



Dryden Flight Research Center  
Edwards, California 93523

**DCP-X-027, Baseline**  
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# Dryden Centerwide Procedure

## Code S

# Bloodborne Pathogens

Electronically approved by  
Assistant Director for Management Systems

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**CONTENTS**

|      |  |    |
|------|--|----|
| 1.0  | PURPOSE OF DOCUMENT .....                                      | 4  |
| 2.0  | PROCEDURE SCOPE & APPLICABILITY.....                           | 4  |
| 3.0  | PROCEDURE OBJECTIVES, TARGETS, METRICS, & TREND ANALYSIS ..... | 4  |
| 4.0  | WAIVER AUTHORITY.....  | 5  |
| 5.0  | RESPONSIBILITIES.....  | 5  |
| 5.1  | Directorates and Single Letter Offices.....                    | 5  |
| 5.2  | Safety, Health, and Environmental Office .....                 | 5  |
| 5.3  | DFRC Health Unit .....   | 5  |
| 5.4  | Contracting Officer Technical Representatives (COTR).....      | 6  |
| 5.5  | Line Supervisors .....   | 6  |
| 5.6  | Industrial Hygienist.....                                      | 6  |
| 5.7  | Personnel.....   | 7  |
| 6.0  | EXPOSURE DETERMINATION.....                                    | 7  |
| 6.1  | Good Samaritan Acts .....                                      | 7  |
| 6.2  | OSHA Requirements.....   | 8  |
| 6.3  | Hepatitis B Vaccination (HBV).....                             | 9  |
| 6.4  | Post Exposure Evaluation and Follow-up Procedures .....        | 9  |
| 7.0  | HAZARD COMMUNICATION.....                                      | 10 |
| 7.1  | Warning Labels .....   | 10 |
| 7.2  | Labeling Requirements .....                                    | 10 |
| 8.0  | EXPOSURE CONTROL PLAN.....                                     | 11 |
| 8.1  | Hand Washing.....  | 11 |
| 8.2  | Eye Irrigation .....   | 11 |
| 8.3  | Sharps and Regulated Waste Disposal.....                       | 12 |
| 8.4  | Isolation.....   | 12 |
| 8.5  | Personal Protective Equipment (PPE) .....                      | 12 |
| 9.0  | WORK PRACTICE CONTROLS .....                                   | 13 |
| 9.1  | Hygiene .....  | 13 |
| 9.2  | Universal Precautions .....                                    | 14 |
| 9.3  | Housekeeping .....   | 14 |
| 9.4  | Contaminated laundry .....                                     | 15 |
| 10.0 | TRAINING & CERTIFICATION .....                                 | 15 |
| 10.1 | Training Requirement .....                                     | 15 |
| 10.2 | Refresher Training .....                                       | 16 |
| 10.3 | Certification .....  | 16 |
| 11.0 | MANAGEMENT RECORDS & RECORD RETENTION .....                    | 17 |
| 11.1 | Medical Records .....  | 17 |
| 11.2 | Medical Waste Records .....                                    | 17 |

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12.0 ACRONYMS & DEFINITIONS ..... 18  
    12.1 Acronyms ..... 18  
    12.2 Definitions ..... 18  
13.0 RELEVANT DOCUMENTS ..... 19  
    13.1 Authority Document ..... 19  
    13.2 Reference Documents ..... 19  
ATTACHMENT A – LABELING REQUIREMENTS ..... 20  
ATTACHMENT B – DECLINATION STATEMENT ..... 21  
ATTACHMENT C – BLOODBORNE PATHOGEN EXPOSURE FLOWCHART ..... 22

## 1.0 PURPOSE OF DOCUMENT

This document describes procedures and guidelines, delegates authority, and assigns responsibility for managing the Dryden Flight Research Center (DFRC) Bloodborne Pathogens Program (BBP). It provides the basic procedures needed to limit and control occupational exposure to human blood, blood products, and Other Potentially Infectious Materials (OPIM) that could result in the transmission of bloodborne pathogens.

## 2.0 PROCEDURE SCOPE & APPLICABILITY

**Scope:** This procedure applies to limiting and controlling occupational exposure to human blood, blood products, and OPIM that could result in the transmission of bloodborne pathogens.

**Applicability:** This procedure applies to all personnel under DFRC supervision, including contractors, visitors, and experimenters, but in particular to those individuals whose work causes them to have reasonably anticipated human blood or OPIM exposure such as:

- A. Health care professionals
- B. Emergency response personnel
- C. Security personnel
- D. Custodial personnel

## 3.0 PROCEDURE OBJECTIVES, TARGETS, METRICS, & TREND ANALYSIS

**Objective:** Identify, eliminate, or control potential bloodborne and OPIM hazards.

**Target:** Zero exposure mishaps at DFRC.

**Metric:** Number of exposures to bloodborne pathogens from needle sticks, illnesses, etc.

**Trend analysis:** Metrics will be analyzed to determine whether procedural objectives have been met.

## 4.0 WAIVER AUTHORITY

This procedure may not be waived.

## 5.0 RESPONSIBILITIES

### 5.1 Directorates and Single Letter Offices

Directorates and Single Letter Offices are responsible for ensuring a BBP is in place to cover job categories in their operations where exposure to blood or other potentially infectious material is “reasonably anticipated.”

### 5.2 Safety, Health, and Environmental Office

The DFRC Industrial Hygienist has oversight of the BBP and incurs the following responsibilities:

- A. In collaboration with the Health Unit, monitor the BBP to include assessments of work-sites and personnel procedures where there is a reasonable anticipated potential of exposure to blood or OPIM.
- B. Advise DFRC management on matters concerning bloodborne pathogens.
- C. Investigate exposure incidents and report findings to DFRC management, the Health Unit, and agencies as required.

### 5.3 DFRC Health Unit

- A. Provide an immunization program for personnel who meet exposure Category A or B. See Section 6.2.
- B. Provide initial exposure determination, documenting routes of exposure (as required by 29 CFR Part 1910.1030 section (f)(3)(A)) and treatment.
- C. Provide a training program for personnel who meet exposure Category A or B.
- D. Maintain records on personnel who meet exposure Category A or B including a record of immunization, surveillance, and post-exposure assessment and treatment.
- E. In collaboration with the Safety, Health, and Environmental Office, provide medical assessments of work sites and personnel procedures where there is a reasonable anticipated potential of exposure to blood or OPIM.

- F. Contact the DFRC Legal Office for determination of the legal aspects of post-treatment responsibilities in cases involving nongovernment personnel.
- G. Maintain Sharps Injury Log for 5 years.

#### **5.4 Contracting Officer Technical Representatives (COTR)**

- A. Ensure that the contractor(s) they represent, whose personnel meet exposure Category A or B, provide DFRC with a safety plan that includes a bloodborne pathogen plan and exposure control plan.
- B. Determine that the plan follows this document, OSHA, NASA, and California directives.
- C. Ensure that the contractor(s) provide the Health Unit with a list of persons whose job places them in Category A or B.
- D. Ensure the contractor's onsite manager is knowledgeable regarding OSHA Bloodborne Pathogens regulations and provides the appropriate resources and direction for their employee's compliance with all requirements.

#### **5.5 Line Supervisors**

- A. Ensure personnel under their supervision are aware of the hazards of bloodborne pathogens and their responsibilities under this document.
- B. Ensure that those personnel who fall into exposure Category A or B follow the requirements of this procedure, OSHA, NASA, and California directives pertaining to bloodborne pathogens.
- C. Develop a plan for safe handling, clean up, storage, decontamination, and waste disposal of blood and OPIM for exposure Category A or B operations. The plan will include procedures to be followed in the event of an exposure incident. The plan must be approved by a DFRC Industrial Hygienist.
- D. Identify procedures, positions, and new and revised tasks that involve bloodborne pathogen hazard exposure.
- E. Provide training for personnel who are in Category A or B, and the like categories.
- F. Provide engineering and administrative controls where needed.
- G. Notify the Safety Office and Health Unit of any known or suspected exposure incidents.

#### **5.6 Industrial Hygienist**

- A. Assist supervisors in developing hazard analysis, plans, and procedures for safe handling of bloodborne pathogens.

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- B. Approve bloodborne pathogen plans.
- C. Conduct annual BBP review and inspections of workplaces where reasonable anticipated contact with bloodborne pathogens exist. Provide the finding(s) to the workplace supervisor, personnel, and Health Unit. Update written program as necessary to reflect new or modified exposure tasks.
- D. Assist the Health Unit with post-exposure and follow-up programs.

## 5.7 Personnel

- A. Non-Exposure Category A or B Personnel – All DFRC personnel will be made aware of the hazards of bloodborne pathogens and their responsibilities as directed by this procedure. Bloodborne pathogen information is provided to personnel through classes conducted during stand-down training days, by supervisors, to personnel during new employees orientation, and is included in DFRC safety publications.
- B. Category A or B Personnel – Persons who are included in exposure Category A or B will:
  - A. Complete required bloodborne pathogen training.
  - B. Be offered hepatitis B vaccination (HPV) by the Health Unit.
  - C. Complete written declination of HPV.
  - D. Follow appropriate bloodborne pathogen, universal precautions, and PPE procedures when contact with blood or OPIM is reasonably anticipated.
  - E. Immediately report any exposure incident to supervisor and the Health Unit.
  - F. Report potential bloodborne pathogen hazard(s) to the supervisor or Industrial Hygienist.

## 6.0 EXPOSURE DETERMINATION

### 6.1 Good Samaritan Acts

Good Samaritan acts, such as assisting a person who is bleeding due to a cut or nose bleed, etc., are not generally considered an occupational exposure. Persons in a Good Samaritan situation should, however, use good judgment and endeavor to protect themselves from contact with blood and other body fluids of the victim. Good Samaritans should wash hands thoroughly and remove contaminated clothing as soon as possible. Persons should use hand sanitizer in lieu of hand washing until they are

able to get to a washing station with soap and water. Persons who have or believe they may have experienced an exposure incident, even if it occurred during a Good Samaritan Act, should report to the Health Unit immediately. If a healthcare professional confirms an exposure incident did occur, exposure incident procedures will be offered.

## 6.2 OSHA Requirements

Employers who have an employee(s) who has occupational exposure to bloodborne pathogens as defined in exposure Category A or B must identify in writing tasks and procedures as well as job classifications where, without regard to PPE, such exposure could occur. This plan must set forth the schedule for implementing provisions of 29 CFR 1910.1030 and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan will be accessible to employees and available to OSHA on request. Employers must review and update the plan at least annually or more often if necessary to accommodate workplace changes. Exposure Categories are:

### **Category A**

Category A is a list of job classifications in which all employees in those job classifications have occupational exposure. At DFRC this job list includes:

- A. Healthcare professionals
- B. Emergency response personnel

### **Category B**

A list of job classifications in which some employees have occupational exposure at DFRC such as:

- A. Industrial Hygienist
- B. Security personnel
- C. Custodial personnel
- D. Plumbers
- E. Laboratory technicians (if required to handle human blood or tissue)
- F. Hazardous waste technicians (if required to handle biological wastes)

### **Category C**

Persons whose condition of employment may have an occasional risk or reasonable anticipated chance of exposure. Examples:

- A. Shop personnel

## B. CPR and First Aid trained persons

### **Category D**

Persons whose condition of employment or training does not include a reasonable anticipated chance of exposure. Example: office workers.

## **6.3 Hepatitis B Vaccination (HBV)**

Personnel who meet exposure Category A or B will be offered a HPV following training and within 10 working days of initial assignment. Vaccinations will be at no cost, at a reasonable time and place, under the supervision of a licensed physician or licensed healthcare professional, and in accordance with the latest recommendations of the U.S. Public Health Services. Routine HBV booster dose(s) will be made available if recommended by the U.S. Public Health Service at a future date. If personnel decline to accept the vaccination he/she will be required to sign a written declination statement. (See Appendix B, Declination Statement.) Should personnel decide to accept the vaccination at a later date, it will be made available to him/her.

## **6.4 Post Exposure Evaluation and Follow-up Procedures**

- A. Exposure Incident – Personnel who experience an exposure incident will have certain procedures and information made available to them by their employer.
- B. Employers Responsibility – The employer must provide the healthcare professional with a copy of the bloodborne pathogens standard, a description of the employee's job duties as they relate to the incident, a report of the specific exposure including route of exposure, results of the source individual's blood testing (if available), and relevant personnel's medical records that are the employer's responsibility to maintain including HPV status.
- C. DFRC Health Unit – The Health Unit will provide certain employer services to the exposed individual. These services are as follows:
  - 1) The source individual's blood will be tested as soon as feasible, if consent is granted where required by law, to determine Human Immunodeficiency Virus (HIV) and HBV infectivity. Where consent is not required by law, the source individual's blood, if available, will be tested and the results documented. If the source individual is known to have HIV or HBV or if the source individual releases medical records to the healthcare professional indicating he/she has HIV or HBV, testing need not be repeated.

- 2) Results of the source individual's testing will be made available to the exposed personnel. Personnel will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 3) A written opinion by the Health Unit medical doctor will be provided to the exposed civil service personnel's supervisor and to the COTR for contractors. The COTR will provide a copy of the written opinion to the contractor site manager. This written opinion is limited to a statement that such personnel have been informed of the results of the evaluation and told of the need, if any, for further evaluation or treatment. The employer must provide a copy of the written opinion to affected personnel within 15 days. This is the only information shared following an exposure incident; all other medical records are confidential.
- 4) Laboratory tests analyzed by an accredited laboratory at no cost for a period of time recommended by the American Medical Association (AMA).
- 5) Confidential medical evaluation that documents the circumstances of exposure and identifies and includes the test results of the source individual, if feasible.
- 6) Post-exposure prophylaxis, counseling, and evaluation of reported illnesses for civil service personnel and, if approved, for contractor personnel.
- 7) Contractor personnel may be offered prophylaxis (HPV, etc.) and evaluated for approximately 1 year or for period of employment, whichever is the shorter, on approval; however, if an illness occurs, treatment will be the personnel's responsibility.

## **7.0 HAZARD COMMUNICATION**

### **7.1 Warning Labels**

Hazard communication directives require warning labels including the biohazard symbol with proper color codes affixed to containers of regulated waste, refrigerators and freezers, and other containers that are used to store, transport, or ship blood or OPIM. Red bags or red containers suitable for biohazard waste need not be labeled.

### **7.2 Labeling Requirements**

See Appendix A, Labeling Requirements.

## 8.0 EXPOSURE CONTROL PLAN

- A. Exposure determination is covered in Sections 6.0 through 6.2. Personnel who expect to act as an emergency responder or healthcare professional as listed in Category A (including personnel who routinely provide first aid or blood clean-up in Category B) will be included in the this program.
- B. Methods of compliance, including engineering controls, will be used to design-out as well as isolate and remove exposure hazards from the workplace. Additionally, universal precautions (Section 9.2) will be observed to prevent contact with blood or OPIM. Hazard communication (Section 7.0) and HBV and post-exposure evaluation and follow-up for blood and OPIM are covered in Sections 6.3 and 6.4. HIV, HBV, and HCV are reviewed during training. Recordkeeping will adhere to the guidelines of Section 11.0.
- C. Exposure incidents will follow Attachment C, Bloodborne Pathogen Exposure Flowchart.
- D. A Sharps Injury Log will be used to document an employee percutaneous event (needle stick). The Sharps Injury Log will contain, at a minimum, the following information:
- date and time of injury
  - injured person (confidentially protected)
  - job classification
  - type and brand of device involved in incident
  - department or work area where the incident occurred
  - explanation of how the incident occurred

### 8.1 Hand Washing

The employer will provide readily available hand washing facilities to personnel. If hand washing facilities are not available, an antiseptic hand cleaner/sanitizer with towels or towelettes will be provided. The employer will ensure personnel wash hands or other exposed skin with soap and water and flush mucous membranes with water immediately after contact or as soon as accessible.

### 8.2 Eye Irrigation

The employer will make available a mechanism for immediate eye irrigation in the event of an exposure incident involving the eyes.

### 8.3 Sharps and Regulated Waste Disposal

- A. Place sharps in puncture resistant, labeled, or color-coded (red) leak-proof containers as soon as possible and place in a second container if leakage of the first container is possible. The second container must meet the same requirements as the first container. Containers may not be allowed to leak during collection, handling, processing, storage, transportation, or shipping.
- B. Do not overfill sharps containers. Seal the containers before removal. Sealed containers will resist being reopened.
- C. Keep containers upright and located for easy access by all personnel. Replace containers routinely.
- D. Do not open, empty, manually clean, or handle in any way reusable containers that could expose personnel to percutaneous injury such as a needle stick.
- E. Dispose of regulated waste in accordance with applicable federal and state regulations.

### 8.4 Isolation

- A. Operations where exposure to blood or OPIM is possible will be isolated, where possible, by using barriers or covers to minimize splashing, spraying, or splattering.
- B. Keep blood and OPIM containers closed or have stopper in place when not being used.
- C. When there is a probability of creating aerosols, conduct the operation in a glove box or a biohazard containment hood with appropriate HEPA filter.

### 8.5 Personal Protective Equipment (PPE)

Appropriate protective clothing (PPE) such as, but not limited to, gowns, aprons, lab coats, clinic jackets, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or similar outer garments will be worn during occupational exposure situations. The type and characteristics of protection is extremely important in providing a protective barrier from infectious materials and must be evaluated prior to the potential exposure.

- A. The employer will provide the resources necessary for maintaining, laundering, disposing, replacing, and training to assure the proper use of PPE.
- B. Personnel will have access to PPE at no cost and will include proper sizes and types that take allergic conditions into consideration.

- C. PPE must not allow blood or OPIM to pass through to the worker's clothing or contact the skin.
- D. Employees must wear appropriate gloves under the following conditions:
  - 1) When contact with blood, mucous membranes, non-intact skin is anticipated
  - 2) When performing vascular access procedures,
  - 3) When handling or touching contaminated items or surfaces with OPIM is anticipated.
- E. Replace disposable, single-use gloves as soon as possible when contaminated, torn, punctured, or when barrier function is compromised. Never reuse disposable gloves.
- F. Discard reusable gloves when they show signs of deterioration.
- G. Immediately remove PPE following contamination and upon leaving the work area and place it in an appropriately designated area or container for storing, washing, decontaminating, or discarding.
- H. Wear full-face shields or masks with solid side-shield eye protection when splashes of blood or OPIM may occur and when contamination of the eyes, nose, or mouth is possible.

## 9.0 WORK PRACTICE CONTROLS

### 9.1 Hygiene

- A. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where blood or OPIM exposure is reasonably anticipated.
- B. Do not keep foodstuff in any form where blood or OPIM is or has been stored.
- C. Place biohazard warning on refrigerators and cabinets, etc. where blood or OPIM are stored.
- D. Wash hands with soap and water after removing gloves. Wash contaminated skin areas as soon as possible after contact with blood or OPIM.
- E. Do not manually recap, remove, or bend needles unless required by a specific medical procedure.
- F. Do not shear or break contaminated needles.
- G. Do not place equipment (i.e., pipettes and suction tubes, etc.) in the mouth.

- H. Personnel who have skin lesions or weeping dermatitis will not engage in direct patient care or work with or near blood or OPIM until the condition is healed.

## 9.2 Universal Precautions

- A. Labeling is not required when specimens are kept within the facility if the containers are known by all personnel.
- B. Laundry need not be labeled.
- C. Blood that has been found free of HIV and HBV and released for clinical use and regulated waste that has been decontaminated need not be labeled.

## 9.3 Housekeeping

- A. Employers are responsible for providing a clean and sanitary workplace. Contaminated work areas will be decontaminated immediately or as soon as feasible with appropriate disinfectant following completion of a procedure, after a spill of blood or OPIM, and at the end of each work period. A 1:100 dilution [500 parts per million (ppm)] of household bleach (approximately 1/4 cup of bleach to 1 gallon of tap water) effectively disinfects blood spills. Gloves and other appropriate personal protective equipment must be worn during all cleaning and decontamination procedure.
- B. Untrained personnel will not clean up blood or OPIM contaminated areas. Designated custodial personnel will be trained to accomplish this task at DFRC. Healthcare professionals will remove sharps before decontamination and clean-up is allowed.
- C. If protective coverings are used, they will be replaced when overly contaminated and at the end of the work shift.
- D. Do not pick up by hand broken glassware that may be contaminated.
- E. The following steps must be undertaken when cleaning a contaminated work area:
  - 1) When clean up involves blood or PIM that is on a flat surface, first delineate and mark the spill area so that others do not inadvertently enter the area until clean up is complete.
  - 2) Don personal protective equipment before beginning clean up. Minimal PPE consists of gloves, goggles, mask, and coveralls or other outer garment.
  - 3) Wipe up small spills with paper towels, then decontaminated with a proper disinfectant, as noted above.

- 4) Soak the area for at least 20 minutes with a disinfectant (freshly-prepared bleach solution). Personnel can be liberal with disinfectant, but should not apply it so heavily that it begins to run.
- 5) Allow at least 20 minutes for the disinfectant to complete the decontamination, then wipe the area clean with fresh paper towels.
- 6) Deposit all clean-up material in biohazardous waste disposal bag and close tightly.
- 7) Carefully remove gloves, coveralls, and boots (if used) and discard in a biohazardous waste bag. If used, the facemask it should also be disposed. Goggles can be disinfected, rinsed, and reused.
- 8) Replace PPE, bags, and other items so that they will be available for future use.

#### **9.4 Contaminated laundry**

- A. Do not sort or rinse.
- B. Place in a leak-proof, biohazard, red or color-coded bag at the location it was contaminated.
- C. Place in bags or containers that will not allow leakage. The bags or containers must have a biohazard label unless they are red in color.
- D. Laboratory utensils and receptacles that are reused, but may become contaminated, will be decontaminated and inspected on a regular basis.

## **10.0 TRAINING & CERTIFICATION**

### **10.1 Training Requirement**

Initial Training – The Health Unit provides bloodborne pathogen training through the SATERN (online system) to personnel who meet exposure Category A or B. Training records are maintained for 3 years. Records must contain the date of training, content of training, the trainer's name and qualification, and job titles of personnel attending the training.

Training will include:

- A. Requirements listed in 29 CFR 1910.1030.
- B. Epidemiology and symptoms of bloodborne diseases.
- C. Modes of transmission of bloodborne pathogens.
- D. An explanation of the exposure control portion of the DFRC bloodborne pathogen plan, including use and limitations of safe work practices, PPE, and engineering controls. How to select, use, remove,

handle, decontaminate, and dispose of contaminated materials, including PPE.

- E. How to obtain the written exposure control plan, including sharps log report.
- F. Methods to control transmission of HIV and HBV.
- G. Information on HBV vaccination.
- H. How to recognize occupational exposure and the potential of such exposure.
- I. Information on PPE selection types, use, location, removal, handling, decontamination, and disposal.
- J. Procedures for reporting potential and actual exposure.
- K. Requirements and exceptions for labels, signs, and color coding.
- L. Vaccination and exposure follow up requirements.
- M. The emergency procedures for and reporting of exposures.
- N. Interactive question and answer session

## **10.2 Refresher Training**

Personnel who remain in exposure Category A or B will receive annual refresher training. Additional training will be provided when existing tasks change or tasks are added that affect the risk of exposure to bloodborne pathogens in the workplace.

## **10.3 Certification**

The Health Unit will certify bloodborne pathogen training.

## 11.0 MANAGEMENT RECORDS & RECORD RETENTION

**TABLE 1 – Record Maintenance**

| Title  | Responsibility for Completion | File Location   | Comments  |
|--|-------------------------------|---|---|
| <b>*Medical Records</b>                                      | Patient & Health Unit         | Health Unit or designated repository                              | Send to approved repository following employment<br>See 29 CFR 1910.1020  |
| Written Opinion  | Medical Professional (MD)     | Made part of Medical Records (NASA) or sent to COTR (contractors) | Must be provided to supervisor (NASA) or COTR (contractor) within 15 days |
| <b>**Medical Waste Documents (non-registered generators)</b> | Health Unit                   | Health Unit   | Keep for 2 years<br>See California MWMA Sec. 111745                       |
| Training Records   | Health Unit and Employer      | Health Unit and Employer  | Keep for 3 years. See 29 CFR 1910.1030 (h) (2)                            |
| Declination Statement  | Placed in Medical Records     | Health Unit   |   |

Records not noted in Table 1 will be maintained and archived in accordance with NPR 1441.1, Records Retention Schedules, and DFRC records management procedures. Destruction of any records, regardless of format, without an approved schedule is a violation of Federal law.

### 11.1 Medical Records

- A. Are kept confidential.
- B. Include name, social security number, date and time of the incident, route of exposure, and circumstances under which the exposure occurred.
- C. Include results of examinations, medical testing, and follow-up procedure, including HBV and HIV status, if known.
- D. Include a copy of the healthcare professional's written opinion.
- E. Include a copy of specific information provided to the healthcare professional.
- F. Are available to the subject employee and to anyone authorized in writing by the subject employee. Medical records will not be made available to the employer unless authorized by subject employee. See 29 CFR 1910.1020 for details on who may access an individual's medical records.

### 11.2 Medical Waste Records

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Small-quantity medical waste generators who are not required to be registered under the California Medical Waste Management Act (MWMA) must maintain specific records. These records must include a process description and records for storage, treatment, quantity, and name and date of individual transporting the medical waste.

## 12.0 ACRONYMS & DEFINITIONS

### 12.1 Acronyms

|      |   |
|------|---|
| BBP  | Bloodborne Pathogens Program            |
| HBV  | Hepatitis B Virus                       |
| OPIM | Other Potentially Infectious Materials. |
| PPE  | Personal Protective Equipment           |

### 12.2 Definitions

|   |   |
|---|---|
| Blood   | For the purpose of this document, “blood” means blood and blood components of human origin.   |
| Bloodborne Pathogens                          | Pathogenic microorganisms that are present in human blood capable of causing disease in other humans. Two of the more serious diseases are HBV and HIV.   |
| Contaminated                                  | The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface such as contaminated laundry or sharps.  |
| Decontamination                               | 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. |
| Engineering Controls                          | Controls such as ventilation, sharps disposal containers, self-sheathing needles, and other controls that isolate or remove the bloodborne pathogen hazard from the workplace.  |
| Exposure Incident                             | A specific eye, mouth, or 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.   |
| Other Potentially Infectious Materials (OPIM) | Includes most body fluids, especially body fluids that are contaminated with blood, unfixed tissue, and cultures.   |
| Parenteral                                    | Piercing mucous membranes or the skin barrier by such   |

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|                                     | action as needle sticks, human bites, cuts, and abrasions.  |
| Personal Protective Equipment (PPE) | Equipment, such as gloves, face shields, special clothing, and shoes, worn to prevent exposure to pathogens.  |
| Regulated Waste                     | Any waste material that is contaminated and has the ability to release infectious materials.  |
| Reasonably Anticipated              | A situation where the probabilities of exposure to blood or OPIM are reasonably high. Occupations that fall into this definition include but are not limited to Healthcare Professions, Security personnel, Laboratory Technicians (biological), Physiologist, Custodians (those designated to clean-up blood or OPIM), and plumbers. |
| Source Individual                   | A person, living or dead, whose blood or OPIM may be the source of an occupational exposure.  |
| Universal Precaution                | A concept that assumes all human blood and OPIM is Infected with pathogens. This concept requires that PPE and other precautions be taken "universally."  |
| Work Practices Controls             | Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.  |

## 13.0 RELEVANT DOCUMENTS

### 13.1 Authority Document

|                       |   |
|-----------------------|---|
| NPD 8700.1            | NASA Policy for Safety and Mission Success      |
| NPD 8710.2            | NASA Safety and Health Program Policy           |
| 29 CFR Part 1910.1030 | Bloodborne Pathogens                            |
| 29 CFR Part 1910.1020 | Access to Employee Exposure and Medical Records |
|                       | California Medical Waste Management Act         |

### 13.2 Reference Documents

|                       |   |
|-----------------------|---|
| OSHA Fact Sheet 92-46 | Bloodborne Pathogens Final Standard: Summary of Key Provisions                      |
| OSHA Publication 3127 | Occupational Exposure to Bloodborne Pathogens                                       |
| OSHA Publication 3130 | Occupational Exposure to Bloodborne Pathogens: Precautions for Emergency Responders |

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**ATTACHMENT A – LABELING REQUIREMENTS**

No label is needed if universal precautions are used and the specific use container is known by all employees.

| <b>Item</b>   | <b>No Label Required</b> | <b>Biohazard Label</b>  | <b>Red Container</b> |
|---|--------------------------|---|----------------------|
| Regulated waste container   |                          | <b>X</b>  | <b>or X</b>          |
| Reusable contaminated sharps container  |                          | <b>X</b>  | <b>or X</b>          |
| Refrigerator/freezer holding blood or OPIM  |                          | <b>X</b>  |                      |
| Containers used for storage or transport of shipping blood  |                          | <b>X</b>  | <b>or X</b>          |
| Non-HIV or HBV blood or OPIM for clinical use   | <b>X</b>                 |   |                      |
| Individual specimen containers of blood or OPIM remaining in facility                                       | <b>X</b>                 | <b>or X</b>   | <b>or X</b>          |
| Contaminated equipment needing service (cleaning)   |                          | <b>X</b><br>Use an X plus a label showing where the contamination is located. |                      |
| Specimens and regulated waste shipped from the primary facility to another facility for service or disposal |                          | <b>X</b>  | <b>or X</b>          |
| Contaminated laundry  | <b>X</b>                 | <b>or X</b>   | <b>or X</b>          |
| Contaminated laundry sent to another facility that does not use universal precautions                       |                          | <b>X</b>  | <b>or X</b>          |

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**ATTACHMENT B – DECLINATION STATEMENT**

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 me; 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 decide to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

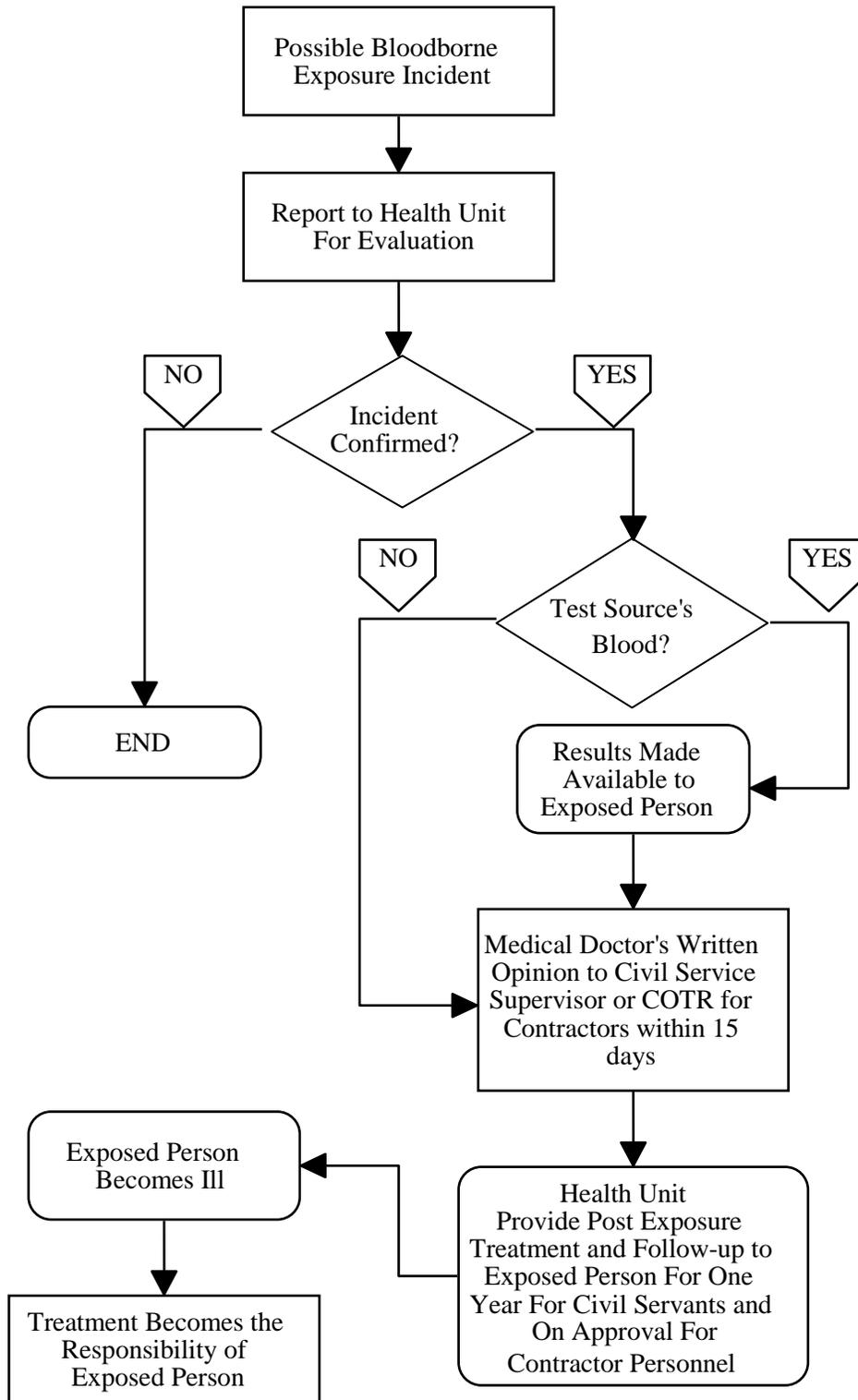
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Employee's Signature

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Date

## ATTACHMENT C – BLOODBORNE PATHOGEN EXPOSURE FLOWCHART



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**Document History Log**  
**IPRP Review Date: 07-30-10**

This page is for informational purposes and does not have to be retained with the document.

| Status Change | Document Revision | Effective Date | Page | Description of Change       |
|---------------|-------------------|----------------|------|-----------------------------|
| Baseline      |                   | 10-06-10       |      | Replaces DCP-S-009, Ch. 17. |
|               |                   |                |      |                             |
|               |                   |                |      |                             |
|               |                   |                |      |                             |
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|               |                   |                |      |                             |

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