



CORTLAND COUNTY, NY

EXPOSURE CONTROL PLAN

For

OSHA/PESH

**Section 1: BLOODBORNE PATHOGENS STANDARD
(29 CFR 1910.1030)**

&

**Section 2: HAZARD COMMUNICATIONS STANDARD
(29 CFR 1910.1200)**

AUGUST 2016

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Section 1: Bloodborne Pathogens Standard

POLICY

The COUNTY OF CORTLAND is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard *29 CFR 1910.1030*, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. Refer to the **Table of Contents** for a listing of what is included as part of this ECP. Implementation methods for the elements outlined therein are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The SAFETY OFFICER is responsible for implementation of the ECP. The SAFETY OFFICER, with input from the CORTLAND COUNTY PERSONNEL DIRECTOR, COUNTY ADMINISTRATOR, and COUNTY ATTORNEY will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. If you have questions about this plan, the SAFETY OFFICER can be reached at (607) 753-5081.

- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- DEPARTMENT HEADS, with guidance from the SAFETY OFFICER, will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red biohazard bags as required by the standard.
- DEPARTMENT HEADS will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. If you are unsure about which department head is responsible for oversight in your area, contact the PERSONNEL DIRECTOR at (607) 753-5076.
- A DESIGNATED OFFICER will be responsible for ensuring that all medical actions required by the standard are performed; refer to the **Post-Exposure Evaluation and Follow-Up** section of this plan for further information.
- The PERSONNEL DIRECTOR will ensure that appropriate employee health records are maintained and the SAFETY OFFICER will maintain appropriate OSHA/PESH records.
- The SAFETY OFFICER will be responsible for training, documentation of training, and making the written ECP available to OSHA/PESH and NIOSH representatives. The PERSONNEL DIRECTOR will be responsible for providing a written copy of the ECP to all employees.

EMPLOYEE EXPOSURE DETERMINATION

Please refer to **APPENDIX A** for a list of all “Category 1” job classifications in our organization in which all employees have occupational exposure.

Please refer to **APPENDIX B** for a list of “Category 2” job classifications in which some employees within our organization have occupational exposure. Included is a list of tasks/procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions. Anyone who has questions about Universal Precautions should inquire with the SAFETY OFFICER.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting their respective DEPARTMENT HEAD. If requested, we will provide an employee with a hard copy of the ECP free of charge within fifteen (15) days of the request.

Each DEPARTMENT HEAD is responsible for reviewing the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. Recommendations for any updates and/or changes should be directed to the SAFETY OFFICER and copied to the CORTLAND COUNTY PERSONNEL DIRECTOR, COUNTY ADMINISTRATOR, and COUNTY ATTORNEY.

Engineering Controls and Work Practices

Where engineering controls reduce employee exposure either by removing, eliminating, or isolating the hazard, they must be used. The choice of safer products is left up to the employer. OSHA/PESH does not advocate the use of one particular device over the other but expects employers to rely on exposure incident data, product evaluation, and other relevant evidence in addition to Food and Drug Administration (FDA) approval to ensure effectiveness of devices designed to prevent exposure. Employee acceptance and training are required for new devices/engineering controls and procedures to be effective.

OSHA/PESH expects that the employees using a safety device would have been involved in the selection of the device. The process of choosing a new safety device should be documented by the DEPARTMENT HEAD to prove employee involvement in the selection process. The SAFETY OFFICER and/or DEPARTMENT HEAD is responsible for the training regarding the use of the new safety device. Training documentation records should be maintained by the SAFETY OFFICER.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the SAFETY OFFICER. Examples of PPE available, as necessary, to employees are: gloves, masks, protective eyewear, ear plugs/muffs, face shields, aprons, lab coats and hard hats.

PPE is located in each relevant Department and may be obtained through your DEPARTMENT HEAD. DEPARTMENT HEADS are responsible to ensure the appropriate PPE is readily available, properly cleaned and repaired. The cleaning, laundering, repair and/or disposal of PPE shall be done by the County at no cost to the employee unless such proof exists that the employee has maliciously mistreated the PPE.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

- PPE shall be removed before leaving the room or area in which it was used and shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- Non-disposable, contaminated PPE (uniforms, aprons, etc.) should be securely contained in a red biohazard bag and left with the laundry; other non-disposable items such as protective eyewear, hardhats, etc. should also be securely contained in a red biohazard bag and given to the BUILDINGS & GROUNDS STAFF for appropriate washing/decontamination.
- Used, disposable PPE may be disposed of in regular trash receptacles; contaminated, disposable PPE should be bagged using a red biohazard bag and discarded in the designated biohazard receptacle as directed by either the BUILDINGS & GROUNDS STAFF, SAFETY OFFICER, or SHERIFF'S DEPARTMENT DESIGNATED OFFICER; consult with your DEPARTMENT HEAD if you are unsure as to where to discard contaminated, disposable PPE..

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharps containers will be of appropriate material to minimize puncture. They will be available in clinic areas, and in public restroom areas in the County Office Building. They will be replaced by the SUPERVISING COMMUNITY HEALTH NURSE, their designee, or by trained BUILDINGS & GROUNDS STAFF when 2/3 full. When they are replaced they will be sealed with a puncture resistant cover. Tape is not an adequate cover but may be used to secure the cover. If the degree of closure of a particular sharps container is such that the contents cannot be contained, the container will be placed in an appropriate secondary container such as a larger sharps container.

The procedure for handling other regulated waste is to call the BUILDINGS & GROUNDS STAFF. They are trained to use precautions when handling contaminated materials:

- Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded.
- Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

Designated laundry areas will be determined by appropriate DEPARTMENT HEADS in consultation with the SUPERINTENDENT OF BUILDINGS & GROUNDS.

The following articles will be laundered by NYSID/Ames Linen (please be sure to indicate contaminated articles by securing them in a red biohazard bag prior to placing them in the designated laundry area):

- Jacobus Center’s White, Long Lab Coats
- Highway’s Coveralls, Uniform Shirts, Uniform Jeans, and Uniform Pants
- Buildings & Grounds’ Uniform Jeans, Uniform Shirts, Carhart Coats, Carhart Bibs, and Coveralls
- Nutrition’s Smocks, Cook Shirts, Cook Pants and Bar Mops

Labels

For County employees, the most obvious warning of possible exposure to bloodborne pathogens are BioHazard Labels, red sharps containers, and “red biohazard bags”.

The SAFETY OFFICER in conjunction with appropriate DEPARTMENT HEADS is responsible for ensuring that warning labels are affixed or red biohazard bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the SAFETY OFFICER if

they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

The SAFETY OFFICER or DEPARTMENT HEADS will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form (**ATTACHMENT A**). Eligible employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept in the employee’s health information file in the PERSONNEL OFFICE.

Vaccinations will be provided by the Jacobus Center located on the first floor of the County Office Building and/or Cortland Regional Medical Center, 134 Homer Avenue, Cortland. The PERSONNEL DIRECTOR will provide a copy of the OSHA Bloodborne Pathogen Standard (**The Standard**) to the health care professional(s) responsible for employee’s hepatitis B vaccination. (Refer to **POST EXPOSURE PACKETS: Exposure Packet #3** for a copy of **The Standard**.)

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, remain calm; be sure to take necessary precautions (use gloves, etc.) if you feel you need to assist with any initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) Notify your Supervisor and/or Department Head immediately, then, identify the type of exposure and also notify the appropriate person as per the chart below:

| EXPOSED INDIVIDUAL | SOURCE INDIVIDUAL | PRIMARY CONTACT | BACK-UP CONTACT |
|--------------------|----------------------|-----------------------------------|---------------------------------|
| Employee | Unknown | SAFETY OFFICER | COUNTY ATTORNEY |
| Employee | Non-Employee (known) | SAFETY OFFICER | COUNTY ATTORNEY |
| Employee | Inmate | SHERIFF’S DESIGNATED OFFICER (DO) | (Any Other) SHERIFF’S DO |
| Employee | Employee | COUNTY ATTORNEY | CHIEF ASSISTANT COUNTY ATTORNEY |

SAFETY OFFICER: office number 607-753-5081 / cell number 607-543-0080

COUNTY ATTORNEY & CHIEF ASSISTANT COUNTY ATTORNEY: office number 607-753-5095

SHERIFF'S DESIGNATED OFFICER: Designated Officers are pre-determined in accordance with the Ryan White Act. See **POST EXPOSURE PACKETS: Exposure Packet #4** for the current list of Designated Officers.

Medical evaluation and follow-up should be sought immediately by Cortland Regional Medical Center Emergency Department (CRMC ED) or the employee's personal health care provider (HCP), if they so choose.

Following any initial first aid, and notifications, the following activities will be performed:

- Complete a CORTLAND COUNTY INCIDENT / ACCIDENT REPORT FORM (and request completion of WITNESS STATEMENT form(s) if applicable); Refer to **ATTACHMENTS B & C**. Be sure to document the routes of exposure and how the exposure occurred. Distribute the forms as indicated on the bottom of the forms.
- Identify and document the SOURCE INDIVIDUAL (unless the employer can establish that identification is infeasible or prohibited by state or local law); Refer to **POST EXPOSURE PACKETS: Exposure Packet #1 – Source Individual** for relevant instructions & forms.
- Advise EXPOSED EMPLOYEE to seek medical evaluation & treatment. Refer to **POST EXPOSURE PACKETS: Exposure Packet #2 – For Exposed Employees who Refuse Medical Evaluation & Exposure Packet #3 – For Exposed Employees who Choose to be Evaluated** for appropriate instructions and required forms.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The SAFETY OFFICER will follow-up with CRMC ED (or HCP) if the EMPLOYEE POST-EXPOSURE FORM is not returned within 7 days of the evaluation. Once received, the SAFETY OFFICER will provide this copy to the PERSONNEL DIRECTOR. The PERSONNEL DIRECTOR will maintain a copy in the employee's health information file and must provide the exposed employee with a copy within 15 days after the completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The SAFETY OFFICER will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- what work practices were being followed
- if specific devices were being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- the location of the incident
- procedure being performed when the incident occurred

- employee's training in relation to task involved & devices being used

The SAFETY OFFICER will provide a report of the relative findings to the COUNTY ATTORNEY and will maintain a copy.

DEPARTMENT HEADS will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log (**ATTACHMENT D**).

If revisions to this ECP are necessary the SAFETY OFFICER, in consultation with the PERSONNEL DIRECTOR and the COUNTY ATTORNEY will ensure that appropriate changes are made, any required Legislative approval is obtained, and that the amended ECP is forwarded to the DIRECTOR OF INFORMATION TECHNOLOGY to be posted on-line for employee access. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees receive initial training conducted by the SAFETY OFFICER upon hire; annual refresher training is administered via an on-line training tool maintained by the DEPUTY PERSONNEL DIRECTOR.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility

- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials are available from the SAFETY OFFICER.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years. The SAFETY OFFICER will maintain a master training record for initial training and any in-person subsequent trainings. An attendance record will be provided to the PERSONNEL DIRECTOR to be kept in the employee's file. Annual on-line training records are maintained by the DEPUTY PERSONNEL DIRECTOR.

The master training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the PERSONNEL DIRECTOR.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records." The PERSONNEL DIRECTOR is responsible for maintenance of the required medical records. These confidential records are kept in the custody of the PERSONNEL DEPARTMENT for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the PERSONNEL DIRECTOR, Cortland County Office Building, 60 Central Avenue, Cortland, NY 13045.

OSHA/PESH Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 *CFR* 1904). This determination and the recording activities are done by the SAFETY OFFICER.

Sharps Injury Log (ATTACHMENT D)

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

DEPARTMENT HEADS are responsible for maintaining these logs for their departments and shall submit them annually (at year-end) to the SAFETY OFFICER. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Section 2: Hazard Communications Standard

POLICY

To ensure that information about the dangers of all hazardous chemicals used by the COUNTY OF CORTLAND are known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA/PESH Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals. This program applies to all work operations in our organization where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this organization will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the SAFETY OFFICE for review by any interested employee. The SAFETY OFFICER is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

CONTAINER LABELING

The SAFETY OFFICER will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address. The DEPARTMENT HEAD in each department will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, see the SAFETY OFFICER.

The County will use the Hazardous Materials Identification System (HMIS[®]), the National Fire Protection Association (NFPA) labels, or the GHS labeling system. These labels will be created using information from the container label and/or the SDS and applied to all original containers upon receipt, unless the manufacturer's label provides the same information in easily understandable form. The labels must also be applied to all containers into which materials are dispensed for use or storage in other locations. All labels applied upon receipt of transfer must include the name and address of the chemical manufacturer, identity of the container contents and the hazard warnings. The warning can be a message, words, pictures or symbols, legible, in English (and other languages, if desired) and be prominently displayed.

Labels need not be placed on stationary process equipment containing chemicals as long as the standard operating procedure, process sheets, batch tickets or similar written procedures cover the same information as would be placed on a container label and those procedures or sheets are readily available to the employees in the area.

Labels are not required on pipes and piping systems, but the start and termination of the pipes within the facility should be labeled as to content.

The SAFETY OFFICER in collaboration with the SUPERINTENDENT OF BUILDINGS & GROUNDS will review the County's labeling procedures at least annually and will update labels as required.

SAFETY DATA SHEETS (SDS)

Formerly Material Safety Data Sheets (MSDS)

The SAFETY OFFICER is responsible for establishing and monitoring the County's SDS program. The SAFETY OFFICER will ensure that procedures are developed, in collaboration with DEPARTMENT HEADS, to obtain the necessary SDSs. DEPARTMENT HEADS will review incoming SDSs within their Department, for new or significant health and safety information; they will communicate the information to affected employees and will designate a staff member as being responsible for both filing the SDSs in a master notebook and for providing a copy to the SAFETY OFFICER.

The SDS notebooks will be kept in a clearly marked and conspicuous place within each Department.

SDSs will normally be sent by the producer or supplier with the paperwork associated with the chemical purchase. If, however, an SDS is not received with the shipment paperwork, one should immediately be requested from the producer or supplier. As an alternative source, SDSs can be acquired online from a variety of commercial and government sources. These include www.msdssearch.com and <http://chemfinder.camsoft.com>.

Comprehensive information about hazardous and toxic materials, which can be used to supplement the SDS or answer more specific employee questions, can be found at the Agency for Toxic Substances and Disease Registry web site www.atsdr.cdc.gov. Another source is the National Library of Medicine hazardous substances data bank at <http://toxnet.nlm.nih.gov>.

DEPARTMENT HEADS are responsible for ensuring that their SDS files match the chemicals stored or used in their work area and for serving as the initial point of contact for their employees, service personnel, and visitors to their area for chemical hazard questions.

SDS sheets for the chemicals stored and used by this organization are to be made readily available to all employees, visitors, contractors, and others who might be exposed to the chemicals while in our facilities. Availability includes prompt access to the appropriate document(s), assistance in understanding the material contained in the document(s), and copies of the material for their use and retention, if desired.

As long as we are still using the specific product covered by the SDS, DEPARTMENT HEADS and the SAFETY OFFICER must maintain the SDSs in their records. Once we cease using a specific product covered by the SDS, and all inventory is used with no further product coming in, we need only maintain the corresponding SDS for a period of one year from the time we stop using the product. Be sure to notify the SAFETY OFFICER if you intend to remove a specific SDS from your master notebook.

EMPLOYEE TRAINING AND INFORMATION

The SAFETY OFFICER is responsible for the Hazard Communication Program and will ensure that all program elements are carried out. Everyone who works with, or is potentially exposed to, hazardous chemicals will receive initial training on the hazard communication standard and this plan before

starting work. Each new employee will attend an orientation that includes the following information and training:

- An overview of the OSHA/PESH hazard communication standard;
- Information on where to obtain a summary of the hazardous chemicals present in his/her work area, including the location of the SDS master notebook for his/her Department;
- The physical and health risks of the hazardous chemicals;
- Symptoms of overexposure and mechanism for reporting an exposure or overexposure via the Incident Accident Report form (**ATTACHMENT B**);
- How to determine the presence or release of hazardous chemicals in the work area;
- How to reduce or prevent exposure to hazardous chemicals through:
 - use of personal protective equipment,
 - good personal hygiene (such as washing hands before eating, showering after work and changing into clean clothes so as not to take a chemical residue home to expose others, especially small children),
 - storing and consuming food and drink only in designated food preparation and consumption areas removed from chemical hazards,
 - refraining from smoking, or smoking only in designated areas that are well removed from the area of chemical hazards,
 - avoidance of opening chemical containers without first understanding the contents by reading the labels and if necessary the SDS,
 - keeping work areas clean at all times,
 - cleaning spills or leaks immediately in accordance with instructions described in the SDS,
 - transferring materials, whenever possible, by utilizing closed systems (hoses, pipes, chutes, etc.) so as to avoid airborne dusts and gasses,
 - following all specified safety procedures at all times, and
 - taking any other protection steps appropriate to the materials in use and the work area;
- Specific actions taken by the County to protect them from chemical hazards in their work area. These should include engineering controls (closed systems, ventilation, transfer pumps, grounding and bonding wires, safety cans, etc.), work practices (lockout/tagout of mixing and transfer systems during maintenance and cleaning, requirements to read and follow process procedures, etc.), and PPE;
- How to read labels and SDSs to obtain hazard information (**ATTACHMENT E**)
- Information on locating this Hazard Communication Standard and related materials via the Employee Website at: http://wserver/emp_only/Policies/index.html.

Prior to introducing a new chemical hazard into any department within this organization, each employee in that department will be given information and training as outlined above for the new chemical hazard.

Annual refresher training on the basics of the Hazard Communication Standard, including SDS requirements will be administered by the DEPUTY PERSONNEL DIRECTOR via an on-line training tool.

HAZARDOUS NON-ROUTINE TASKS

Periodically, employees are required to perform non-routine tasks that are hazardous. Examples of non-routine tasks are: confined space entry, tank cleaning, and boiler repair. If a DEPARTMENT HEAD is contemplating a non-routine task, they should consult with the SAFETY OFFICER.

Prior to starting work on such projects, each affected employee will be given information by the SAFETY OFFICER about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the employee should use, and steps the County is taking to reduce the hazards, including ventilation, respirators, the presence of another employee (buddy systems), and emergency procedures.

INFORMING OTHER EMPLOYERS/CONTRACTORS

It is the responsibility of individual DEPARTMENT HEADS to provide other employers and contractors with whom they are working with information about hazardous chemicals that their employees may be exposed to on a job site and/or in a specific work area. They should also inform these employers/contractors of any suggested precautions for their employees. It is the responsibility of the coordinating DEPARTMENT HEAD to also obtain information about hazardous chemicals used by these other employers/contractors to which employees of the County may be exposed, and to relay the information to the SAFETY OFFICER in case additional training is needed for those County employees.

If requested, employers and contractors will be provided with copies of SDSs for hazardous chemicals generated and/or utilized by the County's operations. These copies will be provided by the DEPARTMENT HEAD.

Also, other employers and contractors will be informed by the coordinating DEPARTMENT HEAD of the hazard labels used by the company. If symbolic or numerical labeling systems are used, the other employees will be provided with the information needed to understand the labels used for hazardous chemicals for which their employees may have exposure.

LIST OF HAZARDOUS CHEMICALS

DEPARTMENT HEADS are responsible to maintain a list of all known hazardous chemicals used by their employees, and to supply such list to the SAFETY OFFICER. The list should include the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the SDSs, located in the COUNTY ATTORNEY'S SAFETY OFFICE.

When new chemicals are received, this list is updated (including date the chemicals were introduced) by the appropriate DEPARTMENT HEAD within 30 days, and the updated list is provided to the SAFETY OFFICER.

CHEMICALS IN UNLABELED PIPES

Work activities are sometimes performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee shall contact the SUPERINTENDENT OF BUILDINGS & GROUNDS for information regarding:

- The chemical in the pipes;
- Potential hazards; and
- Required safety precautions.

PROGRAM AVAILABILITY

A copy of this ECP will be posted on-line for employees and will be made available in hard-copy form, upon request, to employees and their representatives. Requests for a hard copy should be directed to the SAFETY OFFICER at 607-753-5081.

APPENDICIES

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APPENDIX A

CATEGORY 1 EMPLOYEES

Revised July 27, 2016

| JOB TITLE | DEPARTMENT | COMMENTS |
|--|-------------------|-----------------------------|
| Clinic Aide | Health | Jacobus Center |
| Clinical Fellow in Speech/Language Pathology | Health | Children with Special Needs |
| Coroner | Coroner | |
| Correction Captain | Sheriff | |
| Correction Lieutenant | Sheriff | |
| Correction Officer | Sheriff | |
| Correction Sergeant | Sheriff | |
| County Police Lieutenant(Deputy Sheriff) | Sheriff | |
| County Police Officer(Deputy Sheriff) | Sheriff | |
| County Police Sergeant(Deputy Sheriff) | Sheriff | |
| Custodian | B&G | |
| Landfill Equipment Operator | Highway | |
| Landfill Equipment Operator /Mechanic | Highway | |
| Landfill Operations Crew Leader | Highway | |
| Nurse Practitioner | Health | |
| Occupational Therapist | Health | Children with Special Needs |
| Public Health Nurse | Health | |
| Public Health Sanitarian/Trainee | Health | |
| Registered Professional Nurse | Health | |
| Safety & Code Officer | County Attorney | |
| Senior Cleaner | B&G | |
| Senior PH Sanitarian | Health | |
| Speech/Language Pathologist | Health | Children with Special Needs |

APPENDIX B

Revised July 27, 2016

CATEGORY 2 EMPLOYEES

| JOB TITLE | DEPARTMENT | COMMENTS |
|---|-------------------|--|
| Building Maintenance Mechanic | B&G | Picking up clinic waste; cleaning blood spills - (clinic and jail) |
| Caseworker | DSS | Dealing with injured children - Risk of BBP while investigating |
| Chief Assistant County Attorney | County Attorney | |
| Cook | Sheriff | Potential for altercations with inmates |
| County Attorney | County Attorney | |
| County Police Captain (Deputy Sheriff) | Sheriff | |
| Director of Emergency Response & Communications | ERAC | |
| Director of Environmental Health | Health | |
| Senior Cook | Sheriff | Potential for altercations with inmates |
| Sheriff | Sheriff | Potential for altercations with inmates |
| Supervising Community Health Nurse | Health | Emergencies necessitating functioning hands-on care |
| Supervising Public Health Nurse | Health | Emergencies necessitating functioning hands-on care |
| Undersheriff | Sheriff | |

ATTACHMENTS

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ATTACHMENT A



CORTLAND COUNTY PERSONNEL OFFICE
HEPATITIS B VACCINE DECLINATION / VERIFICATION

I understand that due to my position classification, I am at risk for occupational exposure to blood or other potentially infections materials (OPIM); with that, I may be a risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no cost to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease. I further understand that by declining this vaccination which has been offered to me, I affect my ability to file future worker’s compensation claims or insurance claims in the event that I contract HBV due to an occupational exposure and I release my employer from any and all liability related to such an incident, and relinquish any right to bring future legal action related to such an incident against any person or organization inasmuch as it relates to the contraction of HBV by occupational exposure should that occur.

If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with the hepatitis B vaccine, I can request such and receive the vaccination series at no cost to me.

The reason that I am declining the vaccination series at this time is:

- I was previously vaccinated against Hepatitis B (indicate series dates below)

| | | |
|----|----|----|
| #1 | #2 | #3 |
|----|----|----|

- I have had a blood test indicating that I am immune against Hepatitis B

Date of positive hepatitis B surface antibody test: _____

- For medical reasons, I have been advised by a physician not to receive the vaccinations (please provide a statement from your medical provider indicating the medical reason)
- It is simply my personal preference not to receive the vaccine

Signature

Date

Instructions: File in individual’s health information file in Cortland County Personnel Office.

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ATTACHMENT B

CORTLAND COUNTY
INCIDENT / ACCIDENT REPORT FORM

Please complete all three pages of this form, legibly & in ink.

NOTIFY SAFETY OFFICER
IMMEDIATELY:
☎ 607-753-5081
Submit report to:
<https://www1.cortland-co.org/wc>

SECTION 1: PERSONAL INFO

DEPARTMENT: _____ EMPLOYEE: YES () NO ()

NAME OF INVOLVED PERSON: _____ PHONE#: () - _____

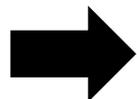
ADDRESS: _____

DATE OF BIRTH: ____/____/____ LAST 4 DIGITS SS#: _____ INJURED / NOT INJURED

SECTION 2: WITNESS INFO

PLEASE LIST ALL WITNESSES (additional space is available on page 3 of this form if needed):

| | |
|-------|-------------|
| NAME: | PHONE #: |
| _____ | () - _____ |
| _____ | () - _____ |
| _____ | () - _____ |



PLEASE HAVE ALL WITNESSES COMPLETE A
"WITNESS STATEMENT FORM"



SECTION 3: INCIDENT INFO

DATE OF INCIDENT: ____/____/____ TIME OF DAY: _____

EXACT LOCATION OF INCIDENT: _____

WHAT HAPPENED: _____

WAS ANY EQUIPMENT / MACHINERY / VEHICLE INVOLVED?: YES () NO ()

IF YES, WHAT?: _____

IF COUNTY VEHICLE INVOLVED, PLEASE INDICATE VEHICLE #: _____

WAS ANOTHER VEHICLE INVOLVED?: YES () NO ()

INDICATE WHICH POLICE AGENCY NOTIFIED (if applicable): _____

Please attach ACCIDENT INFORMATION EXCHANGE FORM and/or POLICE REPORT if available.

SECTION 4: PPE

Employees only:

WAS PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIRED AT THE TIME OF INJURY?

PPE may include, but is not limited to: gloves, goggles, hard hats, etc.

YES () NO ()

WAS PERSONAL PROTECTIVE EQUIPMENT (PPE) BEING WORN?

YES () NO ()

IF YES, PLEASE LIST WHAT GEAR WAS BEING UTILIZED: _____

SECTION 5: MEDICAL INFO

Complete this section only if an INJURY was indicated

WAS THERE ANY BLOOD/BODY FLUID EXPOSURE? YES () NO ()

IF YES, WHO WAS EXPOSED:

CALL SAFETY OFFICER TO SUPPLY APPROPRIATE EXPOSURE PACKET TO ALL EXPOSED INDIVIDUALS IMMEDIATELY (☎ 607-753-5081)

NATURE OF INJURY/ILLNESS, AND PART(S) OF THE BODY AFFECTED (Please be specific):

WAS MEDICAL TREATMENT PROVIDED?: YES () NO () WHEN?: _____

BY WHOM?: _____ ADDRESS: _____

WAS THE PERSON TRANSPORTED?: YES () NO () WHERE?: _____

WAS MEDICAL TREATMENT OR EXAMINATION REFUSED?: YES () NO ()

IF REFUSED, PLEASE SIGN THE STATEMENT BELOW AND INDICATE REASONING:

AT THIS TIME I AM REFUSING MEDICAL TREATMENT: X _____

WHY: _____ WITNESS: _____

SECTION 6: PRIOR HISTORY

Employees only:

TO THE BEST OF YOUR KNOWLEDGE, HAVE YOU EVER HAD A WORK-RELATED INJURY TO THE SAME BODY PART OR A SIMILAR ILLNESS/AILMENT WHILE WORKING FOR CORTLAND COUNTY? YES () NO (); IF YES, WHEN: _____

NAME OF TREATING PHYSICIAN: _____

COMMENTS: _____

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Cortland County Incident/Accident Witness Statement Form

1. Involved Worker/Person

Involved Person's Name: _____

2. Witness Details

Printed Name: _____ Date of Birth: ____/____/____

Address: _____

Phone #: (____) ____-____ Employer's Name: _____

Occupation: _____

Relationship to Involved Person: Co-Worker Family Other
Specify: _____

3. Incident Details

Date of Incident: ____/____/____ Time of Incident: _____ am / pm

Place of Incident: _____

Type of Injury *if applicable* (e.g. burn, cut, fracture, etc.): _____

Location of Injury *if applicable* (e.g. right arm, lower back, etc.): _____

Did you see what happened? YES NO

If YES, please describe what you saw: _____

If NO, how did you become aware of/involved in the incident? _____

Were you exposed to any Blood/Body Fluid? YES NO

⇒ IF YES, PLEASE CALL SAFETY OFFICER ☎ 607-753-5081 FOR EXPOSURE PACKET IMMEDIATELY ⇐

4. Declaration

I declare that the details submitted are true and correct.

Signature of Witness: _____ Date: ____/____/____

Distribute as follows: ORIGINAL = DEPARTMENT HEAD, COPY = INDIVIDUAL
******* SCAN ALL DOCUMENTATION TO: SAFETY@CORTLAND-CO.ORG *******
(This will route information to: Safety Officer, Personnel, County Admin, County Budget Office & County Attorney)

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ATTACHMENT D



SHARPS INJURY LOG: FOR THE CALENDAR YEAR ENDING DECEMBER 31, 20__

DEPARTMENT: _____

DEPARTMENT HEADS are responsible for maintaining these logs for their departments and shall submit them annually (at year-end) to the SAFETY OFFICER. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report. *Use additional pages as necessary.*

| DATE: | TYPE / BRAND OF DEVICE INVOLVED (syringe, suture needle, etc.): | ROOM # / AREA OF OCCURANCE: |
|----------------------------|---|-----------------------------|
| | | |
| EXPLANATION OF OCCURRENCE: | | |
| | | |

| DATE: | TYPE / BRAND OF DEVICE INVOLVED (syringe, suture needle, etc.): | ROOM # / AREA OF OCCURANCE: |
|----------------------------|---|-----------------------------|
| | | |
| EXPLANATION OF OCCURRENCE: | | |
| | | |

| DATE: | TYPE / BRAND OF DEVICE INVOLVED (syringe, suture needle, etc.): | ROOM # / AREA OF OCCURANCE: |
|----------------------------|---|-----------------------------|
| | | |
| EXPLANATION OF OCCURRENCE: | | |
| | | |

| | | |
|----------------------------|---|-----------------------------|
| DATE: | TYPE / BRAND OF DEVICE INVOLVED (syringe, suture needle, etc.): | ROOM # / AREA OF OCCURANCE: |
| | | |
| EXPLANATION OF OCCURRENCE: | | |
| | | |

| | | |
|----------------------------|---|-----------------------------|
| DATE: | TYPE / BRAND OF DEVICE INVOLVED (syringe, suture needle, etc.): | ROOM # / AREA OF OCCURANCE: |
| | | |
| EXPLANATION OF OCCURRENCE: | | |
| | | |

| | | |
|----------------------------|---|-----------------------------|
| DATE: | TYPE / BRAND OF DEVICE INVOLVED (syringe, suture needle, etc.): | ROOM # / AREA OF OCCURANCE: |
| | | |
| EXPLANATION OF OCCURRENCE: | | |
| | | |

| | | |
|----------------------------|---|-----------------------------|
| DATE: | TYPE / BRAND OF DEVICE INVOLVED (syringe, suture needle, etc.): | ROOM # / AREA OF OCCURANCE: |
| | | |
| EXPLANATION OF OCCURRENCE: | | |
| | | |

OSHA[®] BRIEF

Hazard Communication Standard: Safety Data Sheets

The Hazard Communication Standard (HCS) (29 CFR 1910.1200(g)), revised in 2012, requires that the chemical manufacturer, distributor, or importer provide Safety Data Sheets (SDSs) (formerly MSDSs or Material Safety Data Sheets) for each hazardous chemical to downstream users to communicate information on these hazards. The information contained in the SDS is largely the same as the MSDS, except now the SDSs are required to be presented in a consistent user-friendly, 16-section format. This brief provides guidance to help workers who handle hazardous chemicals to become familiar with the format and understand the contents of the SDSs.

The SDS includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical. The information contained in the SDS must be in English (although it may be in other languages as well). In addition, OSHA requires that SDS preparers provide specific minimum information as detailed in Appendix D of 29 CFR 1910.1200. The SDS preparers may also include additional information in various section(s).

Sections 1 through 8 contain general information about the chemical, identification, hazards, composition, safe handling practices, and emergency control measures (e.g., fire fighting). This information should be helpful to those that need to get the information quickly. Sections 9 through 11 and 16 contain other technical and scientific information, such as physical and chemical properties, stability and reactivity information, toxicological information, exposure control information, and other information including the date of preparation or last revision. The SDS must also state that no applicable information was found when the preparer does not find relevant information for any required element.

The SDS must also contain Sections 12 through 15, to be consistent with the UN Globally Harmonized System of Classification and Labeling of Chemicals (GHS), but OSHA will not enforce the content of these sections because they concern matters handled by other agencies.

A description of all 16 sections of the SDS, along with their contents, is presented below:

Section 1: Identification

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier. The required information consists of:

- Product identifier used on the label and any other common names or synonyms by which the substance is known.
- Name, address, phone number of the manufacturer, importer, or other responsible party, and emergency phone number.
- Recommended use of the chemical (e.g., a brief description of what it actually does, such as flame retardant) and any restrictions on use (including recommendations given by the supplier).

Section 2: Hazard(s) Identification

This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards. The required information consists of:

- The hazard classification of the chemical (e.g., flammable liquid, category¹).
- Signal word.
- Hazard statement(s).
- Pictograms (the pictograms or hazard symbols may be presented as graphical reproductions of the symbols in black and white or be a description of the name of the symbol (e.g., skull and crossbones, flame).
- Precautionary statement(s).
- Description of any hazards not otherwise classified.
- For a mixture that contains an ingredient(s) with unknown toxicity, a statement describing how much (percentage) of the mixture consists of ingredient(s) with unknown acute toxicity. Please note that this is a total percentage of the mixture and not tied to the individual ingredient(s).

Section 3: Composition/Information on Ingredients

This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed. The required information consists of:

Substances

- Chemical name.
- Common name and synonyms.
- Chemical Abstracts Service (CAS) number and other unique identifiers.
- Impurities and stabilizing additives, which are themselves classified and which contribute to the classification of the chemical.

Mixtures

- Same information required for substances.
- The chemical name and concentration (i.e., exact percentage) of all ingredients which are classified as health hazards and are:
 - Present above their cut-off/concentration limits or
 - Present a health risk below the cut-off/concentration limits.
- The concentration (exact percentages) of each ingredient must be specified except concentration ranges may be used in the following situations:
 - A trade secret claim is made,
 - There is batch-to-batch variation, or
 - The SDS is used for a group of substantially similar mixtures.

Chemicals where a trade secret is claimed

- A statement that the specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret is required.

¹Chemical, as defined in the HCS, is any substance, or mixture of substances.

Section 4: First-Aid Measures

This section describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical. The required information consists of:

- Necessary first-aid instructions by relevant routes of exposure (inhalation, skin and eye contact, and ingestion).
- Description of the most important symptoms or effects, and any symptoms that are acute or delayed.
- Recommendations for immediate medical care and special treatment needed, when necessary.

Section 5: Fire-Fighting Measures

This section provides recommendations for fighting a fire caused by the chemical. The required information consists of:

- Recommendations of suitable extinguishing equipment, and information about extinguishing equipment that is not appropriate for a particular situation.
- Advice on specific hazards that develop from the chemical during the fire, such as any hazardous combustion products created when the chemical burns.
- Recommendations on special protective equipment or precautions for firefighters.

Section 6: Accidental Release Measures

This section provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard. The required information may consist of recommendations for:

- Use of personal precautions (such as removal of ignition sources or providing sufficient ventilation) and protective equipment to prevent the contamination of skin, eyes, and clothing.
- Emergency procedures, including instructions for evacuations, consulting experts when needed, and appropriate protective clothing.
- Methods and materials used for containment (e.g., covering the drains and capping procedures).
- Cleanup procedures (e.g., appropriate techniques for neutralization, decontamination, cleaning or vacuuming; adsorbent materials; and/or equipment required for containment/clean up).

Section 7: Handling and Storage

This section provides guidance on the safe handling practices and conditions for safe storage of chemicals. The required information consists of:

- Precautions for safe handling, including recommendations for handling incompatible chemicals, minimizing the release of the chemical into the environment, and providing advice on general hygiene practices (e.g., eating, drinking, and smoking in work areas is prohibited).
- Recommendations on the conditions for safe storage, including any incompatibilities. Provide advice on specific storage requirements (e.g., ventilation requirements).

Section 8: Exposure Controls/Personal Protection

This section indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure. The required information consists of:

- OSHA Permissible Exposure Limits (PELs), American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLVs), and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the safety data sheet, where available.
- Appropriate engineering controls (e.g., use local exhaust ventilation, or use only in an enclosed system).
- Recommendations for personal protective measures to prevent illness or injury from exposure to chemicals, such as personal protective equipment (PPE) (e.g., appropriate types of eye, face, skin or respiratory protection needed based on hazards and potential exposure).
- Any special requirements for PPE, protective clothing or respirators (e.g., type of glove material, such as PVC or nitrile rubber gloves; and breakthrough time of the glove material).

Section 9: Physical and Chemical Properties

This section identifies physical and chemical properties associated with the substance or mixture. The minimum required information consists of:

- Appearance (physical state, color, etc.);
- Odor;
- Odor threshold;
- pH;
- Melting point/freezing point;
- Initial boiling point and boiling range;
- Flash point;
- Evaporation rate;
- Flammability (solid, gas);
- Upper/lower flammability or explosive limits;
- Vapor pressure;
- Vapor density;
- Relative density;
- Solubility(ies);
- Partition coefficient: n-octanol/water;
- Auto-ignition temperature;
- Decomposition temperature; and
- Viscosity.

The SDS may not contain every item on the above list because information may not be relevant or is not available. When this occurs, a notation to that effect must be made for that chemical property. Manufacturers may also add other relevant properties, such as the dust deflagration index (Kst) for combustible dust, used to evaluate a dust's explosive potential.

Section 10: Stability and Reactivity

This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other. The required information consists of:

Reactivity

- Description of the specific test data for the chemical(s). This data can be for a class or family of the chemical if such data adequately represent the anticipated hazard of the chemical(s), where available.

Chemical stability

- Indication of whether the chemical is stable or unstable under normal ambient temperature and conditions while in storage and being handled.
- Description of any stabilizers that may be needed to maintain chemical stability.
- Indication of any safety issues that may arise should the product change in physical appearance.

Other

- Indication of the possibility of hazardous reactions, including a statement whether the chemical will react or polymerize, which could release excess pressure or heat, or create other hazardous conditions. Also, a description of the conditions under which hazardous reactions may occur.
- List of all conditions that should be avoided (e.g., static discharge, shock, vibrations, or environmental conditions that may lead to hazardous conditions).
- List of all classes of incompatible materials (e.g., classes of chemicals or specific substances) with which the chemical could react to produce a hazardous situation.
- List of any known or anticipated hazardous decomposition products that could be produced because of use, storage, or heating. (Hazardous combustion products should also be included in Section 5 (Fire-Fighting Measures) of the SDS.)

Section 11: Toxicological Information

This section identifies toxicological and health effects information or indicates that such data are not available. The required information consists of:

- Information on the likely routes of exposure (inhalation, ingestion, skin and eye contact). The SDS should indicate if the information is unknown.
- Description of the delayed, immediate, or chronic effects from short- and long-term exposure.
- The numerical measures of toxicity (e.g., acute toxicity estimates such as the LD50 (median lethal dose)) - the estimated amount [of a substance] expected to kill 50% of test animals in a single dose.
- Description of the symptoms. This description includes the symptoms associated with exposure to the chemical including symptoms from the lowest to the most severe exposure.
- Indication of whether the chemical is listed in the National Toxicology Program (NTP) Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest editions) or found to be a potential carcinogen by OSHA.

Section 12: Ecological Information (non-mandatory)

This section provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment. The information may include:

- Data from toxicity tests performed on aquatic and/or terrestrial organisms, where available (e.g., acute or chronic aquatic toxicity data for fish, algae, crustaceans, and other plants; toxicity data on birds, bees, plants).
- Whether there is a potential for the chemical to persist and degrade in the environment either through biodegradation or other processes, such as oxidation or hydrolysis.
- Results of tests of bioaccumulation potential, making reference to the octanol-water partition coefficient (K_{ow}) and the bioconcentration factor (BCF), where available.
- The potential for a substance to move from the soil to the groundwater (indicate results from adsorption studies or leaching studies).
- Other adverse effects (e.g., environmental fate, ozone layer depletion potential, photochemical ozone creation potential, endocrine disrupting potential, and/or global warming potential).

Section 13: Disposal Considerations (non-mandatory)

This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS. The information may include:

- Description of appropriate disposal containers to use.
- Recommendations of appropriate disposal methods to employ.
- Description of the physical and chemical properties that may affect disposal activities.
- Language discouraging sewage disposal.
- Any special precautions for landfills or incineration activities.

Section 14: Transport Information (non-mandatory)

This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea. The information may include:

- UN number (i.e., four-figure identification number of the substance)².
- UN proper shipping name².
- Transport hazard class(es)².
- Packing group number, if applicable, based on the degree of hazard².
- Environmental hazards (e.g., identify if it is a marine pollutant according to the International Maritime Dangerous Goods Code (IMDG Code)).
- Guidance on transport in bulk (according to Annex II of MARPOL 73/78³ and the International Code for the Construction and Equipment of Ships Carrying Dangerous Chemicals in Bulk (International Bulk Chemical Code (IBC Code))).
- Any special precautions which an employee should be aware of or needs to comply with, in connection with transport or conveyance either within or outside their premises (indicate when information is not available).

² Found in the most recent edition of the United Nations Recommendations on the Transport of Dangerous Goods.

³ MARPOL 73/78 means the International Convention for the Prevention of Pollution from Ships, 1973, as modified by the Protocol of 1978 relating thereto, as amended.

Section 15: Regulatory Information (non-mandatory)

This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS. The information may include:

- Any national and/or regional regulatory information of the chemical or mixtures (including any OSHA, Department of Transportation, Environmental Protection Agency, or Consumer Product Safety Commission regulations).

Section 16: Other Information

This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state where the changes have been made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.

Employer Responsibilities

Employers must ensure that the SDSs are readily accessible to employees for all hazardous chemicals in their workplace. This may be done in many ways. For example, employers may keep the SDSs in a binder or on computers as long as the employees have immediate access to the information without leaving their work area when needed and a back-up is available for rapid access to the SDS in the case of a power outage or other emergency. Furthermore, employers may want to designate a person(s) responsible for obtaining and maintaining the SDSs. If the employer does not have an SDS, the employer or designated person(s) should contact the manufacturer to obtain one.

References

OSHA, 29 CFR 1910.1200(g) and Appendix D.
United Nations Globally Harmonized System of Classification and Labelling of Chemicals (GHS), third revised edition, United Nations, 2009.
These references and other information related to the revised Hazard Communication

Standard can be found on OSHA's Hazard Communication Safety and Health Topics page, located at:
<http://www.osha.gov/dsg/hazcom/index.html>.

Disclaimer: This brief provides a general overview of the safety data sheet requirements in the Hazard Communication Standard (see 29 CFR 1910.1200(g) and Appendix D of 29 CFR 1910.1200). It does not alter or determine compliance responsibilities in the standard or the Occupational Safety and Health Act of 1970. Since interpretations and enforcement policy may change over time, the reader should consult current OSHA interpretations and decisions by the Occupational Safety and Health Review Commission and the courts for additional guidance on OSHA compliance requirements. Please note that states with OSHA-approved state plans may have additional requirements for chemical safety data sheets, outside of those outlined above. For more information on those standards, please visit:
<http://www.osha.gov/dcsp/osp/statestandards.html>.

This is one in a series of informational briefs highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



U.S. Department of Labor
www.osha.gov (800) 321-OSHA (6742)

DSG BR-3514 2/2012

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POST-EXPOSURE PACKETS

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EXPOSURE PACKET #1

SOURCE INDIVIDUAL

- If the source individual is already known to be infected with HBV, HCV, or HIV, the testing need not be repeated, however, the DOH-2557 “**Authorization for Release of Health Information and Confidential HIV-Related Information***” form should be completed (make a copy of completed form for Incident file – the completed release form should also be made available to any exposed individuals for their medical provider).
- If source individual’s infectious status is not known, and they have the capacity to consent, they should be asked to be tested for HBV, HCV, and HIV as soon as possible. Send the completed DOH-2557 “**Authorization for Release of Health Information and Confidential HIV-Related Information***” along with the Source individual to the Cortland Regional Medical Center Emergency Department (make a copy of completed form for Incident file – the completed release form should also be made available to any exposed individuals for their medical provider). To assist the process, you should also call the E.D. at 607-756-3500 and let them know you are sending over the source individual in an exposure incident for HBV, HCV, & HIV testing.
- Results of the source individual’s testing (not the individual’s name) shall be made available to any exposed employees’ attending provider (NOTE: not to the employer; unless Ryan White Act has been invoked in which case information may be disclosed to the Designated Officer; refer to “Packet #4: Invoking the Ryan White Act”). Assure the source individual that the exposed employees will be instructed as to their responsibility NOT to disclose the identity and infections status of the source individual.
- The County will pay for the source individual testing.
- If the source individual is unwilling to be tested, inquire as to whether they would allow us to request information from their health care provider as to their having a history of any blood borne disease(s). If they agree, please complete the “**Authorization for Release of Health Information and Confidential HIV-Related Information***” form (make a copy of completed form for Incident file – the completed release form should also be made available to any exposed individuals for their medical provider) and submit them to the source individual’s health care provider.

- If the source individual remains unwilling to be tested or to share existing information from their health care provider, you must complete the “**Source Individual – Consent Refusal**”. (*Distribute as noted on the bottom of the form.*)
- If the Source Individual is unable to consent; an anonymous HIV test may be requested if ALL of the following conditions are met:
 - the source individual is deceased, comatose or is determined by his/her attending medical professional to lack mental capacity to consent, and
 - the source individual is not expected to recover in time for the exposed person to receive appropriate medical treatment, and
 - there is no person immediately available who has legal authority to consent in time for the exposed person to receive appropriate medical treatment, and
 - the exposed person will benefit medically by knowing the source individual’s HIV test results.

Authorization for Release of Health Information and Confidential HIV-Related Information*

This form authorizes release of health information including HIV-related information. You may choose to release only your non-HIV health information, only your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional, probation and parole staff; emergency or health care staff who are accidentally exposed to your blood; or by special court order. Under New York State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to \$5,000 and a jail term of up to one year. However, some re-disclosures of health and/or HIV-related information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for more information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019. You may also contact the NYS Division of Human Rights at 1-888-392-3644.

By checking the boxes below and signing this form, health information and/or HIV-related information can be given to the people listed on page two (and on additional sheets if necessary) of the form, for the reason(s) listed. Upon your request, the facility or person disclosing your health information must provide you with a copy of this form.

- I consent to disclosure of (please check all that apply):
- My HIV-related information
 - My non-HIV health information
 - Both (non-HIV health and HIV-related information)

| |
|--|
| Name and address of facility/person disclosing HIV-related information: _____ _____ |
| Name of person whose information will be released: _____ |
| Name and address of person signing this form (if other than above): _____ _____ |
| Relationship to person whose information will be released: _____ _____ |
| Describe information to be released: _____ |
| Reason for release of information: _____ |
| Time Period During Which Release of Information is Authorized: From: _____ To: _____ |
| Exceptions to the right to revoke consent, if any: _____ _____ |
| Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits (Note: Federal privacy regulations may restrict some consequences): _____ _____ |

| | |
|---|------------|
| Please sign below only if you wish to authorize all facilities/persons listed on pages 1,2 (and 3 if used) of this form to share information among and between themselves for the purpose of providing health care and services. | |
| Signature _____ | Date _____ |

*** This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.**

**Authorization for Release of Health Information
and Confidential HIV-Related Information***

**Complete information for each facility/person to be given general information and/or HIV-related information.
Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.**

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

The law protects you from HIV-related discrimination in housing, employment, health care and other services. For more information, call the New York City Commission on Human Rights at (212) 306-7500 or the NYS Division of Human Rights at 1-888-392-3644.

My questions about this form have been answered. I know that I do not have to allow release of my health and/or HIV-related information, and that I can change my mind at any time and revoke my authorization by writing the facility/person obtaining this release. I authorize the facility/person noted on page one to release health and/or HIV-related information of the person named on page one to the organizations/persons listed.

Signature _____ Date _____
(SUBJECT OF INFORMATION OR LEGALLY AUTHORIZED REPRESENTATIVE)

If legal representative, indicate relationship to subject:

Print Name _____

Client/Patient Number _____

*** This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.**

**Authorization for Release of Health Information
and Confidential HIV-Related Information***

**Complete information for each facility/person to be given general information and/or HIV-related information.
Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.**

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general health and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

If any/all of this page is completed, please sign below:

Signature _____ Date _____
(SUBJECT OF INFORMATION OR LEGALLY AUTHORIZED REPRESENTATIVE)

Client/Patient Number _____

*** This Authorization for Release of Health Information and Confidential HIV-Related Information form is HIPAA compliant. If releasing only non-HIV related health information, you may use this form or another HIPAA-compliant general health release form.**

INSTRUCTIONS FOR COMPLETING THE FORM DOH-2557 - Page 1:

Allow the source individual to specify the following:

I consent to disclosure of:

a. My HIV-related information,

b. My non-HIV medical information

c. Both (non-HIV medical and HIV-related medical information)

There may be circumstances in which an individual or provider only wants to release non-HIV medical information (choice “b” above), however in the event of an exposure incident the optimal selection is choice “c”.

Name and address of facility/person disclosing HIV-related information:

This refers to the facility/person that is going to be releasing information about the source individual, which is likely to be the facility/person completing the form (i.e. CRMC ED). It is best practice to name a specific individual or position within the facility.

Name of person whose information will be released:

This is usually the source individual, but may be a collateral (partner or other family member) or child, depending on the circumstances.

Name and address of person signing this form, if other than above; Relationship to person whose information will be released:

When a source individual is unable to complete the form, this section should include a legal guardian, parent, health care proxy or other caregiver designated to provide consent on the source individual’s behalf in accordance with State Law.

Describe information to be released:

The description should be as specific as possible, for example, “medical information which may prove helpful or essential to the treatment of individuals who have been exposed to my blood/bodily fluids.”

Reason for release of information:

The reason should be as specific as possible. For example, “I am the source individual related to an exposure incident which occurred on _____ at _____.”

Time period during which release of information is authorized:

Time frames should be specific and limited, and must be included for the form to be considered complete and valid. Best practice is to use a one-year expiration from the date the form is created and signed by the source individual (e.g. 10/15/10 – 10/15/11).

Exceptions to the right to revoke consent, if any:

This explains a source individual’s right to revoke authorization. If no other exceptions to the right to revoke consent exist, “None” or “No Exceptions” could be written here.

Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits (Note: Federal privacy regulations may restrict some consequences):

This section is intended to provide notice to the individual that refusal to sign the authorization may have an impact upon the provision of care. This is important when failure to release information limits access to services, payment, eligibility for housing or other entitlements, enrollment in clinical trials or research protocols, etc. For instances related to exposure incidents, “Not applicable” should be indicated here.

Please sign below only if you wish to authorize all facilities/persons listed on pages 1, 2 (and 3 if used) of this form to share information among and between themselves for the purpose of providing health care and services:

If communication among providers is intended, the client must sign and date this section. This allows for case conferencing between multiple providers.

INSTRUCTIONS FOR COMPLETING THE FORM DOH-2557 - Page 2 (& 3 if necessary):

These pages allow the source individual to specify the individual(s) or organization(s) to whom the information is being released.

Name and address of facility/person to be given general health and/or HIV-related information:

The form can be used to list as many providers as the client wishes, attaching additional pages (3, 4, 5, etc.) as necessary. Best practice is to name a specific individual or position within the facility, rather than granting the entire facility full access to a source individual's personal information. **Unused sections should be 'X'ed out.**

Additional providers should never be included after the release form has been signed and dated by the source individual. New forms should be created and reviewed with the source individual if additional providers are identified.

Reason for release, if other than stated on Page 1:

This section should only be completed if different from the reason stated on Page 1.

If information to be disclosed to this facility/person is limited, please specify:

This may only pertain in instances regarding time frames, such as a single event with no future communication planned.

Signature and Date:

This form is incomplete until the source individual has signed and dated it here, authorizing that he or she has reviewed and understood the form. If additional pages (3, 4, 5, etc.) are used, the individual must sign and date the bottom of each page. The date should be consistent on all pages. Once it has been signed and dated, the form should not be changed in any way.

Client/Patient Number:

This field may be used for reference, to attach an ID number used in a particular setting.

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**Cortland County Blood Borne Pathogen Exposure Incident
SOURCE INDIVIDUAL – CONSENT REFUSAL**

Source Individual Name: _____

I am the “source individual” for an exposure incident; however, I refuse to be tested for HIV, HBV, or HCV and/or to share my testing status except to the extent which is allowable by law without my consent.

Source Individual’s Signature: _____ Date: ____/____/____

Witness Signature: _____

Witness Printed Name: _____

| This section to be completed by Safety Officer | |
|--|-----------------|
| Date of Incident: ____/____/____ | Location: _____ |
| Brief Description of Incident: | |
| | |
| | |
| Exposed Individual’s Name(s): | |
| | |
| | |
| | |
| | |

Distribute as follows:

ORIGINAL = DEPARTMENT HEAD, COPY = INDIVIDUAL

******* SCAN ALL DOCUMENTATION TO: SAFETY@CORTLAND-CO.ORG *******

(This will route information to: Safety Officer, Personnel, County Admin, County Budget Office & County Attorney)

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EXPOSURE PACKET #2

For Exposed Employees who refuse Medical Evaluation

Be sure the individual understands the risks of not having a medical evaluation. Risks include:

1. Developing Hepatitis B and/or HIV infection; both of which can be treated if medical care is provided within TWO HOURS of exposure. Both diseases can lead to death.
2. Developing Hepatitis C, Hepatitis B, and/or HIV infection which in turn can then be unknowingly transmitted to intimate contacts.
3. Developing any of the above-mentioned diseases and having no way to prove that they were connected to a job-related exposure.

If the exposed employee still refuses Medical Evaluation – please complete the **“Refusal of Medical Treatment after Blood/Body Fluid Exposure Incident”** form and distribute it as noted.

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**REFUSAL OF MEDICAL TREATMENT AFTER
BLOOD / BODY FLUID EXPOSURE INCIDENT**

(this form must be signed in the presence of a witness)

Today's Date: _____ / _____ / _____ Date of Exposure: _____ / _____ / _____

Exposed Employee Name (print): _____

Source Individual Name *if known* (print): _____

I have been exposed to blood and/or potentially infectious body fluids. I have reported this incident to my employer and completed paperwork as directed. My employer has recommended that I be evaluated and possibly treated by a qualified medical professional, at no cost to me, following this incident.

I understand that because I was exposed to blood or body fluids I may become seriously ill, disabled, and/or could die. I understand that I could contract Hepatitis, the Human Immunodeficiency Virus (HIV) which causes AIDS, and/or other serious diseases. I understand that medical treatment should be sought within 24 hours after exposure, and that waiting longer than 48 hours may affect both the effectiveness of any medical treatment and my ability to file future worker's compensation claims or insurance claims related to this incident.

Against the advice of my employer, I hereby voluntarily refuse the free medical attention which has been offered to me, release my employer and my supervisor(s) from any and all liability related to this incident, and relinquish any right to bring future legal action related to this incident against any person or organization.

Exposed Employee Legal Signature: _____

Date: _____ / _____ / _____

Witness Name (print): _____

Witness Signature: _____

Date: _____ / _____ / _____

Safety Officer (*or Designee/Dept. Head*) Signature: _____

Date: _____ / _____ / _____

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EXPOSURE PACKET #3

For Exposed Employees Who Choose to be Evaluated

- Employees can be evaluated at the Cortland Regional Medical Center Emergency Department (CRMC ED) or by their own Health Care Provider (HCP). **Strongly encourage the employee to be evaluated at the CRMC ED for the following reasons:**
 - The CRMC ED has more experience dealing with exposures;
 - The CRMC ED will have the necessary medications more readily available than their private HCP might have.
- It is **IMPERATIVE** that employees seek medical attention immediately because HIV post-exposure prophylaxis, if needed, is most effective if given within the first **TWO HOURS** after exposure.
- Inform the employee that they will incur no personal expense for the testing/treatment and as such, any out-of-pocket costs can be submitted for reimbursement.
- Complete the top section of the “**Cortland County Employee Post-Exposure Form**”; send that, and a copy of the OSHA Bloodborne Pathogen Standard (**XI. The Standard**), with the employee to the ED (or their Health Care Provider). *Be sure to make a copy of the Post-Exposure Form for Safety Officer – follow-up is required if it is not returned from the CRMC ED (or HCP) within 7 days.*
- If available, make sure they also have a copy of the Source Individual’s **Authorization for Release of Health Information and Confidential HIV-Related Information*** form DOH 2557 to take with them to the ED/HCP (refer to Packet #1: Source Individual). *If a Designated Officer will be acting on the employee’s behalf to obtain source individual information, please also refer to Packet #4: Invoking the Ryan White Act.*

- ADVISE THE INDIVIDUAL TO ALERT THE CRMC ED (OR THEIR HCP) **IMMEDIATELY UPON ARRIVAL** THAT THEY ARE THERE TO BE EVALUATED/TREATED FOR AN EXPOSURE INCIDENT.
- **CALL AHEAD** to alert the CRMC ED (or the HCP) that you are sending an employee for post-exposure evaluation & treatment. The # for CRMC is 607-756-3500; ask for the *Emergency Department*. If it will speed the employee's arrival time at the ED, this form (and the Source Individual's **Authorization for Release of Health Information and Confidential HIV-Related Information*** form DOH 2557, if available) can be faxed to the ED (607-756-3515) while the employee is in route.



CORTLAND COUNTY EMPLOYEE POST-EXPOSURE FORM

This form should be completed by a Designated Officer and given to the employee to take to the ED or their Health Care Provider

Employee Name: _____ Position: _____

Incident/Exposure Date & Time: _____ Report Date: _____

Employee's duties as they relate to exposure incident: _____

Employee's reported description of the exposure, including route of exposure: _____

Please complete the following exposed Employee information if known:

HEP B Vaccination Status: _____ Last Tetanus Vaccination: _____

Allergies/Sensitivities: _____

Please complete the following Source Individual information:

SOURCE INDIVIDUAL IDENTITY: _____ or Not Known

If SOURCE INDIVIDUAL is already known to be infected, indicate below:

- HIV HBV HCV Status is Unknown:
 - DOH 2557 Authorization Form Included
 - Source Individual Refuses Testing

Information Provided By: _____ Title: _____

Phone: _____ E-Mail: _____@cortland-co.org Date: _____ Time: _____

This section to be completed by Treating Physician

HEALTH CARE PROFESSIONAL'S WRITTEN OPINION

Note to Physician: To assist the County in meeting OSHA/PESH requirements, please complete this form and return to the following address **within 7 days** of the exposure incident: (Note: OSHA regulations specify that the employer is to be given only the following information; please do not add additional information.):

Safety Officer - CONFIDENTIAL
Cortland County Office Building
60 Central Avenue
Cortland, NY 13045

Name of Treating Physician: _____

Address: _____

continued on back →

Was Hepatitis B vaccination indicated for employee? YES NO

If YES, did employee receive the vaccination? YES NO

Was the employee informed of the results of the evaluation? YES NO

Has the employee been told about any medical conditions resulting from this exposure that will require further evaluation or treatment? YES NO

Signature of Evaluating Physician

Date

Employee Statement: I have been counseled as to this blood/body fluid exposure and I understand the situation and what it entails for the present and future.

Signature of Employee

Date

Return completed form to the following address **within 7 days** of the exposure incident:

**Safety Officer - CONFIDENTIAL
Cortland County Office Building
60 Central Avenue
Cortland, NY 13045**



PLEASE GIVE THIS COPY TO THE MEDICAL PROFESSIONAL WHO IS EVALUATING YOU

AS PER: 1910.1030(f)(4)(ii)(A) – SEE PAGE 6 OF 8

XI. The Standard

General Industry

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—[AMENDED]

Subpart Z—[Amended]

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12-71 (36 FR 8754), 8-76 (41 FR 25059), or 9-83 (48 FR 35736), as applicable; and 29 CFR part 1911.

Section 1910.1030 also issued under 29 U.S.C. 653.

2. Section 1910.1030 is added to read as follows:

§ 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, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) 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 (b) Hepatitis B Vaccination and Postexposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless Systems means a device that does not use needles for:

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; or
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

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

Sharps with Engineered Sharps Injury Protection means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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) Record-keeping, 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. The review and update of such plans shall also:

(A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(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 chinlength 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, orthopaedic 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

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) of 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 soakthrough 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 14BV 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. Dry 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 1, 11, or 111) 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.

Oil 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 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:



BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or 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.

(1) 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:



BIOHAZARD

(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 or 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;

(1) 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;

(I) 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 H13V 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 (Q)(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) Are 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 in accordance with 29 CFR 1910.20.

(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.

(5) *Sharps Injury Log.* (i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(A) The type and brand of device involved in the incident;

(B) The department or work area where the exposure incident occurred; and

(C) An explanation of how the incident occurred.

(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

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

(2) The Exposure Control Plan required by paragraph (c)(2) 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.

Vaccine Declaration: [56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan. 18, 2001]

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.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

BILLING CODE 4510-26P



EXPOSURE PACKET #4

Invocation of the Ryan White Act

Necessary only when a Designated Officer
will be acting on behalf of an Exposed
Employee

INSTRUCTIONS FOR INVOKING RYAN WHITE ACT

- The County has named several members of its staff to act as “Designated Officers” (DO) in the event of an exposure incident. See the enclosed letter for the names of the DO’s. The DO is the person who is authorized to contact the health care provider who might have the medical history and/or laboratory reports on a source individual and request that information regarding the source individual’s infectious status (in regards to any reportable diseases on the Federal list) be released to the DO. Currently, the reportable diseases on the Federal list are: Hepatitis B, Hepatitis C, HIV, Rabies, Vaccinia, Measles, Tuberculosis, Varicella, Avian Influenza, Diphtheria, Meningococcal disease, Mumps, Pneumonic Plague, Rubella, SARS-CoV, Anthrax, Pertussis, and Viral Hemorrhagic Fevers
- When an exposure incident occurs in which the Ryan White Act is invoked, the request for the source individual’s information should be made on the enclosed form, “Request for Information under the Ryan White Act.” This form should be faxed to the hospital’s administration office, to the attention of the Infection Control Officer, or designee, at Cortland Regional that number is 607-756-3590; a phone call to 607-756-3501 should accompany the fax. For incidents that happen after normal business hours, fax the form at the beginning of the next business day. If the incident happens on a long weekend, request that the Infection Control Officer, or designee, be paged by calling 607-756-3500. Written requests will be responded to within 48 hours. **The DO should also refer to “Packet #1: Source Individual” to obtain the release (or refusal) form needed from the source individual.**
- If the Cortland Regional Medical Center is not the health care provider from which you are seeking the source individual’s information, DO’s should call the health care provider, identify themselves as the DO for their department, obtain the fax number to submit the completed “Request for Information under the Ryan White Act” form. If the provider requests proof of DO status, you should also fax a copy of the enclosed letter naming the DO’s.
- DO’s should share the information they’ve obtained from the source individual’s medical provider with the exposed employee. The information must not be shared with anyone else. Instruct the exposed employee that the information regarding the source patient is confidential and must not be disclosed to anyone other than the health care provider treating the exposed employee.

**Cortland County
Personnel/Civil Service**

60 Central Avenue
Cortland NY 13045-2746
607-753-5076
www.cortland-co.org/personnel

**ANNETTE D. BARBER
PERSONNEL OFFICER**

**Laurie L. Gosse
DEPUTY PERSONNEL OFFICER**

August 2, 2016

Maria Whitaker
Infection Control Officer
Cortland Regional Medical Center
134 Homer Ave.
Cortland, NY 13045

Dear Mrs. Whitaker:

Please accept this letter as the County's official request that the following people be listed as "Designated Officers" for the purpose of making request for release of medical information under the Ryan White Act.

The following people are appointed as Designate Officers:

| | |
|------------------------|---------------------------------|
| Sheriff Mark Helms | Captain Colleen Hull |
| Undersheriff Budd Rigg | Sgt. Joseph Congdon |
| Captain Rob Derksen | Sgt. Douglas Glover |
| Lt. Troy Boice | Sgt. Steven Vancise |
| Lt. Todd Caufield | Karen Howe, Esq. |
| Sgt. David Tobias | David Hartnett, Esq. |
| Sgt. Michael Winchell | Steve Cortright, Safety Officer |
| Sgt. Paul Knapp | |

Their appointment is effective until such time as the County sends notification that there are changes.

Sincerely,



Annette D. Barber
Personnel Officer



CORTLAND COUNTY
CORTLAND COUNTY OFFICE BUILDING
60 CENTRAL AVENUE, CORTLAND NY 13045

REQUEST FOR INFORMATION UNDER RYAN WHITE ACT

TO: _____

FROM: _____
(Designated Officer of Cortland County as per the attached Authorization Letter)

An employee of Cortland County has sustained a possible infectious disease exposure in the course of performing his/her duties.

This is a request, under the Ryan White Act, for you to release any information that may indicate whether or not the exposed employee had a significant risk of exposure to an infectious disease based on your review of the source individual's medical records.

Date of the Incident: _____

Brief description of the Incident: _____

Name of Source Individual (*if known*): _____

Source Individual's DOB: _____ / _____ / _____

Information on contacting the requesting Designated Officer (DO):

Name: _____

Address: _____

Work Phone: _____ Alternate Phone: _____

Best time to contact: _____

Alternate DO contact information: _____

Signature of Designated Officer: _____ Date: _____