**SAFE.BIOHAZ.1.0 BBP EXPOSURE CONTROL/INFECTION CONTROL PLAN**

**PLAN OVERVIEW**

As required by the OSHA Bloodborne Pathogens (BBP) Standard, each employer having associates with reasonably anticipated skin, eye, mucous membranes, or parenteral contract with blood or other potentially infectious materials that may result from the performance of the associate’s duties, will establish a written Exposure Control Plan designed to eliminate or minimize associate exposure.

This policy has also been instituted to effectively control and prevent the transmission of infectious diseases within the clinical laboratory areas.

**SCOPE**

To minimize BBP exposure

* Use gloves and splash guards
* Wear your lab coat and snap it closed
* Wash hands frequently as directed in this procedure, for at least 20 seconds

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If you are possibly exposed to a BBP

* Clean exposed area
  + Use soap and water on skin
  + Flush cuts, needlesticks, nose, mouth or eyes with water
* Notify your supervisor
* Refer to BBP Exposure Protocol
* Complete an Incident Report Form

This document applies to all MACL facilities. This plan is to be readily available at all times to all associates.

**POLICY OWNERS**

QA and Safety Officer

Vice President, Human Resources and Corporate Communications

**RELATED DOCUMENTS**

OSHA Regulation 29 CFR 1910.1030 [Bloodborne Pathogens](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051) (Click on link to access this regulation on the OSHA website)

SAFE.BIOHAZ.1.1 *Bloodborne Pathogen Exposure Class Evaluation*

SAFE.BIOHAZ.2.0 *Bloodborne Pathogen Exposure Protocol*

SAFE.BIOHAZ.3.0 *Safer Sharps Plan*

SAFE.BIOHAZ.4.0 *Biohazardous Materials Spill*

SAFE.BIOHAZ.5.0 *Biohazardous Waste Management*

**RELATED FORMS**

SAFE.GEN.2.1 *Incident Report Form*

**RESPONSIBILITIES**

A. The **MACL System Medical Director** is responsible for approving this BBP Exposure Control Plan and reviewing it annually and whenever changes are proposed.

B. The **Safety Committee** will be responsible for maintaining, reviewing, and updating the Exposure Control Plan at least annually and whenever necessary to include changes in technology that eliminate or reduce exposure to bloodborne pathogens.

C. **Department Supervisors** will be responsible for maintaining and providing all necessary personal protective equipment (PPE) and repairing or replacing engineering controls as required by the Bloodborne Pathogen Standard. Department supervisors will be responsible for ensuring that adequate supplies of PPE are available in the appropriate sizes. Safety audits will be used to ensure compliance.

D. The **QA and Safety Department** will be responsible for orientation and annual training on Bloodborne Pathogens. Before any associate, including temporary associates, will be scheduled to work, the associate will be oriented on Bloodborne Pathogens.

**EXPOSURE DETERMINATION**

A. Evaluation of job classifications where occupational exposure to human blood and body fluids is shown in SAFE.BIOHAZ.1.1 *Bloodborne Pathogen Exposure Class Evaluation*.

**IMPLEMENTATION METHODS**

A. Universal Precautions is a method of infection control that treats all human blood and body fluids as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. Universal Precautions will be observed to prevent contact with blood and other potentially infectious materials. Proper handling of all specimens in collection and disposal, using meticulous hygiene, and prohibiting food, drink, and smoking from the prime working areas can help to eliminate the realistic hazards of spreading infection.

B. Engineering controls and work practice controls will be the primary methods used to prevent or minimize exposure to bloodborne pathogens. This will include evaluation and implementation of appropriate commercially available and effective engineering controls designed to eliminate or minimize exposure. Patient Care Providers and other associates who are potentially exposed to injuries from contaminated sharps will be asked to help identify, evaluate and select effective engineering and work practice controls.

1. Handwashing: All Laboratory associates will wash their hands frequently during the day—after contact with patients and specimens, following completion of work, and after removing lab coats and gloves. The use of gloves will not be considered a substitute for careful handwashing after working with infectious materials or patients. Hands and other skin surfaces must be washed immediately and thoroughly with soap and water if contaminated with blood or other body fluids. An approved hand sanitizer can be a useful substitute but may only be used up to five times before soap and water handwashing is required.

NOTE: When reporting to work, handwashing prior to starting patient care or laboratory testing responsibilities is required.

Procedure:

a. Wet hands, keeping hands lower than elbows

b. Apply soap, rub hands together, and get soap under nails and between all fingers. Use friction to work up lather

c. If necessary, use a brush to remove any resistant substance

d. Rotate hands while rubbing hands together for at least 20 seconds

e. Rinse well

f. Dry well with a paper towel. Faucets are contaminated objects. Use paper towel to turn off faucet

g. Dispose of paper towel

2. Cosmetics and Contact Lenses: Make-up, to include lip balm, will not be applied or kept in the technical work areas or in working lab coat pockets. Hand lotion is not considered a cosmetic and will be allowed in technical work areas. Contact lenses will not be handled while in technical work areas.

3. Food, Drinks, and Smoking in the Laboratory: Neither food nor drink items nor such items as aspirin, Tylenol, vitamins, etc. will be consumed by mouth in technical work areas. Food and drinks will be consumed in breakrooms, lecture rooms, conference rooms, libraries, office areas, or taken to a cafeteria. Items such as chewing gum, throat lozenges, individual candies, breath mints, etc., will be placed in the mouth before entering the technical work area. Smoking is not allowed in any MACL site.

4. Food and Personal Item Storage: Nothing that can be consumed by mouth will be stored in the technical work areas or kept in working lab coat pockets. This includes any lozenges, chewing gum, breath mints, vitamins, candy, etc. Personal items such as newspapers, non-work related books and magazines, coats, and purses will not be stored in the technical work area. Work related papers, books, etc., will be allowed. All consumable packaged food items and personal items will be stored in personal lockers outside the technical work area, breakrooms, or office areas only.

5. Needles, Sharps, and Sharps Containers: Safer medical sharps with engineered sharps injury protection and substitution methods will be used to eliminate occupational exposure or reduce it to the lowest feasible extent. These include shielded needle devices and plastic capillary tubes. As new devices become available; associates who normally use them will evaluate them.

a. New needles are sterile and are not to be touched. If the needle touches anything, it will be discarded.

b. If the vein is not entered at one puncture site, the needle will be replaced with a new one before attempting a second puncture.

c. To prevent needlestick injuries, needles will never be recapped or otherwise manipulated. The shielding device will be engaged on used needles before they are placed into puncture resistant, leak proof containers.

d. Other used sharps (i.e., pipets, slides, etc.) will be placed in puncture resistant, leak proof containers.

e. Specimens received in syringes with needles attached will not be accepted.

f. Needles will not be washed or decontaminated for reuse.

g. Sharps containers will be closed and replaced when 2/3 full.

6. Prevention of Aerosols: All procedures and manipulations of potentially infectious material will be performed in order to minimize the creation of droplets and aerosols. Most blood specimens are collected in a vacuum‑type collecting tube. "Popping" the top of one of these tubes generates an aerosol that could conceivably cause infection by inhalation or contact of the infectious aerosol with the mucus membranes of the nose or mouth. To prevent aerosols:

a. Cover the top of the tube to be opened with an absorbent pad to minimize aerosol risk.

b. Gently twist the top off the tube.

c. If any blood spills on the outside of the tube, wipe it off with disinfectant.

d. The specimen should be transferred through the use of a bulb suction pipet instead of pouring the specimen.

e. Gloves, work shields, or face shields will be worn during procedures that are likely to generate aerosols of blood or other body fluids.

7. Specimen Processing

a. To minimize the creation of aerosols and droplets when processing specimens, an absorbent pad will be placed over the tops on Vacutainer tubes, and gently twisted to remove, and tubes will be capped when centrifuging and the lid of the centrifuge will be closed.

b. Biological safety cabinets will be used for handling microbiology specimens and BAL specimens as well as activities such as blending, sonicating, and vigorous mixing.

c. Gloves, work shields, or face shields will be worn during procedures that are likely to generate aerosols of blood or other body fluids.

8. Centrifuges

a. Centrifuges will never be operated unless the covers are closed (including Serofuges). Hair, ties, beards or other dangling items will be kept out of the way.

b. Do not centrifuge uncovered tubes of specimens (blood, urine, sputum). Use caps or Parafilm® to inhibit these materials from becoming aerosols.

c. Mycobacteriological specimens will be centrifuged in sealed centrifuge cups to prevent aerosol formation during centrifugation.

d. The interior surfaces of the centrifuge will be cleaned and disinfected regularly using freshly prepared 10% bleach or other approved disinfectant. Microhematocrit centrifuges and blood bank Serofuges will be cleaned daily with a disinfectant and after a known contaminated specimen.

9. Biological Safety Cabinets

a. Class II biological safety cabinets will be tested and certified at the time of installation within the laboratory, at any time that the biological safety cabinet is moved, and annually thereafter. In addition, testing will be conducted whenever malfunctioning of the cabinet is suspected, i.e., fan noise, etc.

b. A closed lab coat and gloves will be worn when using the safety cabinets.

c. All necessary equipment and supplies will be placed in the cabinet before work is initiated.

d. Equipment and supplies will be kept away from the airflow vents.

e. The cabinet will be decontaminated at the end of each operation or at least at the end of each work shift when in use. A 10% bleach solution made fresh daily or other approved disinfectant will be used for decontamination.

10. Pipetting

a. Mouth pipetting is prohibited. Pipet bulbs or mechanical pipettors of various types will be available in all lab areas for this purpose.

11. Laboratory Specimens

a. Specimens of blood or other potentially infectious materials will be placed in a container that is leak proof and recognizable as containing specimens. This primary container will be placed in a Ziploc-style bag that is closed before transporting within the facility.

b. Specimen containers will be closed before being stored.

c. For specimens being transported outside the facility, the closed specimen containers will be placed in a Ziploc-style bag and then transported in transport carriers. The transport carriers will be closed and will have a biohazard sticker on them.

d. Creutzfeldt-Jacob disease (CJD) and other transmissible spongiform encephalopathies (TSE) pose a unique risk to laboratory workers. The laboratory is dependent upon clinician communication of suspicion of this infection. Blood and blood-derived specimen exposure have shown no increased risk of infection to workers in epidemiologic studies and use of Universal Precautions provides adequate protection. CSF can be infectious however, though no significantly increased risk of infection has been noted by epidemiologic studies. Treat CSF specimens with the same care given all specimens. If known to be a specimen from a patient with possible TSE infection, it is recommended that any specimen handling be performed inside a biosafety hood.

12. Equipment Maintenance

a. Contaminated equipment will be decontaminated prior to servicing or shipping unless decontamination is not possible.

b. When decontamination is not possible, the sending department will place a biohazard label on the equipment stating which portions remain contaminated. MACL will ensure that information regarding remaining contamination be given to all affected associates, the servicing representative, or equipment manufacturer prior to handling, servicing or shipping.

c. Telephones, computer keyboards, copy machines and other items in the work area will be considered contaminated unless indicated as "clean" with a sticker and will be used with gloves or followed by handwashing. A paper towel may be used to pick up a phone in the work area.

C. Personal Protective Equipment—Associates at risk of occupational exposure will be provided appropriate personal protective equipment (PPE) by the Laboratory. The use of PPE helps prevent occupational exposure to infectious materials. PPE is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach associates’ work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the PPE will be used. Examples of PPE provided include gloves, lab coats, and face shields. PPE will be readily available to associates in the appropriate sizes. The department manager will ensure that associates wear PPE appropriate for the type of occupational exposure they experience while performing their job duties. To decrease the possibility of developing latex allergies, gloves will be vinyl, nitrile, or non-latex PVC (powdered or non-powdered). The Laboratory will clean, launder and dispose of required PPE at no cost to the associate, and will repair or replace PPE as needed at no expense to the associate. Associates will not take working lab coats home to launder. If blood or other potentially infectious materials pass through any type of PPE, the associate will remove the PPE as soon as possible. All PPE will be removed prior to leaving the work area, and will be placed in an appropriately designated area or container.

1. Gloves

a. Gloves will be worn to avoid skin contact with blood when performing venipunctures, drawing infants and other capillary sticks, when handling blood, unfixed tissue specimens, blood-soiled items, body fluids, excretions and secretions, as well as surfaces, materials and objects contaminated by them.

b. Gloves will be removed and hands washed or sanitized after contact with each patient, after handling specimens, before entering "clean areas" of the laboratory, before handling "clean" equipment, and before leaving the laboratory.

c. Disposable gloves will not be washed or decontaminated for reuse.

d. Gloved hands will be kept away from the face, mouth, nose, and eyes.

e. To decrease the possibility of developing latex allergies, gloves will be vinyl, nitrile, or non-latex PVC.

2. Lab Coats

a. A working lab coat snapped to the top will be worn while handling and performing tests on patient specimens. The working lab coat will be removed before interacting with patients. Patient interaction includes but is not limited to: greeting patients, registering patients and venipuncture.

b. A closed, working lab coat will be worn for transporting specimens within the laboratory. All associates handling patient specimens of any type must wear proper personal protective equipment.

c. The lab coat will be removed before going to the breakroom, restrooms, cafeteria or any other non-technical area or home.

d. A clean lab coat may be worn after removing the working lab coat.

e. A working lab coat will be provided for a service person working on testing instruments if they do not have their own protective equipment.

f. A working lab coat will be provided to visitors walking through the laboratory.

g. A lab coat will be changed if it becomes grossly contaminated.

h. Hands will be washed after removal of lab coats.

3. Mucous Membrane Protection

a. If work shields are not available, associates will wear a chin-length face shield or safety glasses and mask when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials may contact the eye, nose or mouth.

D. Housekeeping—MACL will ensure that the worksite is maintained in a clean and sanitary condition. Exits and aisles will not be obstructed by equipment, chairs, supplies or trash.

1. Contaminated Equipment and Working Surfaces:

a. Contaminated work surfaces will be decontaminated with an appropriate disinfectant upon completion of procedures or when contaminated by splashes, spills or contact with blood or other potentially infectious materials and at the end of the work shift. Daily cleaning of work surfaces will be logged.

b. All carts, pans, pails, transport coolers and other similar reusable receptacles that might become contaminated will be inspected and decontaminated on a regularly scheduled basis. When contamination is visible, receptacles are to be cleaned and decontaminated immediately or as soon as possible.

c. Associates will always use mechanical means such as tongs, forceps or a brush and a dust pan to pick up contaminated broken glass. Never pick up broken glass with hands even if gloves are worn.

d. Gloves will be worn for clean-up of spills. Spills of blood or body fluids must be cleaned by covering with paper towels which are soaked with a 10% bleach solution made fresh daily or with an approved disinfectant and left for three to five minutes. The towels and gloves will then be disposed of in a biohazard bag. Gloves will be removed, hands washed and a new pair of gloves put on before continuing work.

2. Cloth or Carpeted Surfaces Contaminated with Blood or Other Potentially Infectious Materials:

a. Gloves will be worn for clean-up of spills.

b. Spills of blood or body fluids must be covered with paper towels or cloth

c. Hydrogen Peroxide will be used for the cleaning of the spill and left on the spill for three to five minutes. (If not available in the area of the spill, contact supervisor or manager for further instructions)

d. Paper towels and gloves will then be disposed of in a biohazard bag. Gloves will be removed, hands washed and a new pair of gloves put on before continuing work.

e. If cloth towels are used for clean up, bag separately and place in contaminated laundry.

f. Notify Supervisor of the event.

3. Regulated Waste

a. Contaminated Sharps:

(1) Contaminated sharps will be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottom, and labeled or color-coded.

(2) During use, containers for contaminated sharps shall be easily accessible to associates, located as close as possible to the immediate area where sharps are used, maintained upright throughout use, replaced routinely, and not allowed to over fill.

(3) Sharps containers will be replaced before they reached the acceptable fill level as stated by the manufacturer. Each sharp container has different acceptable fill capacity.

(4) To prevent leakage or protrusion of contents during transport for disposal, sharps containers will be placed in a solid secondary container which is closable, such as a dumpster.

b. Other Regulated Waste, Blood, or Other Potentially Infectious Materials: Regulated waste means waste items contaminated with blood or other potentially infectious materials that could release these substances 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 substances during handling; and pathological and microbiological wastes containing blood or other potentially infectious materials.

(1) All other regulated waste will be placed in biohazard bags and closed before removal to prevent spillage or protrusion of contents during handling, storage or transport.

(2) If outside contamination of the primary regulated waste container occurs, it will be placed in a second container that meets all of the requirements of the primary container.

(3) All regulated waste will be disposed of in accordance with Environmental Protection Agency (EPA) and local regulations

4. Laundry

a. Contaminated laundry will be handled as little as possible. It will be bagged immediately at the location of use. It will not be sorted or rinsed by the associate.

b. All laundry bags will be securely tied.

c. Gloves and other appropriate PPE will be worn when handling contaminated laundry.

d. If outside contamination of a laundry bag occurs, that bag will be placed within a second bag and securely tied.

E. Hepatitis B—MACL will make available, at no cost to the associate, the Hepatitis B vaccine and vaccination series to all associates who have occupational exposure. Post-evaluation and follow up will also be made available to all associates who have had an exposure incident.

1. Hepatitis B Vaccination:

a. MACL will make the vaccination available within 10 working days of initial assignment unless:

(1) The associate has previously received the complete hepatitis B vaccination series.

(2) Antibody testing has revealed that the associate is immune.

(3) Vaccine is contraindicated for medical reasons.

b. If an associate initially declines hepatitis B vaccination, but at a later date (while still employed by MACL) decides to accept the vaccination, MACL will make the vaccine available.

c. If the associate declines to accept the hepatitis B vaccination, the associate will document as such on the appropriate declination record.

d. If booster dose(s) for Hepatitis B vaccine are later recommended by the CDC, MACL will make those available at no charge to associates.

2. Post-Exposure Evaluation and Follow-up for Associate

a. If exposed to BBP, follow the procedure detailed in SAFE.BIOHAZ.2.0 Bloodborne Pathogen Exposure Protocol.

b. Following an exposure incident, the associate will report to occupational health as soon as possible for confidential medical evaluation and follow-up.

**NOTE**: For high risk exposure, the associate is to report immediately to the nearest emergency department for post exposure prophylaxis.

c. This evaluation and follow-up will include:

(1) Documentation of the circumstances under which the exposure incident occurred. This will be accomplished by completion of an Incident Report Form.

(2) Identification and documentation of the source individual:

(a) The source individual’s blood will be tested within 24 hours in order to determine HBV, HCV and HIV infectivity. The source individual’s physician will be contacted to obtain consent, if patient is unavailable.

(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 will be made available to the exposed associate.

(d) The exposed associate is responsible for maintaining the confidentiality of the source individual’s status.

(3) Collection and testing of associate’s blood for HBV, HCV and HIV.

(a) After associate consent is obtained, a baseline blood sample will be collected and tested as soon as possible.

(b) If the associate consents to collection, but not testing of the blood for serological conversion to HIV, MACL will preserve the sample for 90 days. If within 90 days of the exposure incident, the associate decides to have the baseline sample tested, the testing will be done as soon as possible.

(4) Post exposure prophylaxis, when medically indicated, as recommended by the CDC.

(5) Counseling.

(6) Evaluation of reported illnesses.

3. Information provided to occupational health:

a. After an exposure incident, MACL will assure that the Medical Director of occupational health is provided with:

(1) A description of the exposed associate’s duties as they relate to the exposure incident.

(2) Documentation of the routes of exposure and circumstances under which the exposure occurred.

(3) Results of the source individual’s blood testing if available.

(4) Vaccination status of the associate.

b. The description of the exposed associate’s duties as they relate to the exposure incident, and the documentation of the route(s) of exposure and circumstances under which the exposure occurred will be documented in the Incident Report.

4. Occupational Health Assessment and Counseling:

a. The Occupational Health Physician will provide counseling and an evaluation of risk and treatment options to any associate who has an exposure incident.

b. Counseling will

(1) Inform associate of the results of the evaluation.

(2) Discuss information on any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

F. Communication—Communication of hazards to associates will be through signs and labels and information and training.

1. Biohazard Labels:

a. Biohazard labels will be placed on

(1) Containers of regulated waste

(2) Refrigerators / freezers containing blood or other potentially infectious materials

(3) Contaminated equipment

b. Biohazard labels will be placed on containers used to transport blood or other potentially infectious materials to outside facilities.

2. Information and Training:

a. At the time of initial assignment to tasks where occupational exposure may occur, all new and/or transferring associates will be trained.

b. Training for occupationally exposed associates will occur annually.

c. The training program will be at an educational level which is understandable to the associate. The training program will contain at least the following elements:

(1) An accessible copy of the "Occupational Exposure to Bloodborne Pathogens Standard" and an explanation of its contents

(2) A general explanation of the epidemiology and symptoms of bloodborne diseases.

(3) An explanation of the methods of transmission of bloodborne pathogens.

(4) An explanation of MACL’s Exposure Control Plan for Bloodborne Pathogens and how the associate may obtain a copy.

(5) Information on how to recognize tasks that might result in occupational exposure.

(6) Information on the types, selection, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

(7) An explanation of the use and limitations of engineering controls, work practices and personal protective equipment to prevent or reduce exposure.

(8) An explanation of the criteria for selection of personal protective equipment.

(9) Information on hepatitis B vaccination such as safety, benefits, efficacy, methods of administration and availability.

(10) Information on what to do and who to contact if an emergency involving blood or other potentially infectious materials occurs.

(11) Information the associate needs to enable him / her to report an exposure incident.

(12) Information on the medical evaluation and follow-up which will be provided to the associate in the event of an exposure incident.

(13) Information on warning labels and color coding

(14) Time for associate questions and instructor responses on any aspect of the training.

G. Record keeping—MACL will establish and maintain an accurate record for each associate identified as having occupational exposure. This record will be kept in accordance with 29 CFR 1910.20.

1. This record will include

a. The name and social security number of the associate.

b. A copy of the associate’s hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the associate’s ability to receive vaccination as required by this standard.

c. A copy of all results of examinations, medical testing and follow-up procedures as required by this standard.

d. A copy of the occupational health’s written opinion as required by this standard.

e. A copy of the documentation of any exposure incidents.

2. MACL assures that each associate’s record is

a. Kept confidential.

b. Not disclosed or reported without the associate’s express written consent to any person within or outside MACL except as required by this section or as may be required by law.

c. Maintained for the duration of employment plus 30 years.

d. Provided upon request for examination and copying to the following:

(1) The associate, if requested in writing.

(2) Anyone having written consent of the associate.

(3) The Director of the National Institute for Occupational Safety and Health (NIOSH).

(4) The Assistant Secretary of Labor for Occupational Safety and Health (OSHA).

3. Training Records

a. The contents of the training records will include:

(1) The dates of the presentations of the training sessions.

(2) The educational objectives / teaching outline.

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

b. Training records will be maintained for 3 years from the date on which the training was given. They will be maintained in the associate’s continuing education file.

c. Associate training records will be provided upon request for examination and copying to:

(1) Associates

(2) The Director of the National Institute for Occupational Safety and Health (NIOSH)

(3) The Assistant Secretary of Labor for Occupational Safety and Health (OSHA)

d. These records will be maintained in accordance with the requirements of 29 CFR 1910.20.

H. Infection Control Special Considerations:

1. Blood Bank:

Refer to BB.QA.6.0 Infectious Disease Look Back Protocol

2. Frozen Section Cleaning and Waste Disposal:

a. A lab coat and gloves will be worn when working in a Frozen Section testing area.

b. At the end of each time period of grossing surgical specimens, the instruments will be soaked in a hospital approved disinfectant for one hour before being thoroughly washed using abrasive scrubbing with a detergent solution followed by a 70% alcohol rinse. It is important that gloves also be used in this cleaning step.

c. The cutting board, sink top, and all bench tops will be thoroughly cleaned with a 10% bleach solution made fresh daily at least once daily and/or after each time period of grossing.

d. All used razor blades and scalpel blades will be placed in a needle box using a “no-hands” procedure and sealed before being discarded

e. The cryostat will be defrosted, cleaned with 95% alcohol and rinsed, dried, and oiled at regular intervals. Cut-resistant gloves will be worn for clean-up.

f. All debris accumulated from block trimmings on the cryostat will be discarded in a biohazard bag.

3. Reporting of Communicable Diseases:

a. MACL reports results of communicable disease testing as required by federal, state and local law. Additionally, MACL will work in conjunction with the Infection Control Departments in reporting communicable diseases to the Indiana State Department of Health as needed.

**EVALUATION OF EXPOSURE INCIDENTS**

A. The MACL Safety Committee will review summary statistics based on Incident Reports for circumstances surrounding blood and other potentially infectious material exposures and will follow up on corrective action taken to prevent recurrence.

**REFERENCES**

A. OSHA. 29 CFR 1910.1030 [Bloodborne Pathogens](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051). <http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051> [accessed March 10, 2011].

B. World Health Organization. WHO Infection Control Guidelines for Transmissible Spongiform Encephalopathies: Report of a WHO Consultation Geneva, Switzerland, 23-26 March 1999. WHO, Geneva, Switzerland; WHO/CDS/CSR/APH/2000.3. <http://www.who.int/csr/resources/publications/bse/WHO_CDS_CSR_APH_2000_3/en/> [Accessed January 14, 2011].

C. Centers for Disease Control and Prevention. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. *MMWR* 2001;50(No. RR-11).