Chapter 46: Blood-borne Pathogens

Quick Start Summary

Product ID: 734 | Revision ID: 2477 | Date published: 8 December 2021 | Date effective: 8 December 2021
URL: https://www-group.slac.stanford.edu/esh/eshmanual/references/pathogenQuickstart.pdf

1 Who needs to know about these requirements

The requirements of Blood-borne Pathogens apply to workers, supervisors, and the blood-borne pathogens program manager; subcontractors, Occupational Health, Human Resources Development and Services, and Stanford University.

2 Why

Cuts and lacerations, and other accidents, injuries, and illness, may expose workers to blood-borne pathogens either during the course of their daily work or during response to an emergency. Exposure to blood-borne pathogens is a serious threat to worker safety. To combat this threat, regulations (8 CCR 5193) require the preparation of an exposure control plan (ECP). This chapter constitutes the ECP for SLAC. It demonstrates our commitment to providing a safe and healthful work environment.

3 What do I need to know

Workers at risk of exposure must complete training, use appropriate personal protective equipment (PPE), follow housekeeping and disposal requirements, report exposure incidents immediately, and cooperate with Occupational Health in post-exposure evaluation.

For SLAC employees, Occupational Health performs all medical actions required by the standard, maintains appropriate employee health records, and makes them available to the employee upon request within 15 working days.

4 When

These requirements take effect 8 December 2021.

5 Where do I find more information

SLAC Environment, Safety, and Health Manual (SLAC-I-720-0A29Z-001)
- Chapter 46, “Blood-borne Pathogens”

Or contact the program manager.
Chapter 46

Blood-borne Pathogens

1 Purpose

The purpose of this program is to protect workers from the hazards of blood-borne pathogens. It covers identification of potentially exposed personnel, hazard controls, and post-exposure evaluation. It applies to workers, supervisors, and the blood-borne pathogens program manager; subcontractors, Occupational Health, Human Resources Development and Services, and Stanford University.

This program meets California requirements (8 CCR 5193) for an exposure control plan (ECP).

This program does not cover work with biohazardous materials. For those requirements, see Chapter 34, “Biosafety”.

2 Roles and Responsibilities

Functional roles and general responsibilities for each under this program are listed below. More detailed responsibilities and when they apply are provided in the procedures and requirements.

The roles may be performed by one or more individuals and one individual may play more than one role, depending on the structure of the organizations involved. Responsibilities may be delegated.

2.1 Worker

If at risk of exposure

- Completes training
- Uses appropriate personal protective equipment (PPE)
- Follows housekeeping and disposal requirements
- Reports exposure incidents immediately
- Cooperates with Occupational Health in post-exposure evaluation
- Complies with requirements of this chapter

2.2 Supervisor

- Ensures workers complete required training
- Ensures workers follow the requirements of this program
• Provides required PPE and supplies
• Ensures exposure incidents are properly reported
• In laboratories, ensures hazard communication: labels, and signs for storage/containers/work areas, on-the-job training, and access control

2.3 Subcontractor
• Maintains for their own at-risk employees all necessary PPE, engineering controls (such as sharps containers), labels, and red bags as required by the standard
• Provides training for their at-risk employees
• Ensures that all medical actions required by the standard are performed
• Maintains all appropriate employee health and Cal/OSHA records for their employees

Note SLAC provides PPE and training for SLAC Site Security subcontractor staff.

Immediate exposure evaluation will be available to all parties from Occupational Health, as will emergency supplies of PPE and other control equipment.

2.4 Occupational Health Center
• Ensures that all medical actions required by the standard are performed
• Maintains appropriate employee health records both for its own and SLAC employees
• Ensures that all sharps and Cal/OSHA 300 cases are reported to Human Resources Development and Services
• Provides and inspects labels for sharps and regulated waste containers and red bags
• Provides sharps and regulated waste containers and red bags for its own and SLAC staff as a matter of course and on an emergency basis for subcontractors
• Disposes of sharps and regulated waste for SLAC staff

2.5 Human Resources Development and Services Division
• Reports all SLAC staff sharps and Cal/OSHA 300 cases to Stanford University, based on initial reports from the Occupational Health Center

2.6 Stanford University
• Maintains the required Cal/OSHA 300 and sharps injury logs for SLAC employees and Occupational Health staff
• Provides training for Stanford employees
2.7 Blood-borne Pathogens Program Manager

- Is responsible for development and implementation of this program
- Develops training
- Maintains, reviews, and updates the program at least annually, and whenever necessary to include new or modified tasks and procedures
- Provides California Occupational Safety and Health Administration (Cal/OSHA) and National Institute of Occupational Safety and Health (NIOSH) representatives with copies of this chapter upon request

3 Procedures, Processes, and Requirements

These documents describe the detailed requirements for this program and how to implement them:

- Blood-borne Pathogens: General Requirements (SLAC-I-730-0A13S-004). Describes potentially exposed personnel, hazard controls, and post-exposure evaluation

These are the forms and tools for this program:

- Blood-borne Pathogens: SLAC Employee Hepatitis B Vaccine Offer and Declination Form (SLAC-I-730-0A13J-005). Form for documenting decision of an at-risk worker to accept or decline SLAC’s offer of a vaccination

4 Training

4.1 Worker

All at-risk SLAC employees must complete the following training:

- ESH Course 258, Blood-borne Pathogens Awareness (ESH Course 258) (every 12 months)
- ESH Course 258ME, Blood Borne Pathogen Medical Exam (ESH Course 258ME)

Stanford University employees are to complete equivalent Stanford training.

Users are to be trained by their home institution.

Subcontractors are to provide their own, equivalent training.

Note SLAC provides training for SLAC Site Security subcontractor staff.

5 Definitions

at risk. Refers to an individual whose daily work includes tasks with greater risk of exposure to blood-borne pathogens. Typical examples are medical, janitorial, and emergency response staff. See also occupational exposure.
blood-borne pathogen. An infectious viruses, bacteria, or other disease, such as the human immunodeficiency (HIV), hepatitis B (HBV), and hepatitis C (HCV) viruses

exposure control plan (ECP). A detailed plan to identify potential exposures to blood-borne pathogens and control those exposures through such measures as vaccinations, engineering and procedural controls, housekeeping, training, and personal protective equipment. This chapter constitutes the ECP for SLAC.

log, Cal/OSHA 300. Log used to record and classify occupational injuries and illnesses and for noting the extent of medical care provided, as required by 8 CCR 14300–14348

log, sharps. Log used to record every employee exposure incident involving a sharp, required by 8 CCR 5193

occupational exposure. “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” (8 CCR 5193)

other potentially infectious materials (OPIM). Material other than blood capable of harboring a blood-borne pathogen:

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

red bag. Bag used for the collection of infectious and biomedical/biohazardous waste and designed to meet labeling, color, and impact specifications. It must be conspicuously labeled with the words “biohazardous waste” or with the international biohazard symbol and the word “biohazard”. Bags containing biohazardous/biomedical waste must be red in color, and be labeled either as “infectious waste”, or with the international symbol and the word “biohazard”.

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

sharp. Any object that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Emergency Response Team (ERT). Volunteers trained in the emergency response procedures and the use of emergency supplies that are stored at SLAC (see Chapter 37, “Emergency Management”)

universal precaution. The rule that any blood or OPIM be treated as if infected by a blood-borne pathogen
Chapter 46: Blood-borne Pathogens

General Requirements

1 Purpose

The purpose of these requirements is to protect workers from exposure to blood-borne pathogens. They cover identification of personnel at risk of exposure, hazard controls, and post-exposure evaluation. They apply to workers, supervisors, and the blood-borne pathogens program manager; subcontractors, Occupational Health, Human Resources Development and Services, and Stanford University.

2 Requirements

2.1 Organizational Responsibilities

SLAC and its subcontractors will each maintain for their own at-risk employees all necessary personal protective equipment (PPE), engineering controls (such as sharps containers), labels, and red bags as required and will ensure that adequate supplies of this equipment are available in the appropriate sizes. Each organization will also assume responsibility for ensuring that all medical actions required by the standard are performed and all appropriate employee health and Cal/OSHA records for its employees (except as noted below) are maintained.

Immediate exposure evaluation will be available to all parties from Occupational Health, as will emergency supplies of PPE and other control equipment.

Table 1 summarizes responsibilities by organization (SLAC, Stanford University, user institutions, and subcontractors) for providing services and equipment related to blood-borne pathogens.

Table 1 Responsibilities by Organization

<table>
<thead>
<tr>
<th>Personnel</th>
<th>PPE</th>
<th>PPE, Emergency</th>
<th>Training</th>
<th>Exposure Evaluation</th>
<th>Health Records</th>
<th>Cal/OSHA and Sharps Logs</th>
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</table>
2.2 Exposure Determination

The following are all positions at SLAC in which workers are at risk of exposure.

2.2.1 Subcontractors

The following are subcontracted employees. As such, they are responsible for adhering to the requirements of this program, SLAC’s exposure control plan (ECP), in addition to complying with that of their own company.

- Occupational Health
  - Physician
  - Physician assistant
  - Registered nurse
  - Medical assistant
- Custodial services (contract employee, handling regulated waste)
- SLAC Site Security

2.2.2 SLAC Employees

The following are SLAC employee job classifications that may have occupational exposure:

- Emergency Response Team (ERT) member (SLAC employee, providing first aid)
- Custodial services (SLAC employee, handling regulated waste)
- Other employees who perform first aid and cardiopulmonary resuscitation (CPR) as part of their job duties and so may reasonably be expected to be exposed to blood-borne pathogens, such as
– Electricians working under the two-man rule (that is, performing high-voltage work, 600 volts or above, see Chapter 8, “Electrical Safety”)
– Electricians working on direct current equipment
– Electrical Development and Maintenance (ED&M) staff
– SSRL Beamline Electronics staff

2.2.3 Users / Researchers

Users and researchers may, due to the nature of their work, be exposed to blood-borne pathogens. These may include employees of SLAC, Stanford University, or other institutions.

2.3 Hazard Controls

2.3.1 Universal Precautions

All workers will utilize universal precautions: all human blood and other potentially infectious materials (OPIM) will be treated as if known to be infectious for HIV, HBV, HCV, and other blood-borne pathogens.

2.3.2 Exposure Control Plan

This chapter constitutes SLAC’s exposure control plan (ECP) required by 8 CCR 5193.

- At-risk workers will receive an explanation of this ECP as part of their training (ESH Course 258).
- All workers can review this plan at any time during their work shifts.

The blood-borne pathogens program manager is responsible for reviewing and updating 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.

2.3.3 Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood-borne pathogens. The specific engineering controls and work practice controls used are these:

- Sharps containers
- Hand washing facilities
- Retractable needles
- Safety syringes/monojects

Custodial services (both in-house and contracted) and emergency response employees will obtain sharps containers as needed from Occupational Health and will return them to Occupational Health for disposal whenever necessary to prevent overfilling.

SLAC identifies the need for changes in engineering controls and work practices through review of Cal/OSHA records and incident investigations.
The program manager will evaluate new procedures and new products at least annually by literature review or information from vendors or discussion with peers in other facilities. If newer or safer products are discovered during this review, steps will be taken to purchase them. All employees are encouraged to make recommendations for changes, updates and improvements to products and procedures.

Subcontractors are responsible for ensuring that these recommendations are evaluated and implemented for their own programs when appropriate.

### 2.3.4 Personal Protective Equipment

Personal protective equipment is provided to SLAC employees, at no cost to them. SLAC also provides PPE to users/researchers and SLAC Site Security and emergency PPE for all personnel. Training in the use of the appropriate PPE for specific tasks or procedures is provided by Occupational Health.

The types of PPE available to employees are as follows:

- Latex or other approved exam gloves
- Splash goggles
- Face shield
- Lab coats
- Face masks

Employees may contact Occupational Health to obtain PPE for use in emergency situations and for spill cleanup. Subcontractors will supply their own PPE for routine use but may contact Occupational Health for emergency situations.

All employees using personal protective equipment (PPE) to protect from blood-borne pathogens 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.

Used, disposable PPE that is potentially contaminated with blood or OPIM must be disposed of in red bags to be obtained from the Occupational Health Center or subcontractor as appropriate. Red bags must be secured by tying or with an adequate closure device and taken to the Occupational Health Center for disposal. (See Section 2.3.7.)
Note: For use of non-disposable PPE such as laboratory coats and face shields, contact your ESH coordinator.

2.3.5 Laundry

Laundry services will not be needed as personnel will use disposable PPE when treating patients and performing tasks that may expose them to blood or OPIM. All contaminated items will be disposed of in red bags and appropriately handled through the medical waste disposal vendor. Red bags may be obtained from the Occupational Health Center. Contaminated items in red bags may be taken to the Occupational Health Center for disposal.

2.3.6 Housekeeping

- 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.
- Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present. Refrigerators, freezers, and areas where potentially infectious materials are present, should be labeled with wording to the effect that food is not allowed in those areas.
- All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- Anyone cleaning up blood or OPIM should clean the affected area with disinfectant materials as soon as practical. All materials used in the cleanup should be disposed of as medical waste.

2.3.7 Waste Disposal

Regulated waste will be placed in containers, to be obtained from the Occupational Health Center or subcontractor as appropriate, that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Section 2.3.9), and closed prior to removal to prevent spillage or protrusion of contents during handling.

2.3.8 Sharps Disposal

- Sharps containers will be inspected regularly and replaced when they are two-thirds full. Closed sharps containers are taken to the Occupational Health Center for disposal. Occupational Health maintains a contract with a vendor for disposal of all medical wastes.
- Contaminated sharps will be 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.
- Sharps disposal containers will be available at the Occupational Health Center in the treatment, EKG, and examination rooms. Sharps containers will be made available to other SLAC employees for emergency use.
- Broken glassware that may be contaminated will only be picked up using mechanical means, such as a brush and dustpan.
- Contaminated needles and other contaminated sharps will 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.
- Such bending, recapping, or needle removal must be accomplished using a mechanical device or a one-handed technique.

2.3.9 Labels

The following labeling methods are used in this facility:
- Red bags appropriately labeled from the manufacturer for contaminated PPE and spill cleanup material
- Biohazard labels for specimens in the Occupational Health Center

Custodial personnel, ERT members, and emergency responders are trained and responsible for placing all blood and OPIM items in red bags. Occupational Health is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the Occupational Health Center. Employees will notify Occupational Health if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, and such without proper labels.

2.3.10 Hepatitis B Vaccination

Occupational Health will provide information to its own and SLAC employees on HBV vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Subcontractors will provide HBV vaccinations to their own employees.

The HBV vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified as being at risk. Vaccination is encouraged unless

1. Documentation exists that the employee has previously received the series
2. Antibody testing reveals that the employee is immune
3. Medical evaluation shows that vaccination is contraindicated

Employees who decline may request and obtain the vaccination at a later date at no cost.

The decision to accept or decline the vaccination is documented using the Blood-borne Pathogens: SLAC Employee Hepatitis B Vaccine Offer and Declination Form).

Documentation of declination of the vaccination is kept at the Occupational Health Center. Vaccination records will be provided by Occupational Health.

Following the medical evaluation, a copy of the health care professional’s written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the vaccine and whether the vaccine was administered.
2.4 Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, SLAC will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1. Occupational Health will document the route(s) of exposure, and the circumstances under which the exposure incident occurred.

2. Occupational Health will identify and document the source individual, unless the identification is infeasible or prohibited by state or local law:
   1. The source individual’s blood will be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity.
   2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual’s known HBV, HCV or HIV status need not be repeated.
   3. Results of the source individual’s testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3. Occupational Health will provide for collection and testing of the employee’s blood for HBV, HCV and HIV serological status:
   1. The exposed employee’s blood is to be collected as soon as feasible and tested after consent is obtained.
   2. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample will 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 will be done as soon as feasible.
   3. Additional collection and testing will be made available as recommended by the US Public Health Service.

4. Occupational Health will provide for post-exposure prophylaxis, when medically indicated, as recommended by the US Public Health Service.

5. Occupational Health will provide counseling and evaluation of reported illnesses.

3 Forms

The following forms and systems are required by these requirements:

- Blood-borne Pathogens: Hepatitis B Vaccine Offer and Declination Form (SLAC-I-730-0A13J-005).
  Form for documenting decision of an at-risk worker to accept or decline SLAC’s offer of a vaccination

4 Recordkeeping

The following recordkeeping requirements apply for these requirements.
4.1 Medical Records

Medical records are maintained for each at-risk employee in accordance with 8 CCR 3204. These confidential records are kept for at least the duration of employment plus 30 years.

Employee medical records will be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

Occupational Health is responsible for maintenance of the required medical records for its own and SLAC employees, subcontractors for their own employees.

4.2 Sharps Injury Log

In addition to the Cal/OSHA 300 (8 CCR 14300–14348) recordkeeping requirements, all percutaneous injuries from contaminated sharps are also recorded in a sharps injury log. All incidence entries 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

Occupational Health will contact Human Resources Development and Services to ensure these injuries from sharps are recorded in the sharps injury log kept by Stanford University. Subcontractors will maintain a separate log for their employees.

4.3 Cal/OSHA 300 Log

Exposure incidents will be evaluated to determine if they meet the Cal/OSHA 300 recordkeeping requirements (8 CCR 14300–14348). All exposure incidents will be reported, following the Incident Reporting and Investigation Process. The Cal/OSHA 300 log will be maintained by Stanford University for SLAC employees, and by subcontractors for theirs.

5 References

SLAC Environment, Safety, and Health Manual (SLAC-I-720-0A29Z-001)
- Chapter 46, “Blood-borne Pathogens”
- Chapter 8, “Electrical Safety”
- Chapter 37, “Emergency Management”

Other SLAC Documents
- ESH Course 258, Blood-borne Pathogens Awareness (ESH Course 258)
- Incident Reporting and Investigation Process (SLAC-I-701-O03-006-00)
Other Documents

- Title 8, *California Code of Regulations*, “Industrial Relations”, Division 1, “Department of Industrial Relations”
6 References

6.1 External Requirements

The following are the external requirements that apply to this program. The most current version applies unless otherwise indicated.

- Title 8, California Code of Regulations, “Industrial Relations”, Division 1, “Department of Industrial Relations”

6.2 Related Documents

SLAC Environment, Safety, and Health Manual (SLAC-I-720-0A29Z-001)
- Chapter 19, “Personal Protective Equipment”
- Chapter 34, “Biosafety”
- Chapter 37, “Emergency Management”

Other SLAC Documents
- Incident Reporting and Investigation Process (SLAC-I-701-O03-006-00)
Sample form, see URL at top of page
851>Cal/OSHA Implementation Plan: Blood-borne Pathogens

This form is for documenting changes to a program and the program’s supporting resources (ESH Manual chapter or similar program description, training courses, databases, and so on) resulting from the adoption of the model Revolutionary Working Group (RWG) contract (see below) and the associated DOE variance from 10 CFR 851, “Worker Safety and Health Program”. The purpose is to ensure consistent, concise descriptions of the resulting changes. The form is to be completed by the program manager and sent to the DOE as a cover sheet with the revised documents. The general process is as follows:

1. Program manager completes form
2. Changes to program resources made and reviewed following normal revision processes
3. DOE sent draft form and revisions
4. Changes to program resources published
5. DOE sent final form and revisions

1 Introduction

The RWG model contract and 10 CFR 851 variance are intended to simplify and improve the implementation of worker safety and health requirements by tailoring the laws, regulations, and standards that apply while achieving a level of protection equivalent to the requirements of 10 CFR 851. This mostly entails replacing federal Occupational Safety and Health Administration (OSHA) regulations (29 CFR 1910 and 1926) with Cal/OSHA regulations (8 CCR) as external requirements to be complied with but may also involve other laws and regulations and either different versions of industry standards than those cited in 10 CFR 851 or entirely different standards. (One purpose of this form is to capture the specific changes in external requirements for each program.) (For more information on this effort, see the variance application in 851>Cal/OSHA resources.)

2 Plan

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<th>Field Number</th>
<th>Field Name</th>
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<td>3</td>
<td>LBNL counterpart</td>
<td>Arredondo, Karla Murcia (SME list) (LBNL Phonebook)</td>
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<td></td>
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<td>6. Other program resources</td>
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<td>7. Current external requirements</td>
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<td>▪ 29 CFR 1904</td>
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<td>▪ 29 CFR 1910.1030</td>
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<td>▪ 8 CCR 5193</td>
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<td>The following is a list of current external reference/guidance documents.</td>
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<td>▪ United States Environmental Protection Agency, EPA Antimicrobial Chemical/Registration Number Indexes (January 2005)</td>
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<td>8. Proposed external requirements</td>
<td>List all the external requirements that will apply to this program. To determine, start by looking up existing external requirements in 851&gt;Cal/OSHA resources (variance, gap analysis, and contract) and finding replacements (for example a specific section in 29 CFR 1910 to a specific section in 8 CCR or a current version of an industry standard). Where Cal/OSHA requirements are less stringent than those of 10 CFR 851, check with Jeremy Sawyer on which to use. Enter “no changes” if none.</td>
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<td>▪ 8 CCR 5193</td>
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<tr>
<td>▪ 8 CCR 14300</td>
<td></td>
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<tr>
<td>▪ 8 CCR 3204</td>
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<tr>
<td>9. Proposed substantive changes</td>
<td>Describe (list) the substantive changes to be made in the program, based on the new external requirements. Enter “no changes” if none.</td>
<td></td>
</tr>
<tr>
<td>▪ Does not have a reporting requirement contained within the recordkeeping regulation. The California reporting requirement for serious occupational injury, illness or death, are contained within Title 8, Section 342 with no 30-day time frame limit from incident to death.</td>
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</tr>
<tr>
<td>▪ All “OSHA 300, 300A, 301” references changed to Cal/OSHA 300, 300 A, 301” Respectively.</td>
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<td></td>
</tr>
<tr>
<td>10. Additional proposed substantive changes</td>
<td>Describe (list) the substantive changes to be made in the program, in addition to those based on the new external requirements. For example, those due to stakeholder input, other reviews and audits, operating experience. Enter “no changes” if none.</td>
<td></td>
</tr>
<tr>
<td>▪ Section 5.1.1.1 SLAC and its Subcontractors: Universal Building Services is called out. Need to verify accurate or change to more generic “SLAC Custodial Contractor”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Affected program documents</td>
<td>List program documents affected by the changes above. Enter “no changes” if none.</td>
<td></td>
</tr>
<tr>
<td>▪ ESH Manual Chapter 46: Blood-borne Pathogens</td>
<td></td>
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<tr>
<td>▪ Blood-borne Pathogens: Personal Protective Equipment</td>
<td></td>
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<tr>
<td>▪ Blood-borne Pathogens: Sharps Disposal Procedure</td>
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<tr>
<td>▪ Blood-borne Pathogens: Post-exposure Procedure</td>
<td></td>
<td></td>
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<tr>
<td>▪ Blood-borne Pathogens: SLAC Employee Hepatitis B Vaccine Offer and Declination Form</td>
<td></td>
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</tr>
</tbody>
</table>
### Field Number Field Name Field

| 12. | Affected training courses | List training courses affected by the changes above. *Enter “no changes” if none.* |
|     |                           | - ESH Course 258, Blood-borne Pathogens Awareness (ESH Course 258) |

| 13. | Other affected program resources | List other program resources affected by the changes above. *Enter “no changes” if none.* |
|     |                                | - Incident Reporting and Investigation Process |
|     |                                | - “Incident Investigation” Log, OSHA 300 |

| 14. | Comments/Questions/Issues | Add any comments or questions regarding applicable requirements or changes. [Add text] |

| 15. | Status | ★ Initial draft (proposed changes) ★ Draft (for DOE review) ★ Final (published changes) |