no |
| 7. Are you breast feeding? | yes | no |

Any questions answered with a "Yes" requires a written physician's clearance.
If all questions are "No", immunizations may be administered.

Immunization given:

	Date	site	dosage lot & exp. date	Administered by
#1				
#2 (1 mth)				
#3 (6 mth)				

Adverse reaction, if any:

Date:

This record to be maintained for duration of employment plus 30 years as required by OSHA.

Infectious Waste Program

Purpose

The Infectious Waste Program is in place to ensure proper disposal of all biologically derived waste and materials or equipment that may be contaminated with such waste. Infectious waste is regulated under solid waste rules. Infectious waste management rules are currently being drafted by ADEQ, but have yet to be formally adopted. In the interim, AWC will comply with these recommended measures to ensure the safety of its employees and minimize liability.

Definitions

1. Cultures and Stocks

Cultures and stocks of infectious agents and associated biologicals including: cultures from medical and pathological laboratories; cultures and stocks of infectious agents from research laboratories; wastes from the production of biologicals; discarded live and attenuated vaccines; and culture dishes used to transfer, inoculate, and mix cultures.

2. Pathological Wastes

Human pathological wastes, including tissues, organs, and body parts and body fluids that are removed during medical procedures, and specimens of body fluids and their containers.

3. Human Blood and Blood Products

Liquid waste human blood; products of blood; items saturated and/or dripping with human blood; or items that were saturated and/or dripping with human blood that are now caked with dried human blood.

4. Sharps

Sharps that have been used in patient care. These include hypodermic needles, syringes, Pasteur pipettes, scalpel blades, blood vials, and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips.

5. Animal Wastes

Contaminated animal carcasses and body parts.

6. Infectious Agent

Any organism (such as a virus or a bacteria) that is capable of being communicated by invasion and multiplication in body tissues and capable of causing disease or adverse health impacts in humans.

Affected Departments/Divisions

The following Departments/Divisions generate infectious waste:

- ◆ Health Services
- ◆ Biology
- ◆ Physical Education
- ◆ Campus Police

Procedures for Storage

1. As infectious waste is generated, contaminated materials shall be stored in a plastic bag marked “Infectious Waste”, “Medical Waste” or “Biohazardous Waste”. It may also display the universal symbol for biohazardous waste. The bag will be placed in a rigid plastic outer container labeled with the above markings.
2. The container will be protected from unauthorized employees, animals and pests.

Procedures for Disposal

The DFPM is responsible for coordinating disposal of all infectious waste. When prepared for disposal, the DSR or his/her designee will contact the DFPM to arrange for pickup and ultimate disposal.

Record keeping Procedures

The DFPM is responsible for maintaining all infectious waste disposal records.

Permit-Required Confined Space Program

Purpose

The purpose of this written program is to ensure safe entry methods are utilized prior to and during all work activities in permit-required confined spaces. This program is designed to prevent personal injuries and illnesses that may be prevalent in confined spaces and for compliance with OSHA Standard 1910.146.

This program covers all employees and outside contractors, in particular. The elements contained in this program must be followed in all situations where entry into a permit required confined space is necessary.

Workplace Analysis and Hazard Evaluation of Permit Spaces

The OSHA Standard requires the employer to perform a workplace analysis to determine if any spaces fit the criteria for a permit required confined space. Based on a walk through analysis of the workplace, both permit and non-permit confined spaces have been identified and their hazards evaluated.

Permit Required Confined Space

Space	Hazards
Sewer manholes	Atmosphere
Underground electric ducts	Atmosphere, electrical
Chilled Water Storage Tank	Atmosphere

Non-Permit Required Confined Space

1. Excavations for maintenance operations
2. Underground telephone ducts
3. Air Conditioning Ducts

Reclassification of Non-Permit Confined Spaces

It is the responsibility of each Supervisor to notify DFPM when there are changes in the use, or configuration, of the previously identified non-permit confined spaces that might increase the hazards to entrants, or when new equipment or construction takes place that creates new confined

spaces. The DFPM shall re-evaluate the existing space or evaluate the new space and, if necessary, classify it as a permit required confined space according to the requirement 1910.146(c)(6) of the OSHA Standard.

Measures to Prevent Unauthorized Entry

Arizona Western College posts danger signs warning of the existence, location, and danger posed by the permit spaces identified above to prevent unauthorized entry into those spaces. The signs are posted at the entrances to the spaces and read:

DANGER
Permit Required Confined Space
DO NOT ENTER

Safe Permit Space Entry Operations -- Means, Procedures, and Practices

Acceptable entry conditions are specified as those in which:

1. All hazards in a permit-required confined space that can be eliminated have been eliminated via engineering controls, ventilation, or some other means;
2. Authorized entrants are protected by use of PPE against any remaining or potential hazards; and
3. All procedures of this program are being followed.

The permit space shall be appropriately isolated from other work activity by means of signs and barriers as necessary.

The permit space shall be purged, made inert, flushed, or ventilated with appropriate equipment as necessary to eliminate or control atmospheric hazards.

Pedestrian, vehicle, or other barriers shall be provided as necessary to protect entrants from external hazards; and

Conditions in the permit space are acceptable for entry throughout the duration of an authorized entry as long as all monitoring, entry procedures, and attending as specified in this program are being followed.

Equipment Provision

Arizona Western College will provide at no cost to the employee all appropriate, adequate, and necessary personal protective equipment (PPE), testing and monitoring equipment, ventilation equipment, communications equipment, lighting equipment, barriers and shields, ladders or other

entrance/exit equipment, rescue and emergency equipment and any other equipment necessary for safe entry into and rescue from a permit-required confined space. Supervisors of the permit-required confined space entry procedures will be responsible for ensuring use of the appropriate equipment by all entrants to the confined space.

Permit Space Condition Evaluation

- Conditions in the permit space shall be tested to determine if acceptable entry conditions exist before entry is authorized to begin. If isolation of the space is infeasible because the space is large or is part of a continuous system (such as a sewer), pre-entry testing shall be performed to the extent feasible before entry is authorized and, if entry is authorized, entry conditions shall be continuously monitored in the areas where authorized entrants are working.
- The permit space shall be tested or monitored as necessary to determine if acceptable entry conditions are being maintained during the course of entry operations.
- When testing for atmospheric hazards, the college shall test first for oxygen, then for combustible gases and vapors, and then for toxic gases and vapors.

Permit Space Attendant Procedures

Arizona Western College will provide at least one attendant outside the permit space into which entry is authorized for the duration of entry operations.

Active Role Designations, Duties, and Training

Arizona Western College provides training so that all designated employees acquire the understanding, knowledge, and skills necessary for the safe performance of the duties assigned to them in permit-required confined space entry procedures. This training is provided annually and at the following times:

- Before assignment to duties.
- When changes in permit-required space hazards occur on which the employee has not been trained.
- Before changing the employee's duty assignment.
- When the employer has reason to believe that the employee has deviated from a trained-upon procedure or that their knowledge is inadequate.

The following categories of employees are designated employees, whose duties are listed below:

- Authorized Entrants.
- Attendants.
- Entry Supervisors.

Authorized Entrants

Authorized entrants of a permit-required confined space are trained to the extent that they know the hazards they may face, are able to recognize signs or symptoms of exposure, and understand the consequences of exposure to hazards. Entrants know how to use any needed equipment, communicate with attendants as necessary, alert attendants to the warning signs or the existence of a hazardous condition, and exit as quickly as possible whenever ordered or alerted (by alarm, warning sign, or prohibited condition) to do so.

Attendants

Attendants to a confined space know the hazards of confined spaces, are aware of behavioral effects of potential exposures, maintain continuous count and identification of authorized entrants, and remain outside the space until relieved, and communicate with entrants as necessary to monitor entrant status. Attendants also monitor activities inside and outside the permit space and order exit if required, summon rescuers if necessary, prevent unauthorized entry into the confined space, and perform non-entry rescues if required. They do not perform other duties that interfere with their primary duty to monitor and protect the safety of authorized entrants at the time of the permit-required confined space entry.

Entry Supervisors

Entry supervisors with responsibility for issuing confined space permits know the hazards of confined spaces, verify that all tests have been conducted and all procedures and equipment are in place before endorsing a permit, terminate entry if necessary, cancel permits, and verify that rescue services are available and the means for summoning them are operable. Supervisors are to remove unauthorized individuals who enter the confined space. They also determine, at least when shifts and entry supervisors change, that acceptable conditions, as specified in the permit, continue.

Rescue and Emergency Service

Outside rescue services (City of Yuma Fire Department) are made aware of the entry into the confined space and the associated hazards before entry is made.

Hospitals or treatment facilities will be provided with any material safety data sheets (MSDSs) or other information in a permit space hazard exposure situation that may aid in treatment of rescued employees.

Rescue and Emergency Services Procedures

Rescue and emergency services shall be contacted by phone for rescuing entrants from permit spaces, for providing necessary emergency services to rescued employees. No unauthorized personnel shall attempt a rescue.

Entry Permit System

Before entry is authorized, the Maintenance Coordinator shall document the completion of required pre-entry measures by preparing an entry permit.

Before entry begins, the Entry Supervisor identified on the permit shall sign the entry permit to authorize entry.

The completed permit is made available at the time of entry to all Authorized Entrants, by posting it at the entry portal or by any other equally effective means, so that the entrants can confirm that pre-entry preparations have been completed.

The duration of the permit does not exceed the time required to complete the assigned task or job identified on the permit.

The Entry Supervisor shall terminate entry and cancel the entry permit when:

1. The entry operations covered by the entry permit have been completed.
2. A condition that is not allowed under the entry permit arises in or near the permit space.

The Maintenance Coordinator shall retain each canceled entry permit for at least 1 year to facilitate the required annual review of the permit-required confined space program. Any problems encountered during an entry operation shall be noted on the pertinent permit so that appropriate revisions to the permit space program can be made.

An entry permit that authorizes entry to a permit space must include:

1. Identification of the space.
2. Purpose of the entry.
3. Date and duration of the permit.
4. A list of Authorized Entrants, by name.
5. Names of current Attendants and the Entry Supervisor.
6. A list of hazards in the permit space.
7. A list of measures to isolate the permit space and eliminate or control the hazards.
8. The acceptable entry conditions.
9. The results of tests initialed by the person(s) performing the tests.
10. The rescue and emergency services available and the means to summon them.
11. Communication procedures for attendants and entrants.
12. Any required equipment (such as respirators, communication, alarms, etc.).
13. Any other necessary information.
14. Any additional permits (such as for hot work).

See Appendix B for the entry permit form used in this facility.

Welding, Brazing, Sweating, or Cutting in a Confined Space

All welding, brazing, sweating, or cutting operations in a confined space will be preceded by a Hot Work Permit (see Appendix C). The Hot Work Permit will be filled out by the Maintenance Coordinator of Facilities Management. All expired permits will be maintained by the Maintenance Coordinator.

Multiple Employer Entry Procedures

If more than one employer's employees will be entering a permit-required confined space at the same time, then a pre-entrance meeting will be held with the entry supervisors of all involved employers as well as the Maintenance Coordinator. In this meeting, all entry procedures and issues will be agreed upon and written into the permit.

Post-operations Procedures

Arizona Western College Facilities Management Maintenance Coordinator will close off a permit space and cancel the permit after entry operations have been completed.

Review Procedures

Arizona Western College DFPM will review entry operations when we have reason to believe that the measures taken under the permit space program may not protect employees and we will revise the program to correct deficiencies found to exist before subsequent entries are authorized.

Examples of circumstances requiring review of the permit space program are:

- Any unauthorized entry of a permit space.
- The detection of a permit space hazard not covered by the permit.
- The detection of a condition prohibited by the permit.
- The occurrence of an injury or near-miss during entry.
- A change in the use or configuration of a permit space.
- Employee complaints about the effectiveness of the program.

The Arizona Western College DFPM or his designee will review the permit space program, using the retained canceled permits from the past 12 months within 1 year after each entry and revise the program as necessary, to ensure that employees participating in entry operations are protected from permit space hazards. The DFPM or his designee will perform a single annual review covering all entries performed during a 12-month period. If no entry is performed during a 12-month period, no review will be performed.

Procedures for Lockout/Tagout of Energized Equipment

Purpose

The purpose of these procedures is to establish minimum requirements for the lockout or tagout of energy isolating devices. It shall be used to ensure machinery is isolated from all potentially hazardous energy, and locked out or tagged out before employees perform any servicing or maintenance activities where unexpected start-up or release of stored energy could cause injury.

Lockout and Tagging Responsibilities

Each working foreman will provide instructions on lockout/tagout procedures for their equipment. Each new employee whose work operations may be in the area will be instructed in the purpose and use of the procedures.

Foreman will provide the DFPM with the names and billets of employees authorized to lockout and tagout.

Each skill will identify equipment requiring lockout/tagout and the specific steps required for each machine.

Preparation for Lockout/Tagout

Each Foreman locates and identify all isolating devices to be certain which devices (switch, valve, etc.) or other energy isolating devices that apply to the equipment is to be locked or tagged out. Each foreman shall be knowledgeable of the types and location of energy isolating means for equipment or machines in his work area.

Lockout/Tagout Procedure

1. Notify all affected employees that a lockout tagout system is going to be utilized and the reason. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards involved.
2. If the machine or equipment is operating, shut it down by the normal stopping procedure.
3. Operate the switch, button, valve etc. so that the equipment is isolated from its energy sources. Stored energy must be dissipated or restrained by methods such as blocking, bleeding off, etc.
4. Lockout and tagout the energy isolating devices with assigned individual locks or tags. Foremen should note method selected, such as: locks or tags.

5. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the normal operating controls to make certain the equipment will not operate. Return operating controls to the “OFF” position after the test.
6. The equipment is now locked or tagged out.

Restoring Machines or Equipment to Normal Operations

1. After the servicing and/or maintenance is complete and equipment is ready for normal operation, check the area around the equipment and machines to ensure that no one is exposed.
2. After all tools have been removed from the machines or equipment, guards have been reinstalled, and employees are in the clear, remove all lockout and tagout devices. Operate the energy isolating devices to restore energy to the equipment.

Procedure Involving More Than One Person

If more than one person is required to lockout or tagout equipment, each shall place his own personal lockout or tagout device on the energy isolating device. When an energy isolating device cannot accept multiple locks or tags, a multiple device such as a hasp may be used. As each person no longer needs to maintain his or her lockout protection, that person will remove his lock from the multiple lockout device.

Basic Rules For Using Lockout or Tagout System

1. Employees shall not perform work on power circuits or electrically powered equipment until it is properly lock out.
2. Equipment shall be locked out with a lock that is color coded and inscribed with the employee’s initials and a lock bar. The inscribed lock will serve to identify the person performing the work. To prevent others from removing an employee’s personal lock, each lock will be keyed separately. A lock will only be removed by the person who installed it. The only exception is when the person installing is not available; then the authorized foreman may remove the lock only after verifying that the employee is not working on the equipment.
3. “Area Lockouts” will be used to lockout more than one piece of equipment. Area lockouts will be provided at key locations for temporary use. These shall be tagged, stating the name of the employee using the area lockout. Only the employee named on the tag shall remove that lock.

Mechanical Lock and Tag Procedures

Persons working on mechanical type equipment will take any means necessary to prevent accidental start-up of equipment, such as disconnecting battery cables, removing keys blocking, etc.

Authorized Employees: HVAC Mechanics

Equipment	:	Air Handlers	Swamp Coolers	Exhaust fans	Residential Units
Affected Employees	:	Electricians	Electricians	Electricians	Electricians
Isolating means	:	Disconnect panels	Plug and breaker	Breaker	Disconnect Panel
Method selected	:	lock , fuses	Tag	Tag	Lock

Group Lockout : **HVAC MECHANICS**

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Authorized Employees : Boiler Mechanic

Equipment	:	Circulating Pumps	Air Comp	Boilers	Makeup pumps	chillers	chill pumps
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Affected Employees : **HVAC MECHANICS**

Isolating Means	:	Disconnect Panel	Disconnect Panel	Switches & Breakers	Disconnect panels	Disconnect Panels	
Method Selected	:	Lock	Lock	Tag	Lock	Tag	Lock

Group Lockout : **HVAC MECHANICS**

=====

Authorized Employees : Boiler Mechanic

Equipment	:	Tower Pumps	ABB Controllers	Fan Motors	Chemical Controllers
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Affected Employees : **HVAC MECHANICS**

Isolating Means	:	Disconnect Panel	Disconnect Panel	Disconnect Panel	Breakers
Method Selected	:	Lock/Tag	Lock/Tag	Lock	Tag

Group Lockout : **HVAC MECHANICS**

Authorized Employees : Electricians

Equipment : 480 V Sub stations 480 V Distribution Panels Breakers

Affected Employees : **CUSTODIANS AND HVAC MECHANICS**

Isolating Means : Disconnect Panels Disconnect Panel Breakers

Method Selected : Lock Lock/Tag Tag

Group Lockout : None

Authorized Employees : Print Shop

Equipment : Offset Printing Presses

Affected Employees : **WORK STUDIES AND CUSTODIANS**

Isolating Means : Disconnect Panels Plug

Method Selected : Lock Lock/Tag

Group Lockout : None

Authorized Employees : Groundskeepers

Equipment : Irrigation Pond Pumps

Affected Employees: : **NONE**

Isolating Means : Disconnect Panels Disconnect Panels

Method Selected : Lock Lock/Tag

Group Lockout: : None

Hazardous Waste Management

Purpose

Hazardous waste regulations are contained in RCRA Subtitle C and 40 CFR 260 series. In order to be classified as hazardous waste, a material must first meet the criteria for a solid waste. Solid waste can either be a solid, liquid or containerized gas that is discarded or no longer useful and is not excluded or subject to a variance. To be a hazardous waste a material must meet the following requirements:

- ◆ Exhibit a hazardous characteristic such as ignitability, corrosivity, reactivity or toxicity.
- ◆ Contained on an EPA list.
- ◆ Or be a mixture containing a hazardous waste.

Designation of Site Coordinator

Management of hazardous waste is site specific, i.e. the site operator is responsible for those wastes generated on his site regardless of who actually created it. Site Coordinators are responsible for all hazardous waste generated on site. The site coordinator for AWC is the DFPM.

Generating Departments

The following departments generate hazardous waste:

- ◆ Chemistry
- ◆ Biology
- ◆ Technology

Waste Minimization

Hazardous Waste minimization or pollution prevention is a priority in AWC's program. Whenever possible, these key elements will be incorporated into our business practices:

- ◆ Product substitution and source reduction
- ◆ Inventory control to manage shelf life restrictions
- ◆ Waste segregation
- ◆ Prevent accumulation of "Rogue" drums

Responsibilities

- (1) The DFPM will assist each department and/or division in identifying their hazardous waste. This can be accomplished either through generator knowledge of materials and processes used, MSDS, or laboratory testing. An annual waste stream analysis will be conducted for each site to classify each waste generated.

- (2) Each site will maintain MSDS for all chemicals used by their employees. MSDS for chemicals no longer used may be filed in an inactive file for future use if necessary.
- (3) A department/division hazardous waste coordinator will be designated for each generating facility to ensure all employees generating or handling hazardous waste are familiar with procedures set forth in this program and that compliance is maintained for all applicable regulations.

Reports and Recordkeeping

- (1) All hazardous waste will be shipped using the Uniform Hazardous Waste Manifest, EPA 8700-22. The DFPM will handle all testing and shipping requirements and will maintain a file of completed manifests for the current and previous three years.
- (2) Records will be kept by department/division specifying quantities and dates of hazardous waste generation using the AWC Accumulation Logs (Appendix I). Additionally, weekly inspections will be performed and records kept of such using the AWC Hazardous Waste Inspection Checklist (Appendix J).
- (3) Annual hazardous waste generation reports will be submitted to ADEQ by the DFPM.

APPENDIX A

INJURY/ACCIDENT/EXPOSURE REPORT

Injury/Accident/Exposure Report

(Complete within 2 working days)

CHECK ONE:

Accident Rept# _____

- Occupational Injury
- Vehicle/Property Damage
- Employee Exposure
- Other Hazardous Condition

Employee: _____ DOB: _____ SSN: _____

Job Title: _____ Dept/Div: _____ Date of Report: _____
Time of Incident: _____

Type of Exposure/Condition: Toxic Fumes Smoke Chemicals Stress Fatigue

Other _____

Date/Time Safety Office notified: _____ By Whom: _____

Location of Incident: _____

Describe the Incident:

Conditions which caused or contributed to the incident:

Property or Equipment involved: _____ College Property#: _____

Vehicle#: _____ Drivers Lic#: _____

Corrective Action Recommended:

Action Completed and Date:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Division Head Signature: _____ Date: _____

Dir of Fac Plan & Mgmt Signature: _____ Date: _____

APPENDIX B

CONFINED SPACE ENTRY PERMIT

PERMIT TO ENTER CONFINED SPACE

Work Crew _____ Date _____

Confined Space to be entered _____

Permit issued (date/time) _____ Permit expires (date/time) _____

Description of work performed _____

Hazards in Confined Space:

- ___ O2 deficiency (less than 19.5%)
- ___ 10% LEL or O2 greater than 23.5%
- ___ Toxic gas greater than PEL
- ___ Mechanical hazards
- ___ Electrical hazards
- ___ Trip, slip, or fall hazards
- ___ Engulfment
- ___ Other _____

Equipment Required for Entry and Work:

- ___ Respirator
- ___ Safety harness and lifeline
- ___ Protective clothing
- ___ Eye and hearing protection
- ___ Manlift crane
- ___ Other _____

Electrical equipment and tools

Preparation:

- ___ Notify customers of interruption
- ___ Isolate site
- ___ Lockout-tagout
- ___ Space cleaned, purged, etc.
- ___ Space ventilated
- ___ Participating employees informed of hazards
- ___ Personal protective equip assigned
- ___ Test meters calibrated
- ___ Atmosphere tested and in compliance
- ___ Other _____

- ___ Low voltage
- ___ GFIs
- ___ Intrinsically safe
- ___ Respiratory protection: _____
- ___ Comm Equipment: _____
- ___ Rescue procedures _____

ENTRY SUPERVISOR _____

AUTHORIZED ENTRANTS

AUTHORIZED ATTENDANTS

Test Data

	TLV	Time/result	Time/result	Time/result	Time/result	Time/result
O2-Min		19.5%	_____	_____	_____	_____
O2-max		23.5%	_____	_____	_____	_____
Flammability 10%			_____	_____	_____	_____
Hydrogen Sulfide		10 ppm	_____	_____	_____	_____
CO	35 ppm		_____	_____	_____	_____

Employee performing monitoring _____

Authorization to Proceed

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Name/Signature

Date/Time

APPENDIX C

HOT WORK PERMIT

HOT WORK PERMIT

OBJECT TO BE WORKED ON: _____ DATE: _____

PERSON(S) INVOLVED: _____

BRIEF DESCRIPTION OF ACTIVITY TO BE PERFORMED: _____

COMPLETE THE FOLLOWING PRIOR TO THE START OF OPERATIONS [IN ACCORDANCE WITH 29 CFR 1910.252(a)]:

PROHIBITED CONDITIONS

	YES	NO	N/A
Is the area authorized by management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there are sprinklers in the area, are they working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the area an explosive atmosphere or if it is in a tank, has it been properly prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If the answer to any of the above questions is NO, then welding or cutting operations cannot be performed.

BASIC PRECAUTIONS

If the object cannot be moved, have all removable fire hazards in the vicinity been taken to a safe place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the object can't be moved and the fire hazards can't be moved, are guards in place to confine sparks and to protect the fire hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If the two above Basic Precautions cannot be met, then welding or cutting operations cannot be performed.

Is the floor swept clean of paper, wood shavings, etc. for a 35-foot radius around the welding site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the floor is combustible, has it been wetted down or covered and have personnel been advised of possible shock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all combustibles been relocated at least 35 feet from the work site or been protected with a flame-proof cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have ducts or conveyor systems which might carry sparks been suitably protected or shut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the walls, ceiling or roof are combustible, are shields/guards in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If welding on a wall or ceiling, are precautions (relocation of Fire Watch) in place to prevent combustibles on the other side from being exposed?

SPECIAL PRECAUTIONS (If guards are used)

YES NO N/A

Are precautions in place to prevent readily combustible materials from exposure to sparks through holes in the floor, cracks, open doors, etc.?

Is some form of suitable fire extinguishing equipment readily available?

Do any of the following conditions exist?

Can a major fire develop in the area?

Is there combustible material closer than 35 feet?

Is there a large quantity of combustibles greater than 35 feet away that is easily ignitable by sparks?

Is there a wall or floor opening within 35 feet that exposes combustibles in adjacent areas?

NOTE: If any of the above conditions exist a Fire Watch is needed.

If a Fire Watch is needed, does he/she have a fire extinguisher and know how to use it?

If a Fire Watch is needed, is he/she familiar with the area and alarm systems?

Has the Fire Watch been instructed to stay in the area at least 30 minutes after completion of operations?

SPECIAL PRECAUTIONS (Containers)

Has the drum, barrel, tank. Etc. been thoroughly cleaned so that no flammable or dangerous materials are present?

Are pipelines or connections to the vessel blanked or disconnected?

Does the container have adequate ventilation (purging if necessary)?

SPECIAL PRECAUTIONS (Confined Spaces)

Will electrodes be removed and the arc welder disconnected from the power source during lunch, overnight, etc.?

If gas welding or cutting, are torch valves closed and the gas supply to the torch shut off outside the confined space or when the torch isn't to be used for a substantial period of time?

SUPERVISOR'S APPROVAL

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____

APPENDIX D

29 CFR 1910.1030

BLOODBORNE PATHOGENS

[CFR] PART 1910 SUBPART Z - Toxic and Hazardous Substances

[TITLE 29] [SUBTITLE B] [PART 1910] [SUBPART Z]

Subpart Z - Toxic and Hazardous Substances

§1910.1030 Bloodborne pathogens.

(a) *Scope and Application.* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) *Definitions.* For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

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

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.

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

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

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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.

Other Potentially Infectious Materials means

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

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

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, 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.

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.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials 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.

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

Universal Precautions is 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.

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).

(c) *Exposure control-(1) Exposure Control Plan.* (I) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph(c)(2),

(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(c) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(I) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) *Exposure determination.* (I) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(c) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(I)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) *Methods of compliance-(1) General-Universal precautions* shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) *Engineering and work practice controls.* (I) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer shall provide

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

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(c) Leakproof on the sides and bottom; and

(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(I) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(I) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing,

storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

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

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(I)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) *Personal protective equipment*-(I) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(c) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

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

(iii) When the employee is receiving training in phlebotomy.

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

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

(4) *Housekeeping.* (i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

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

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant

after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

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

(c) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

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

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

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(i) Closable;

(ii) Puncture resistant;

(iii) Leakproof on sides and bottom; and

(iv) Labeled or color-coded in accordance with paragraph (g)(1)(I) of this standard.

(2) During use, containers for contaminated sharps shall be:

(i) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(ii) Maintained upright throughout use; and

(iii) Replaced routinely and not be allowed to overfill.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(ii) Placed in a secondary container if leakage is possible. The second container shall be:

(A) Closable;

(B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(C) Labeled or color-coded according to paragraph (g)(1)(I) of this standard.

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

(B) Other Regulated Waste Containment. (1) Regulated waste shall be placed in containers which are:

- (i) Closable;
 - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - (iii) Labeled or color-coded in accordance with paragraph (g)(1)(I) this standard; and
 - (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- (2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
- (i) Closable;
 - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - (iii) Labeled or color-coded in accordance with paragraph (g)(1)(I) of this standard; and
 - (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- (c) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.
- (iv) Laundry.
- (A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
- (2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(I) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- (3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- (B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- (c) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(I).
- (e) *HIV and HBV Research Laboratories and Production Facilities.* (1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.
- (2) Research laboratories and production facilities shall meet the following criteria:
- (i) Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne

pathogens.

(ii) Special practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(c) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of

potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment equipment. (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(I) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(I) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) *Training Requirements.* Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up-(1) General.* (I) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up,

including prophylaxis, are:

- (A) Made available at no cost to the employee;
- (B) Made available to the employee at a reasonable time and place;
- (c) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- (D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) *Hepatitis B Vaccination.* (I) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) *Post-exposure Evaluation and Follow-up.* Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(I) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(c) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after

consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (I) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(c) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) *Healthcare Professional's Written Opinion.* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(I) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. (iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) *Medical recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) *Communication of hazards to employees-(1) Labels and signs.* (I) Labels. (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(I)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:

[ILLUSTRATION GOES HERE]

Insert illus 0 866

(c) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs. (A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

[ILLUSTRATION GOES HERE]

insert illustr 0 869

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(2) *Information and Training.* (I) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard; and

(c) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) 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;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of

human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) *Recordkeeping-(1) Medical Records.* (I) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(c) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

(2) *Training Records.* (I) Training records shall include the following information:

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(c) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) *Availability.* (I) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29

CFR 1910.20.

(4) *Transfer of Records.* (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(l) *Dates-(1) Effective Date.* The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

Appendix A to Section 1910.1030-HEPATITIS B VACCINE DECLINATION (MANDATORY)

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.

(Approved by the Office of Management and Budget under control number 1218-0180)

[56 FR 64175, Dec. 6, 1991, as amended at 57 FR 12717, Apr. 13, 1992; 57 FR 29206, July 1, 1992]

APPENDIX E

BLOODBORNE PATHOGEN AT RISK JOB CLASSIFICATIONS

**ARIZONA WESTERN COLLEGE
BLOOD BORNE PATHOGEN AT RISK JOB CLASSIFICATIONS PURSUANT TO
(29 CFR 1910.1030)**

FULL TIME/PART TIME EMPLOYEES IN ALL THE FOLLOWING AREAS:

Health Service Nursing Personnel

Campus Police

Instructors in Health Sciences/Biology

Laboratory Technicians

Head Residents

Maintenance-cleaning work and employee areas

Maintenance working with infectious waste restrooms/water treatment plant

Employees in clinics and/or educational facilities who:

collect, transport and test blood or clean and dress wounds.

Athletic Training Specialist

Other employees who are assigned to provide emergency first aid.

APPENDIX F

HEPATITIS B QUESTIONNAIRE

ARIZONA WESTERN COLLEGE

HEPATITIS B VACCINE QUESTIONNAIRE

I have read and understood the information provided regarding the **Hepatitis B Vaccine**.

Please initial the appropriate responses:

- _____ 1. I have **previously received** the Hepatitis B Vaccine series. I understand I must provide documentation of the Hepatitis B vaccine series to my employer.

- _____ 2. I have not received the Hepatitis B Vaccine, but **would like to receive** it. (Please fill out the attached informed consent for the Hepatitis B Vaccine)

- _____ 3. I have not received the Hepatitis B Vaccine and **do not want to receive** it at this time. I understand that due to my occupational exposure to blood and 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 Vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, 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 at no charge to me.

JOB CLASSIFICATION TITLE/POSITION _____

- _____ A. Full-time staff or faculty

- _____ B. Part-time staff or associate faculty employee

- _____ C. Workstudy

Print Name _____

Social Security Number _____ Date of birth _____

Signature _____ Today's Date _____

Witness _____

As required by OSHA 1910.20

After completion, **please give to your manager/supervisor** who will send it to the Personnel Office. This record to be maintained for duration of employment plus 30 years as required by OSHA.

APPENDIX G

HEPATITIS B TRAINING RECORD

**ARIZONA WESTERN COLLEGE BLOOD BORNE PATHOGEN
TRAINING RECORD**

Training Date: _____(Maintain this record for 3 years)

Summary of Content of Training:

Access for a copy of the regulatory text of the standard for Blood borne Pathogen Exposure Plan; Blood borne Pathogen diseases, symptoms, and transmission; AWC's Exposure Control Plan and means by which the employee can obtain a copy of the written plan; Hepatitis B Vaccine; Universal Precautions; Personal Protective Equipment; Housekeeping; Work practice Controls; Clean-up procedures for Blood borne pathogen exposure; Management of exposures; Post-exposure evaluation and follow-up; Hazard Communications; Record keeping; Resources; an opportunity for interactive questions and answers with person conducting the training session.

Instructor Name: _____

Qualifications: _____

I have received education and training on the Blood borne Pathogen Exposure Plan as listed in the summary of the Content of Training above. I have been given the opportunity to ask questions and have them answered by the person conducting the training session.

Employee Name _____ Social Security Number _____ Job Classification _____

APPENDIX H

HEPATITIS B MEDICAL RECORD

APPENDIX I

HAZARDOUS WASTE ACCUMULATION LOGS

HAZARDOUS WASTE
CONTAINER STORAGE INSPECTION CHECKLIST

**AWC
HAZARDOUS WASTE
CONTAINER STORAGE INSPECTION CHECKLIST**

Container Storage Location:	Weekly Inspection Dates				
ITEMS TO BE INSPECTED					
Are containers marked:					
“Hazardous Waste”					
Date accumulation started					
Are containers in good condition, check for:					
Leakage					
Spillage					
Rust					
Damage					
Bulges					
Are stored containers closed?					
Is waste compatible with containers?					
Are incompatible waste segregated?					
Number of containers in storage?					
Are labels visible?					
Are labels legible?					
Time inspection completed.					
Inspector’s initials.					

Directions: Place a check mark in or initial block corresponding to each question. Ensure inspections are performed weekly. For problems or questions concerning this form or the Hazardous Waste Management Program, please call the Director of Facilities Planning and Management at (520)344-7660.