

# Communicable Diseases

## 1006.1 PURPOSE AND SCOPE

This policy provides general guidelines to assist in minimizing the risk of department members contracting and/or spreading communicable diseases.

### 1006.1.1 DEFINITIONS

Definitions related to this policy include:

**Communicable disease** - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B virus (HBV), HIV and tuberculosis.

**Exposure** - When an eye, mouth, mucous membrane or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing or coughing (e.g., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to a member's position at the Fresno State Police Department. (See the exposure control plan for further details to assist in identifying whether an exposure has occurred.)

## 1006.2 POLICY

The Fresno State Police Department is committed to providing a safe work environment for its members. Members should be aware that they are ultimately responsible for their own health and safety.

## 1006.3 EXPOSURE CONTROL OFFICER

The University has designated a person as the Exposure Control Officer (ECO) for the University. The ECO shall develop an exposure control plan that includes:

- (a) Exposure-prevention and decontamination procedures.
- (b) Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.
- (c) The provision that department members will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) for each member's position and risk of exposure.
- (d) Evaluation of persons in custody for any exposure risk and measures to separate them (15 CCR 1051; 15 CCR 1207).
- (e) Compliance with all relevant laws or regulations related to communicable diseases, including:
  1. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
  2. Bloodborne pathogen mandates including (8 CCR 5193):

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- (a) Sharps injury log.
- (b) Needleless systems and sharps injury protection.
- 3. Airborne transmissible disease mandates including (8 CCR 5199):
  - (a) Engineering and work practice controls related to airborne transmissible diseases.
  - (b) Distribution of appropriate personal protective equipment to minimize exposure to airborne disease.
- 4. Promptly notifying the county health officer regarding member exposures (Penal Code § 7510).
- 5. Establishing procedures to ensure that members request exposure notification from health facilities when transporting a person that may have a communicable disease and that the member is notified of any exposure as required by Health and Safety Code § 1797.188.
- 6. Informing members of the provisions of Health and Safety Code § 1797.188 (exposure to communicable diseases and notification).
- (f) Provisions for acting as the designated officer liaison with health care facilities regarding communicable disease or condition exposure notification. The designated officer should coordinate with other department members to fulfill the role when not available. The designated officer shall ensure that the name, title and telephone number of the designated officer is posted on the Department website (Health and Safety Code § 1797.188).
- (g) Coordination with the Department of Human Resources to provide required notices to members regarding COVID-19 exposures (Labor Code § 6409.6).

The ECO should also act as the liaison with the Division of Occupational Safety and Health (Cal/OSHA) and may request voluntary compliance inspections. The ECO shall annually review and update the exposure control plan and review implementation of the plan (8 CCR 5193).

Please review the University's Exposure Control Plan.

[See attachment: Bloodborne Pathogens Exposure Control Plan master copy.pdf](#)

#### **1006.4 EXPOSURE PREVENTION AND MITIGATION**

##### **1006.4.1 GENERAL PRECAUTIONS**

All members are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes, but is not limited to (8 CCR 5193):

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area or department vehicles, as applicable.

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- (b) Wearing department-approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.
- (c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.
- (d) Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.
- (e) Using an appropriate barrier device when providing CPR.
- (f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.
- (g) Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing and portable radio) as soon as possible if the equipment is a potential source of exposure.
  - 1. Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
- (h) Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.
- (i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
- (j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

#### 1006.4.2 IMMUNIZATIONS

Members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (8 CCR 5193).

#### 1006.5 POST EXPOSURE

##### 1006.5.1 INITIAL POST-EXPOSURE STEPS

Members who experience an exposure or suspected exposure shall:

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).
- (b) Obtain medical attention as appropriate.
- (c) Notify a supervisor as soon as practicable.

##### 1006.5.2 REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented (8 CCR 5193):

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- (a) Name and Social Security number of the member exposed
- (b) Date and time of the incident
- (c) Location of the incident
- (d) Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)
- (e) Work being done during exposure
- (f) How the incident occurred or was caused
- (g) PPE in use at the time of the incident
- (h) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the member that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor should complete the incident documentation in conjunction with other reporting requirements that may apply (see the Occupational Disease and Work-Related Injury Reporting Policy).

#### 1006.5.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Department members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary (8 CCR 5193).

The ECO should request a written opinion/evaluation from the treating medical professional that contains only the following information:

- (a) Whether the member has been informed of the results of the evaluation.
- (b) Whether the member has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

No other information should be requested or accepted by the ECO.

#### 1006.5.4 COUNSELING

The Department shall provide the member, and his/her family if necessary, the opportunity for counseling and consultation regarding the exposure (8 CCR 5193).

#### 1006.5.5 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member or when it is otherwise appropriate (8 CCR 5193). Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the exposed member's supervisor to ensure testing is sought.

Source testing may be achieved by:

- (a) Obtaining consent from the individual.

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- (b) Complying with the statutory scheme of Health and Safety Code § 121060. This includes seeking consent from the person who was the source of the exposure and seeking a court order if consent is not given.
- (c) Testing the exposed member for evidence of a communicable disease and seeking consent from the source individual to either access existing blood samples for testing or for the source to submit to testing (Health and Safety Code § 120262).
- (d) Taking reasonable steps to immediately contact the County Health Officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the County Health Officer will order testing (Penal Code § 7510).
- (e) Under certain circumstances, a court may issue a search warrant for the purpose of HIV testing a person when the exposed member qualifies as a crime victim (Penal Code § 1524.1).

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult the District Attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if he/she refuses.

#### **1006.6 CONFIDENTIALITY OF REPORTS**

Medical information shall remain in confidential files and shall not be disclosed to anyone without the member's written consent (except as required by law). Test results from persons who may have been the source of an exposure are to be kept confidential as well.

#### **1006.7 TRAINING**

All members shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training (8 CCR 5193):

- (a) Shall be provided at the time of initial assignment to tasks where an occupational exposure may take place and at least annually after the initial training.
- (b) Shall be provided whenever the member is assigned new tasks or procedures affecting his/her potential exposure to communicable disease.
- (c) Should provide guidance on what constitutes an exposure, what steps can be taken to avoid an exposure and what steps should be taken if a suspected exposure occurs.

## **Attachments**

## **Bloodborne Pathogens Exposure Control Plan master copy.pdf**

# BLOODBORNE PATHOGENS

## EXPOSURE CONTROL PLAN



CALIFORNIA STATE UNIVERSITY, FRESNO

OFFICE OF

ENVIRONMENTAL HEALTH AND SAFETY

January 2015



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## SECTION I

### PURPOSE OF THE PLAN

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out . . . to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030. The State of California has further codified the Standard in CCR Title 8 GISO Section 5193. The purpose of the Bloodborne Pathogens Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens" that employees may encounter in their workplace.

California State University, Fresno believes that there are a number of "good general principles" that should be followed when working with bloodborne pathogens. These include that:

- It is prudent to minimize all exposure to bloodborne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- The campus should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

The University has implemented this Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- To protect our employees from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

Students who are employed by the University are considered to be employees as described within this plan. All other students not covered under this plan however, will still need to follow all of the recommendations made in the plan in order to ensure their safety. The costs of vaccination and testing, if needed, will have to be borne by any such individual students who are not employees of the University.

## **SECTION II**

### **GENERAL PROGRAM MANAGEMENT**

#### **A. RESPONSIBLE PERSONS**

There are four major "Categories of Responsibility" that are central to the effective implementation of the Exposure Control Plan. These are:

- The "Exposure Control Officer".
- Department Managers and Supervisors.
- Education/Training Instructors.
- Employees.

The following sections define the roles played by each of these groups in carrying out our plan. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, the Office of Environmental Health & Safety, Risk Management and Sustainability (EHS RMS) is to be notified of the change, so that the records can be updated.

#### **EXPOSURE CONTROL OFFICER**

The "Exposure Control Officer" will be responsible for overall management and support of the University's Bloodborne Pathogens Compliance Program. Activities which are delegated to the Exposure Control Officer typically include, but are not limited to:

- Overall responsibility for implementing the Exposure Control Plan for all campus facilities.
- Working with administrators and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- Looking for ways to improve the Exposure Control Plan, as well as to revise and update the plan when necessary.
- Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.
- Knowing current legal requirements concerning bloodborne pathogens.
- Acting as University liaison during OSHA inspections.

- Conducting periodic on-campus facility audits to maintain an up-to-date Exposure Control Plan.

## **DEPARTMENT CHAIRMEN AND SUPERVISORS**

Department Chairmen and Supervisors are responsible for exposure control in their respective areas. They work directly with the Exposure Control Officer and campus employees to ensure that proper exposure control procedures are followed.

## **EDUCATION/TRAINING COORDINATOR**

The Office of EHS RMS will be responsible for coordinating information and training to all employees who have the potential for exposure to bloodborne pathogens. Activities falling under the direction of the Office of EHS RMS include:

- Maintaining an up-to-date list of campus personnel requiring training (in conjunction with facility management).
- Developing suitable education/training programs.
- Scheduling periodic training seminars for employees.
- Maintaining appropriate training documentation such as "Sign-in Sheets", Quizzes, etc.
- Periodically reviewing the training programs with the Exposure Control Officer, Department Chairmen and Supervisors to include appropriate new information.

## **EMPLOYEES**

As with all of the University's activities, its employees have the most important role in the bloodborne pathogens compliance program, for the ultimate execution of much of the Exposure Control Plan rests in their hands. In this role employees must do things such as:

- Know what tasks they perform that have occupational exposure.
- Attend the bloodborne pathogens training sessions.
- Plan and conduct all operations in accordance with our work practice controls.
- Develop good personal hygiene habits.

## **B. AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES**

To help employees with their efforts, copies of the University's Exposure Control Plan are available to them at all times. Employees are advised of this availability during their education/training sessions. Copies of the Exposure Control Plan are kept in the following locations:

- Office of Environmental Health & Safety, Risk Management and Sustainability
- Department of Biology, College of Science and Mathematics
- Department of Chemistry (Forensic Science), College of Science and Mathematics
- Department of Nursing, College of Health and Human Services
- Department of Kinesiology, College of Health and Human Services
- Department of Physical Therapy, College of Health and Human Services
- University Health and Psychological Services
- Department of Facilities Management
- Department of Public Safety

## **C. REVIEW AND UPDATE OF THE PLAN**

The University recognizes that it is important to keep the Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually, on or before May 5th of each year.
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees.
- Whenever our employees' jobs are revised such that new instances of occupational exposure may occur.
- Whenever new functional positions are established within any campus facility that may involve exposure to bloodborne pathogens.

## SECTION III

### EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this in on-campus facilities, the University has prepared the following lists:

- Job classifications in which all employees have occupational exposure to bloodborne pathogens.
- Job classifications in which some employees have occupational exposure to bloodborne pathogens.
- Tasks and procedures in which occupational exposure to bloodborne pathogens occur (these tasks and procedures are performed by employees in the job classifications shown on the two previous lists).

The Office of EHS RMS will work with department chairmen and supervisors to revise and update these lists as tasks, procedures, and classifications change.

**JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES**

**HAVE EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications on-campus where all employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

<b><u>JOB TITLE</u></b>	<b><u>DEPARTMENT/LOCATION</u></b>
<u>Director</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Physicians</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Registered Nurses</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Nurse Practitioners</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Radiologist</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Licensed Vocational Nurses</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Clinical Aides</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Clinical Lab Technicians</u>	<u>Univ Health &amp; Psych. Services</u>
<u>Student Assistants</u>	<u>Univ Health &amp; Psych. Services</u>
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**JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES  
HAVE EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications on-campus where some employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

<b><u>JOB TITLE</u></b>	<b><u>DEPARTMENT/LOCATION</u></b>
<u>Professors</u>	<u>Nursing</u>
<u>Instructors</u>	<u>Nursing</u>
<u>Instructional Support Technicians</u>	<u>Nursing</u>
<u>Professors</u>	<u>Physical Therapy</u>
<u>Instructors</u>	<u>Physical Therapy</u>
<u>Public Safety Investigators</u>	<u>Public Safety</u>
<u>Supervising Public Safety Officers</u>	<u>Public Safety</u>
<u>Public Safety Officers</u>	<u>Public Safety</u>
<u>Professors</u>	<u>Kinesiology</u>
<u>Instructors</u>	<u>Kinesiology</u>
<u>Instructional Support Technicians</u>	<u>Kinesiology</u>
<u>Athletic Coaches</u>	<u>Athletics</u>
<u>Athletic Equipment Technicians</u>	<u>Athletics</u>
<u>Equipment Technicians</u>	<u>Athletics</u>
<u> </u>	<u> </u>



**JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES**

**HAVE EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications on-campus where some employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

<b><u>JOB TITLE</u></b>	<b><u>DEPARTMENT/LOCATION</u></b>
<u>Professors</u>	<u>Biology</u>
<u>Instructors</u>	<u>Biology</u>
<u>Instructional Support Technicians</u>	<u>Biology</u>
<u>Professors</u>	<u>Chemistry</u>
<u>Instructors</u>	<u>Chemistry</u>
<u>Instructional Support Technicians</u>	<u>Chemistry</u>
<u>Supervising Custodians</u>	<u>Plant Operations</u>
<u>Lead Custodians</u>	<u>Plant Operations</u>
<u>Custodians</u>	<u>Plant Operations</u>
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**WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE  
TO BLOODBORNE PATHOGENS**

Below are listed the tasks and procedures in the campus facilities in which human blood and other potentially infectious materials are handled, which may result in exposure to bloodborne pathogens:

<u>TASK/PROCEDURE</u>	<u>JOB CLASSIFICATION</u>	<u>DEPARTMENT/LOCATION</u>

## SECTION IV

### METHODS OF COMPLIANCE

The University understands that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in its campus facilities. The first five areas dealt with in the plan are:

- The use of Universal Precautions.
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls.
- Using necessary Personal Protective Equipment.
- Implementing appropriate Housekeeping Procedures.

Each of these areas is reviewed with our employees during their bloodborne pathogens related training (see the "Information and Training" section of this plan for additional information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, it is felt that this will eliminate or minimize our employees' occupational exposure to bloodborne pathogens as much as is possible.

#### A. UNIVERSAL PRECAUTIONS

In all of the campus facilities the University observes the practice of "Universal Precautions" to prevent contact with blood and other potentially infectious materials. As a result, all human blood and the following body fluids are treated as if they are known to be infectious for HBV, HIV and other bloodborne pathogens:

- Semen.
- Vaginal secretions.
- Cerebrospinal fluid.
- Synovial fluid.
- Pleural fluid.
- Pericardial fluid.
- Peritoneal fluid.
- Amniotic fluid.
- Saliva.

In circumstances where it is difficult or impossible to differentiate between body fluid types, all body fluids are assumed to be potentially infectious.

The Office of EHS RMS is responsible for overseeing the University's Universal Precautions Program.

## **B. ENGINEERING CONTROLS**

One of the key aspects to the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, the campus facilities employ equipment such as biohazard materials containers, sharps disposal containers, and ventilating laboratory hoods as appropriate.

The Office of EHS RMS periodically works with department chairmen and supervisors to review tasks and procedures performed in the campus facilities where engineering controls can be implemented or updated.

These tasks and procedures will be reexamined during the annual Exposure Control Plan review and opportunities for new or improved engineering controls will be identified. Any existing engineering controls will also be reviewed for proper function and needed repair or replacement every 12 months, the review being conducted in conjunction with the department chairman or supervisor where the equipment is located.

Some or all of the following engineering controls are used throughout the campus:

- Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated reusable sharps having the following characteristics:
  - Puncture-resistant
  - Color-coded or labeled with a biohazard warning label.
  - Leak-proof on the sides and bottom.
- Specimen containers which are:
  - Leak-proof
  - Color-coded or labeled with a biohazard warning label.
  - Puncture-resistant, when necessary.
- Secondary containers which are:
  - Leak-proof.
  - Color-coded or labeled with a biohazard warning label.
  - Puncture-resistant, if necessary.
- Self-sheathing needles.

## ENGINEERING CONTROL EQUIPMENT

The following areas have, or should have, Engineering Control Equipment to eliminate or minimize the employees' exposure to bloodborne pathogens. If equipment is needed but not yet installed "None" is indicated in the "Control Equipment" column.

<u>DEPARTMENT/LOCATION</u>	<u>CONTROL EQUIPMENT</u>	<u>NEEDS UPDATING?</u>	<u>LAST REVIEW DATE</u>

## C. WORK PRACTICE CONTROLS

In addition to engineering controls, the University uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens.

The Office of EHS RMS is responsible for overseeing the implementation of these Work Practice Controls in conjunction with the department chairmen and supervisors.

The University has adopted the following Work Practice Controls as part of the Bloodborne Pathogens Compliance Program:

- Employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
- Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:
  - It can be demonstrated that there is no feasible alternative.
  - The action is required by specific medical procedure.
  - In the two situations above the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- All procedures involving blood or other infectious materials minimize splashing, spraying or other actions generating droplets of these materials.
- Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and

storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well).

- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
  - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
  - Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

When a new employee is hired on-campus, or an employee changes jobs to another campus facility, the following process takes place to ensure that they are trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which have been identified in the Exposure Control Plan as those in which occupational exposure occurs.
- If the employee is transferring from one job to another on-campus, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
- Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the employee into occupational exposure situations are identified.
- The employee is then trained by the Environmental Health and Safety Office or another instructor regarding any work practice controls that the employee is not experienced with.

#### **D. PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment is the campus employees' "last line of defense" against bloodborne pathogens. Because of this, the University provides (at no cost to our employees) the Personal Protective Equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Gloves.
- Gowns.
- Laboratory coats.
- Face shields/masks.
- Safety glasses.

- Goggles.
- Mouthpieces.
- Resuscitation bags.
- Pocket masks.
- Hoods.
- Shoe covers.

Hypoallergenic gloves, gloveliners and similar alternatives are readily available to employees who are allergic to the gloves the campus facilities normally use.

The Office of EHS RMS, working with department chairmen and supervisors, is responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.

The University's employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position.

To determine whether additional training is needed, the employee's previous job classification and tasks are compared to those for any new job or function that they undertake. Any needed training is provided by their department chairman or supervisor working with the Office of EHS RMS.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the campus facilities adhere to the following practices:

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by forwarding that equipment to the Office of EHS RMS.

To make sure that this equipment is used as effectively as possible, our employees adhere to the following practices when using their personal protective equipment:



- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- All personal protective equipment is removed prior to leaving a work area.
- Gloves are worn in the following circumstances:
  - Whenever employees anticipate hand contact with potentially infectious materials.
  - When performing vascular access procedures.
  - When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.
- Surgical caps/hoods and/or shoe covers/boots are used in any instances where "gross contamination" is anticipated (such as autopsies and orthopedic surgery).

## **E. HOUSEKEEPING**

Maintaining the facilities on campus in a clean and sanitary condition is an important part of the University's Bloodborne Pathogens Compliance Program. All areas that have the potential for bloodborne pathogens contamination should set up a cleaning schedule which will include the following information:

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions that are appropriate.

## CLEANING SCHEDULE

AREA	SCHEDULED CLEANING (DAY/TIME)	CLEANERS & DISINFECTANTS USED	SPECIAL INSTRUCTIONS

Using this schedule, the housekeeping/environmental services staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
  - After the completion of medical procedures.
  - Immediately (or as soon as feasible) when surfaces are overtly contaminated.
  - After any spill of blood or infectious materials.
  - At the end of the work shift if the surface may have been contaminated during that shift.
- Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) are removed and replaced:
  - As soon as it is feasible when overtly contaminated.
  - At the end of the work shift if they may have been contaminated during the shift.
- All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
- Contaminated reusable sharps are stored in containers that do not require "hand processing".

The University is also very careful about the campus facilities handling of regulated waste (including contaminated sharps, laundry, used bandages and other potentially infectious materials). The following procedures are used with all of these types of wastes:

- They are discarded or "bagged" in containers that are:
  - Closeable.
  - Puncture-resistant.
  - Leak-proof if the potential for fluid spill or leakage exists.
  - Red in color or labeled with the appropriate biohazard warning label.
- Containers for this regulated waste are located in all of the campus facilities within easy access of our employees and as close as possible to the sources of the waste.
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Contaminated laundry is handled as little or possible and is not sorted or rinsed where it is used.
- Whenever our employees move containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

The Office of EHS RMS is responsible for the collection and handling of the University's contaminated waste.

## **SECTION V**

### **HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The Administration, Faculty and Staff of the University recognize that even with good adherence to all of our exposure prevention practices, exposure incidents can occur. As a result, a Hepatitis B Vaccination Program has implemented, as well as setting up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

#### **A. VACCINATION PROGRAM**

To protect our employees as much as possible from the possibility of Hepatitis B infection, the University has implemented a vaccination program for those employees who may be at risk to exposure. This program is discussed in the bloodborne pathogens training and is available to all employees who may have occupational exposure to bloodborne pathogens. The cost of the vaccination program is covered under the medical monitoring budget currently administered by the Human Resources Office.

Vaccinations are available to University employees through the Saint Agnes Occupational Health Center.

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional. Employees who decline to take part in the program will sign the "Vaccination Declination Form".

**EMPLOYEES ELIGIBLE FOR HEPATITIS B VACCINATION**

<b>EMPLOYEE</b>	<b>DEPARTMENT</b>	<b>ACCEPTED/ DECLINED</b>	<b>DATES SCHEDULED</b>	<b>INOCULATION RECEIVED #1 / #2 / #3</b>			<b>ADMINISTERING HEALTHCARE PROFESSIONAL (INITIALS)</b>

**VACCINATION DECLINATION FORM**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potential 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 the 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 any time at no charge to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Representative Signature

\_\_\_\_\_  
Date

## **B. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

If one or more campus employees are involved in an incident where exposure to bloodborne pathogens may have occurred there are two things that the University will immediately focus its efforts on:

- Investigating the circumstances surrounding the exposure incident.
- Making sure that the employees receive medical consultation and treatment (if required) as expeditiously as possible.

Each Department with the assistance of the Office of EHS RMS investigates every exposure incident that occurs within that department. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

- When the incident occurred.
  - Date and time.
- Where the incident occurred.
  - Location within the campus facility.
- What potentially infectious materials were involved in the incident.
  - Type of material (blood, amniotic fluid, etc.).
- Source of the material.
- Under what circumstances the incident occurred.
  - Type of work being performed.
- How the incident was caused.
  - Accident.
  - Unusual circumstances (such as equipment malfunction, power outage, etc.).
- Personal protective equipment being used at the time of the incident.
- Actions taken as a result of the incident.
  - Employee decontamination.
  - Cleanup.
  - Notifications made.

After this information is gathered it is evaluated, a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future. To help with this, the "Incident Investigation Form" found on the following page is used.

In order to make sure that the campus employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, the University has set up a comprehensive post-exposure evaluation and follow-up process. The "checklist" on the following page is used to

verify that all the steps in the process have been taken correctly. This process is overseen by University Health and Psychological Services and the Office of EHS RMS.

The University recognizes that much of the information involved in this process must remain confidential, and will do everything possible to protect the privacy of the people involved.

As the first step in this process the exposed employee is provided with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- Identification of the source individual (unless infeasible or prohibited by law).

Next, if possible, the source individual's blood is tested to determine HBV and HIV infectivity. This information will also be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. Any and all information obtained under the above procedure shall otherwise remain completely confidential. The cost of this test is covered under the medical monitoring budget currently administered by the Human Resources Office.

Finally, the blood of the exposed employee is collected by University Health and Psychological Services and tested for HBV and HIV status, although the employee retains the right to decline testing. Once these procedures have been completed, an appointment is arranged for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

### **C. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

After the consultation, the healthcare professional provides the Office of EHS RMS with a written opinion evaluating the exposed employee's situation. The Office of EHS RMS, in turn, furnishes a copy of this opinion to the exposed employee.

In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

- Whether Hepatitis B Vaccination is indicated for the employee.
- Whether the employee has received the Hepatitis B Vaccination.
- Confirmation that the employee has been informed of the results of the evaluation.
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.



All other findings or diagnoses will remain confidential and will not be included in the written report.

#### **D. MEDICAL RECORDKEEPING**

To ensure that the necessary medical information is available the University maintains comprehensive medical records on all affected employees. The University Health and Psychological Services Center retains records up through 2010; copies of records subsequent to 2010 may be obtained through the Saint Agnes Occupational Health Center; all records should include the following information:

- Name of the employee.
- Social security number of the employee.
- A copy of the employee's Hepatitis B Vaccination status.
  - Dates of any vaccinations.
  - Medical Records relative to the employee's ability to receive vaccination.
- Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens.
- A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, the University recognizes that it is important to keep the information in these medical records confidential. The University will not disclose or report this information to anyone without our employee's written consent (except as required by law). These records shall be retained for a period of 30 years.

**EXPOSURE INCIDENT INVESTIGATION FORM**

**Date of Incident** \_\_\_\_\_ **Time of Incident** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Potentially Infectious Materials Involved:**

**Type:** \_\_\_\_\_ **Source:** \_\_\_\_\_  
\_\_\_\_\_

**Circumstances** (work being performed, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How incident was caused** (accident, equipment malfunction, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal protective equipment being used:** \_\_\_\_\_  
\_\_\_\_\_

**Actions taken** (decontamination, clean-up, reporting, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations for avoiding repetition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **SECTION VI**

### **LABELS AND SIGNS**

For the campus employees the most obvious warning of possible exposure to bloodborne pathogens are biohazard labels. Because of this, the University has implemented a comprehensive biohazard warning labeling program in our campus facilities using labels of the type shown on the following page, or when appropriate, using red "color-coded" containers. The Office of EHS RMS is responsible for setting up and maintaining this program on-campus.

The following items in the campus facilities are labeled:

- Containers of regulated waste.
- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers.
- Other containers used to store, transport or ship blood and other infectious materials.
- Laundry bags and containers.
- Contaminated equipment.

The University recognizes that biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. However, the laboratories on-campus perform only clinical and diagnostic work and non-HIV and HBV research, which is not covered by these special signage requirements.



**BIOHAZARD LABEL**

## SECTION VII

### INFORMATION AND TRAINING

Having well informed and educated employees is extremely important when attempting to eliminate or minimize the employees' exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment.

The Office of EHS RMS is responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this training and that such training is provided by a qualified individual.

#### **A. TRAINING TOPICS**

The topics covered in the University's training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself.
- The epidemiology and symptoms of bloodborne disease.
- The modes of transmission of bloodborne pathogens.
- The University's Exposure Control Plan (and where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- A review of the use and limitations of methods that will prevent or reduce exposure, including:
  - Engineering controls.
  - Work practice controls.
  - Personal protective equipment.
- Selection and use of personal protective equipment including:
  - Types available.
  - Proper use.
  - Location within the facility.
  - Removal.
  - Handling.

- Decontamination.
- Disposal.
- Visual warnings of biohazards within the campus facilities including labels, signs and "color-coded" containers.
- Information on the Hepatitis B Vaccine, including its:
  - Efficacy.
  - Safety.
  - Method of Administration.
  - Benefits of Vaccination.
  - The University's free vaccination program.
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including incident reporting.
- Information on the post-exposure evaluation and follow-up, including medical consultation, that the University will provide.

## **B. TRAINING METHODS**

The University's training presentations make use of several training techniques including, but not limited to, those checked below:

- \_\_\_\_\_ • Classroom type atmosphere with personal instruction.
- \_\_\_\_\_ • Videotape programs.
- \_\_\_\_\_ • Training manuals/employee handouts.
- \_\_\_\_\_ • Employee Review Sessions.

Because it is felt that employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session.

## **C. RECORDKEEPING**

To facilitate the training of campus employees, as well as to document the training process, the University maintains training records containing the following information:

- Dates of all training sessions.
- Contents/summary of the training sessions.
- Names and qualifications of the instructors.

- Names and job titles of employees attending the training sessions.

The forms on the following pages and/or our computer systems are used to facilitate this recordkeeping.

These training records are available for examination and copying to our employees and their representatives, as well as OSHA and its representatives.



**BLOODBORNE PATHOGENS TRAINING SESSIONS**

**DATE OF SESSION:** \_\_\_\_\_ **SESSION SUMMARY (ATTACHED)** \_\_\_\_\_

**INSTRUCTOR(S)**

**QUALIFICATIONS**

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\* \* \* \* \*

**ATTENDEE NAME**

**ATTENDEE JOB TITLE**

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**APPENDIX A**

**CCR TITLE 8 SECTION 5193**

**TITLE 8. Industrial Relations**  
**Division 1. Department of Industrial Relations**  
**Chapter 4. Division of Industrial Safety**  
**Subchapter 7. General Industry Safety Orders**  
**Group 16. Control of Hazardous Substances**  
**Article 109. Hazardous Substances and Processes**

**§5193. Bloodborne Pathogens.**

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

Exception: This regulation does not apply to the construction industry.

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

“Biological Cabinet” means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

- (1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.
- (2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.
- (3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

“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), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

“Chief” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

“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 a surface or in or on an item.

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“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. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” means either:

- (1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
- (2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“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.

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

“Licensed Healthcare Professional” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“Needle” or “Needle Device” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needleless System” means a device that does not utilize needles for:

- (1) The withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; and
- (3) Any other procedure involving the potential for an exposure incident.

“NIOSH” means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative

“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.

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“OPIM” means other potentially infectious materials.

“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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
  - (A) Cell, tissue, or organ cultures from humans or experimental animals;
  - (B) Blood, organs, or other tissues from experimental animals; or
  - (C) Culture medium or other solutions.

“Parenteral Contact” 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 or used 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, HBV or HCV.

“Regulated Waste” means waste that is any of the following:

- (1) Liquid or semi-liquid blood or OPIM;
- (2) Contaminated items that:
  - (A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
  - (B) Are capable of releasing these materials when handled or compressed.
- (3) Contaminated sharps.
- (4) Pathological and microbiological wastes containing blood or OPIM.
- (5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

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

“Sharp” means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

“Sharps Injury” means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

“Sharps Injury Log” means a written or electronic record satisfying the requirements of subsection (c)(2).

“Source Individual” means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical 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.

“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, HCV, and other bloodborne pathogens.

“Work Practice Controls” means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);
2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;
3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).
4. An effective procedure for gathering the information required by the Sharps Injury Log.
5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;  
Note: Frequency of use may be approximated by any reasonable and effective method.
6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;
7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and
8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;
2. a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and  
b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;
3. To include new or revised employee positions with occupational exposure
4. To review and evaluate the exposure incidents which occurred since the previous update; and
5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer 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.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Sharps Injury Log.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

- (A) Date and time of the exposure incident;
- (B) Type and brand of sharp involved in the exposure incident;
- (C) A description of the exposure incident which shall include:
  - 1. Job classification of the exposed employee;
  - 2. Department or work area where the exposure incident occurred;
  - 3. The procedure that the exposed employee was performing at the time of the incident;
  - 4. How the incident occurred;
  - 5. The body part involved in the exposure incident;
  - 6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
  - 7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
  - 8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.
- (D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.
- (E) 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.

(3) Exposure Determination.

- (A) Each employer who has an employee(s) with occupational exposure as defined by subsection (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:
  - 1. A list of all job classifications in which all employees in those job classifications have occupational exposure;
  - 2. A list of job classifications in which some employees have occupational exposure; and
  - 3. 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 subsection (c)(3)(A)2. of this standard.
- (B) 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 OPIM. 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--General Requirements.
  - (A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.
  - (B) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
  - (C) Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness.
  - (D) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- (3) Engineering and Work Practice Controls--Specific Requirements.
  - (A) Needleless Systems, Needle Devices and non-Needle Sharps.
    - 1. Needleless Systems. Needleless systems shall be used for:
      - a. Withdrawal of body fluids after initial venous or arterial access is established;
      - b. Administration of medications or fluids; and
      - c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.
    - 2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:
      - a. Withdrawal of body fluids;

- b. Accessing a vein or artery;
  - c. Administration of medications or fluids; and
  - d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.
3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.
  4. Exceptions. The following exceptions apply to the engineering controls required by subsections (d)(3)(A)1.-3.:
    - a. Market Availability. The engineering control is not required if it is not available in the marketplace.
    - b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented according to the procedure required by (c)(1)(B)7.
    - c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.
    - d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.
- (B) Prohibited Practices.
1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
  2. Contaminated sharps shall not be bent, recapped, or removed from devices.  
Exception: Contaminated sharps may be bent, recapped or removed from devices if:
    - a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and
    - b. The procedure is performed using a mechanical device or a one-handed technique.
  3. Sharps that are contaminated with blood or OPIM 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.
  4. Disposable sharps shall not be reused.
  5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
  6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
  7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
  8. Mouth pipetting/suctioning of blood or OPIM is prohibited.
  9. 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.
  10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.
- (C) Requirements for Handling Contaminated Sharps.
1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
  2. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection (d)(3)(D) as applicable.
  3. At all time during the use of sharps, containers for contaminated sharps shall be:
    - a. 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);

- b. Maintained upright throughout use, where feasible; and
  - c. Replaced as necessary to avoid overfilling.
- (D) Sharps Containers for Contaminated Sharps.
1. All sharps containers for contaminated sharps shall be:
    - a. Rigid;
    - b. Puncture resistant;
    - c. Leakproof on the sides and bottom;
    - d. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and
    - e. Labeled in accordance with subsection (g)(1)(A)(2).
  2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.
- (E) Regulated Waste.
1. General.  
Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.
  2. Disposal of Sharps Containers.  
When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:
    - a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
    - b. Placed in a secondary container if leakage is possible. The second container shall be:
      - i. Closable;
      - ii. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
      - iii. Labeled according to subsection (g)(1)(A) of this section.
  3. Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:
    - a. Closable;
    - b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
    - c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and
    - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  4. Outside Contamination. If outside contamination of a container of regulated waste occurs, it shall be placed in a second container. The second container shall be:
    - a. Closable.
    - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
    - c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and
    - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- (F) Handling Specimens of Blood or OPIM.  
Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
1. The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (g)(1)(A), 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 subsection (g)(1)(A) is required when such specimens/containers leave the facility.



2. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded to the requirements of this standard.
  3. 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.
- (G) Servicing or Shipping Contaminated Equipment.
- Equipment which may become contaminated with blood or OPIM 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 or will interfere with a manufacturer's ability to evaluate failure of the device.
1. A readily observable label in accordance with subsection (g)(1)(A)8. shall be attached to the equipment stating which portions remain contaminated.
  2. Information concerning all remaining contamination shall be 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.
- (H) Cleaning and Decontamination of the Worksite.
1. General Requirements.
    - a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.
    - b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.
    - c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:
      - i. Location within the facility;
      - ii. Type of surface or equipment to be treated;
      - iii. Type of soil or contamination present; and
      - iv. Tasks or procedures being performed in the area.
    - d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.
  2. Specific Requirements.
    - a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:
      - i. Surfaces become overtly contaminated;
      - ii. There is a spill of blood or OPIM;
      - iii. Procedures are completed; and
      - iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.
    - b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
    - c. Protective Coverings. 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.
- (I) Hygiene.
1. Employers shall provide handwashing facilities which are readily accessible to employees.
  2. 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.
  3. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
  4. 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 OPIM.

- (J) Laundry.
1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
    - a. 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.
    - b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (g)(1)(A) 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.
    - c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
  2. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
  3. 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 subsection (g)(1)(A).
- (4) Personal Protective Equipment.
- (A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, 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 OPIM 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.
- Note: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.
- (B) 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 judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.
- (C) 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.
- (D) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee.
- (E) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- (F) Removal.
1. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.
  2. All personal protective equipment shall be removed prior to leaving the work area.
  3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- (G) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(4)(G)4.; and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. 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.
  2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
  3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. 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.
  4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:
    - a. Periodically reevaluate this policy;
    - b. Make gloves available to all employees who wish to use them for phlebotomy;
    - c. Not discourage the use of gloves for phlebotomy; and
    - d. 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.
- (H) Masks, Eye Protection, Face Shields, and Respirators.
1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.
  2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.  
Note: Surgical masks are not respirators.
- (I) Gowns, Aprons, and Other Protective Body Clothing.
1. 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. These requirements are in addition to the provisions of Section 3383.
  2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery). These requirements are in addition to the provisions of Section 3383.
- (e) HIV, HBV and HCV Research Laboratories and Production Facilities.
- (1) General.  
This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV.  
Exception: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.
  - (2) Research laboratories and production facilities shall meet the following criteria:
    - (A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Section 118215.
    - (B) Special Practices.
      1. Laboratory doors shall be kept closed when work involving HIV, HBV or HCV is in progress.
      2. 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.
      3. 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.
      4. When OPIM 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 subsection (g)(1)(B) of this standard.

5. All activities involving OPIM shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these OPIM shall be conducted on the open bench.
  6. 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.
  7. Special care shall be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.
  8. 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.
  9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.
  10. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of OPIM. 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.
  11. 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.
  12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
  13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.
- (C) Containment Equipment.
1. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.
  2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.
- (3) HIV, HBV and HCV research laboratories shall meet the following criteria:
- (A) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.
  - (B) An autoclave for decontamination of regulated waste shall be available.  
Note: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.
- (4) HIV, HBV and HCV production facilities shall meet the following criteria:
- (A) 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.
  - (B) 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.
  - (C) 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.
  - (D) Access doors to the work area or containment module shall be self-closing.

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

Note: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

- (F) 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). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV, HBV and HCV research laboratories and HIV, HBV and HCV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

- (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, HBV or HCV.
- (B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV, HBV or HCV.
- (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.

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

- (A) 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 for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

Exception: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.
  - a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
  - b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.
2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:
  - a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.
    - i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

- A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.
      - B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).
    - ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.
  - b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.
  - c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.
3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.
- (B) 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:
- 1. Made available at no cost to the employee;
  - 2. Made available to the employee at a reasonable time and place;
  - 3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
  - 4. 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 subsection (f).
- (C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
- (2) Hepatitis B Vaccination.
- (A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. 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.
  - (B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
  - (C) 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.
  - (D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.
  - (E) 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)(B).
- (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:
- (A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;
  - (B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
    - 1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV 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.

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 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.
- (C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;
1. The exposed employee's blood shall 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 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.
  3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.
- (D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- (E) The employer shall provide for counseling and evaluation of reported illnesses.
- (4) Information Provided to the Healthcare Professional.
- (A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.
- (B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
1. A copy of this regulation;
  2. A description of the exposed employee's duties as they relate to the exposure incident;
  3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);
  4. Results of the source individual's blood testing, if available; and
  5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.
- (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.
- (A) 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.
- (B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
1. That the employee has been informed of the results of the evaluation; and
  2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
- (C) 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 subsection (h)(1) of this section.
- (g) Communication of Hazards to Employees.
- (1) Labels and Signs.
- (A) Labels.
1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.  
Note: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.
  2. Labels required by this section shall include either the following legend as required by Section 3341:



**BIOHAZARD**

Or in the case of regulated waste the legend:

**BIOHAZARDOUS WASTE or SHARPS WASTE**

as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
  4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
  5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.
  6. 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 subsection (g).
  7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
  8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.
  9. Regulated waste that has been decontaminated need not be labeled or color-coded.
- (B) Signs.
1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV and HCV 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.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.
- (2) Information and Training.
- (A) 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.
  - (B) Training shall be provided as follows:
    1. At the time of initial assignment to tasks where occupational exposure may take place;
    2. At least annually thereafter.
  - (C) 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.
  - (D) Annual training for all employees shall be provided within one year of their previous training.
  - (E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, 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.



- (F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- (G) The training program shall contain at a minimum the following elements:
1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
  2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
  3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
  4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
  5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
  6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
  7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
  8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
  9. Hepatitis B Vaccination. 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;
  10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
  11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
  12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
  13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and
  14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.  
Note: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).
- (H) 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.
- (h) Recordkeeping.
- (1) Medical Records.
    - (A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.
    - (B) This record shall include:
      1. The name and social security number of the employee;
      2. 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 subsection (f)(2);
      3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);
      4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and
      5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4.
    - (C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:
      1. Kept confidential; and

2. 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.
- (D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.
- (2) Training Records.
  - (A) Training records shall include the following information:
    1. The dates of the training sessions;
    2. The contents or a summary of the training sessions;
    3. The names and qualifications of persons conducting the training; and
    4. The names and job titles of all persons attending the training sessions.
  - (B) Training records shall be maintained for 3 years from the date on which the training occurred.
- (3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.
- (4) Availability.
  - (A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying.
  - (B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.
  - (C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.
  - (D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.
- (5) Transfer of Records.
  - (A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.
  - (B) 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 NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.
- (i) Appendix.

Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

**Appendix A--Hepatitis B Vaccine Declination**  
(Mandatory)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):  
I understand that due to my occupational exposure to blood or OPIM 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**APPENDIX B**  
**MEDICAL WASTE MANAGEMENT ACT**

# Medical Waste Management Act

## Health and Safety Code

### Division 104 Environmental Health

#### Part 14 Medical Waste

#### Chapter 1 - General Provisions

##### **117600 - Citation of part**

This part shall be known and may be cited as the Medical Waste Management Act.

##### **117605 - Preempt**

This part does not preempt any local ordinance regulating infectious waste, as that term was defined by Section 25117.5 as it read on December 31, 1990, if the ordinance was in effect on January 1, 1990, and regulated both large and small quantity generators. Any ordinance may be amended in a manner that is consistent with this part.

##### **117610 - Regulations**

The department shall adopt regulations that will establish and ensure statewide standards for uniformity in the implementation and administration of this part and that will promote waste minimization and source reduction.

##### **117615 - Local Ordinance**

Notwithstanding Section 117605, with the approval of the director, and in the interest of public health, a local ordinance providing more stringent requirements than specified in this part may be implemented for a specified time period.

##### **117620 - Initiate Program**

The department and any local enforcement agency initially electing to implement a medical waste management program pursuant to this part shall initiate that program and begin enforcement of its provisions on or before April 1, 1991, except for medical waste programs operating under Section 117605.

#### Chapter 2 – Definitions

##### **117625 - Definitions**

Unless the context requires otherwise, the definitions in this article govern the construction of this part.

##### **117630 - Biohazard Bag**

“Biohazard bag” means a disposable red bag that is impervious to moisture and has a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling of the waste-filled bag. A biohazard bag shall be constructed of material of sufficient single thickness strength to pass the 165-gram dropped dart impact resistance test as prescribed by Standard D 1709-85 of the American Society for Testing and Materials and certified by the bag manufacturer.

##### **117635 - Biohazardous Waste**

“Biohazardous waste” means any of the following:

- (a) Laboratory waste, including, but not limited to, all of the following:
  - (1) Human or animal specimen cultures from medical and pathology laboratories.
  - (2) Cultures and stocks of infectious agents from research and industrial laboratories.
  - (3) Wastes from the production of bacteria, viruses, spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, including Brucellosis and Contagious Ecthyma, as identified by the department, and culture dishes and de-vices used to transfer, inoculate, and mix cultures.
- (b) Human surgery specimens or tissues removed at surgery or autopsy, which are suspected by the attending physician and surgeon or dentist of being contaminated with infectious agents known to be contagious to humans.
- (c) Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

- (d) Waste, which at the point of transport from the generator's site, at the point of disposal, or thereafter, contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid, or blood from animals known to be infected with diseases which are highly communicable to humans.
- (e) Waste containing discarded materials contaminated with excretion, exudate, or secretions from humans or animals that are required to be isolated by the infection control staff, the attending physician and surgeon, the attending veterinarian, or the local health officer, to protect others from highly communicable diseases or diseases of animals that are highly communicable to humans.
- (f) (1) Waste which is hazardous only because it is comprised of human surgery specimens or tissues which have been fixed in formaldehyde or other fixatives, or only because the waste is contaminated through contact with, or having previously contained, chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing which are empty. A biohazardous waste which meets the conditions of this paragraph is not subject to Chapter 6.5 (commencing with Section 25100) of Division 20.
- (2) For purposes of this subdivision, "chemotherapeutic agent" means an agent that kills or prevents the reproduction of malignant cells.
- (3) For purposes of this subdivision, a container, or inner liner removed from a container, which previously contained a chemotherapeutic agent, is empty if the container or inner liner removed from the container has been emptied by the generator as much as possible, using methods commonly employed to remove waste or material from containers or liners, so that the following conditions are met:
  - (A) If the material which the container or inner liner held is pourable, no material can be poured or drained from the container or inner liner when held in any orientation, including, but not limited to, when tilted or inverted.
  - (B) If the material which the container or inner liner held is not pourable, no material or waste remains in the container or inner liner that can feasibly be removed by scraping.
- (g) Waste that is hazardous only because it is comprised of pharmaceuticals, as defined in Section 117747. Notwithstanding subdivision (a) of Section 117690, medical waste includes biohazardous waste that meets the conditions of this subdivision. Biohazardous waste that meets the conditions of this subdivision is not subject to Chapter 6.5 (commencing with Section 25100) of Division 20.

**117640 - Common Storage Facility**

"Common storage facility" means any designated accumulation area that is onsite and is used by small quantity generators otherwise operating independently for the storage of medical waste for collection by a registered hazardous waste hauler.

**117645 - Container**

"Container" means the rigid container in which the medical waste is placed prior to transporting for purposes of storage or treatment.

**117650 - Enforcement Agency**

"Enforcement agency" means the department or the local agency administering this part.

**117655 - Enforcement Officer**

"Enforcement officer" means the director, or agents or registered environmental health specialists appointed by the director, and all local health officers, directors of environmental health, and their duly authorized registered environmental health specialists and environmental health specialist trainees, or the designees of the director, local health officers, or the directors of environmental health.

**117657 - Fund**

"Fund" means the Medical Waste Management Fund created pursuant to Section 117885.

**117660 - Hazardous Waste Hauler**

"Hazardous waste hauler" means a person registered as a hazardous waste hauler pursuant to Article 6 (commencing with Section 25160) and Article 6.5 (commencing with Section 25167.1) of Chapter 6.5 of Division 20 and Chapter 30 (commencing with Section 66001) of Division 4 of Title 22 of the California Code of Regulations.

**117662 - Health Care Professional**

“Health care professional” means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; any person licensed pursuant to the Osteopathic Initiative Act, as set forth in Chapter 8 (commencing with Section 3600) of Division 2 of the Business and Professions Code, or pursuant to the Chiropractic Initiative Act, as set forth in Chapter 2 (commencing with Section 1000) of Division 2 of the Business and Professions Code; and any person certified pursuant to Division 2.5 (commencing with Section 1797).

**117665 - Highly Communicable Diseases**

“Highly communicable diseases” means diseases, such as those caused by organisms classified by the federal Centers for Disease Control as Biosafety Level IV organisms, that, in the opinion of the infection control staff, the department, local health officer, attending physician and surgeon, or attending veterinarian, merit special precautions to protect staff, patients, and other persons from infection. “Highly communicable diseases” does not include diseases such as the common cold, influenza, or other diseases not representing a significant danger to non-immunocompromised persons.

**117670 - Household Waste**

“Household waste” means any material, including garbage, trash, and sanitary wastes in septic tanks and medical waste, that is derived from households, farms, or ranches. Household waste does not include trauma scene waste.

**117672 - Industrial Hygienist**

“Industrial hygienist” means a person who has met the educational requirements of an industrial hygiene certification organization, as defined in subdivision (c) of Section 20700 of the Business and Professions Code, and who has had at least one year in the comprehensive practice of industrial hygiene, as defined in subdivision (a) of Section 20700 of the Business and Professions Code.

**117675 - Infectious Agent**

“Infectious agent” means a type of microorganism, bacteria, mold, parasite, or virus that normally causes, or significantly contributes to the cause of, increased morbidity or mortality of human beings.

**117680 - Large Quantity Generator**

“Large quantity generator” means a medical waste generator, other than a trauma scene waste management practitioner, that generates 200 or more pounds of medical waste in any month of a 12-month period.

**117685 - Local Agency**

“Local agency” means the local health department, as defined in Section 101185, or the local comprehensive environmental agency established in accordance with Section 101275, of a county that has elected to adopt a local ordinance to administer and enforce this part, pursuant to Chapter 3 (commencing with Section 117800).

**117690 - Medical Waste**

- (a) “Medical waste” means waste which meets both of the following requirements:
- (1) The waste is composed of waste which is generated or produced as a result of any of the following actions:
    - (A) Diagnosis, treatment, or immunization of human beings or animals.
    - (B) Research pertaining to the activities specified in subparagraph (A).
    - (C) The production or testing of biologicals.
    - (D) The accumulation of properly contained home-generated sharps waste that is brought by a patient, a member of the patient’s family, or by a person authorized by the enforcement agency, to a point of consolidation approved by the enforcement agency pursuant to Section 117904 or authorized pursuant to Section 118147.
    - (E) Removal of a regulated waste, as defined in Section 5193 of Title 8 of the California Code of Regulations, from a trauma scene by a trauma scene waste management practitioner.
  - (2) The waste is either of the following:
    - (A) Biohazardous waste.
    - (B) Sharps waste.
- (b) For purposes of this section, “biologicals” means medicinal preparations made from living organisms and their products, including, but not limited to, serums, vaccines, antigens, and anti-toxins.
- (c) Medical waste includes trauma scene waste.

**117695 - Treated Medical Waste**

Medical waste that has been treated in accordance with Chapter 8 (commencing with Section 118215) and that is not otherwise hazardous, shall thereafter be considered solid waste as defined in Section 40191 of the Public Resources Code and not medical waste.

**117700 - Not Medical Waste**

Medical waste does not include any of the following:

- (a) Waste generated in food processing or biotechnology that does not contain an infectious agent as defined in Section 117675.
- (b) Waste generated in biotechnology that does not contain human blood or blood products or animal blood or blood products suspected of being contaminated with infectious agents known to be communicable to humans.
- (c) Urine, feces, saliva, sputum, nasal secretions, sweat, tears, or vomitus, unless it contains fluid blood, as provided in subdivision (d) of Section 117635.
- (d) Waste which is not biohazardous, such as paper towels, paper products, articles containing non-fluid blood, and other medical solid waste products commonly found in the facilities of medical waste generators.
- (e) Hazardous waste, radioactive waste, or household waste.
- (f) Waste generated from normal and legal veterinarian, agricultural, and animal livestock management practices on a farm or ranch.

**117705 - Medical Waste Generator**

“Medical waste generator” means any person whose act or process produces medical waste and includes, but is not limited to, a provider of health care, as defined in subdivision (d) of Section 56.05 of the Civil Code. All of the following are examples of businesses that generate medical waste:

- (a) Medical and dental offices, clinics, hospitals, surgery centers, laboratories, research laboratories, unlicensed health facilities, those facilities required to be licensed pursuant to Division 2 (commencing with Section 1200), chronic dialysis clinics, as regulated pursuant to Division 2 (commencing with Section 1200), and education and research facilities.
- (b) Veterinary offices, veterinary clinics, and veterinary hospitals.
- (c) Pet shops.
- (d) Trauma scene waste management practitioners.

**117710 - Medical Waste Management Plan**

“Medical waste management plan” means a document that is completed by generators of medical waste pursuant to Sections 117935 and 117960, on forms prepared by the enforcement agency.

**117715 - Medical Waste Permit**

“Medical waste permit” means a permit issued by the enforcement agency to a medical waste treatment facility.

**117720 - Medical Waste Registration**

“Medical waste registration” means a registration issued by the enforcement agency to a medical waste generator.

**117725 - Medical Waste Treatment Facility**

- (a) “Medical waste treatment facility” means all adjacent land and structures, and other appurtenances or improvements on the land, used for treating medical waste or for associated handling and storage of medical waste. Medical waste treatment facilities are those facilities treating waste pursuant to subdivision (a) or (c) of Section 118215. A medical waste treatment method approved pursuant to subdivision (d) of Section 118215 may be designated as a medical waste treatment facility by the department.
- (b) “Adjacent,” for purposes of subdivision (a), means real property within 400 yards from the property boundary of the existing medical waste treatment facility.

**117730 - Mixed Waste**

“Mixed waste” means mixtures of medical and non-medical waste. Mixed waste is medical waste, except for all of the following:

- (a) Medical waste and hazardous waste is hazardous waste and is subject to regulation as specified in the statutes and regulations applicable to hazardous waste.

- (b) Medical waste and radioactive waste is radioactive waste and is subject to regulation as specified in the statutes and regulations applicable to radioactive waste.
- (c) Medical waste, hazardous waste, and radioactive waste is radioactive mixed waste and is subject to regulation as specified in the statutes and regulations applicable to hazardous waste and radioactive waste.

**117735 - Offsite**

“Offsite” means any location that is not onsite.

**117740 - Onsite**

- (a) “Onsite” means a medical waste treatment facility, or common storage facility on the same or adjacent property as the generator of the medical waste being treated.
- (b) “Adjacent,” for purposes of subdivision (a), means real property within 400 yards from the property boundary of the existing medical waste treatment facility.

**117742 - Parent Organization**

“Parent organization” means an organization that employs or contracts with health care professionals who provide health care services at a location other than at a health care facility specified in subdivision (a) of Section 117705.

**117745 - Person**

“Person” means an individual, trust, firm, joint stock company, business concern, partnership, association, limited liability company, and corporation, including, but not limited to, a government corporation. “Person” also includes any city, county, district, commission, the state or any department, agency, or political subdivision thereof, the Regents of the University of California, any interstate body, and the federal government or any department or agency thereof to the extent permitted by law.

**117747 - Pharmaceutical**

- (a) “Pharmaceutical” means a prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in Section 109925 or the Federal Food, Drug, and Cosmetic Act, as amended, (21 U.S.C.A. Sec. 321(g)(1)).
- (b) For purposes of this part, “pharmaceutical” does not include any pharmaceutical that is regulated pursuant to either of the following:
  - (1) The federal Resource Conservation and Recovery Act of 1976, as amended (42 U.S.C.A. Sec. 6901 et seq.).
  - (2) The Radiation Control Law (Chapter 8 (commencing with Section 114960) of Part 9).

**117750 - Sharps Container**

“Sharps container” means a rigid puncture-resistant container that, when sealed, is leak resistant and cannot be reopened without great difficulty.

**117755 - Sharps Waste**

“Sharps waste” means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following:

- (a) Hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, syringes contaminated with biohazardous waste, acupuncture needles, and root canal files.
- (b) Broken glass items, such as Pasteur pipettes and blood vials contaminated with biohazardous waste.
- (c) Any item capable of cutting or piercing that is contaminated with trauma scene waste.

**117760 - Small Quantity Generator**

“Small quantity generator” means a medical waste generator, other than a trauma scene waste management practitioner, that generates less than 200 pounds per month of medical waste.

**117765 - Storage**

“Storage” means the holding of medical wastes, in accordance with Chapter 9 (commencing with Section 118275), at a designated accumulation area, offsite point of consolidation, transfer station, other registered facility, or in a vehicle detached from its means of locomotion.



**117770 - Tracking Document**

“Tracking document” means the medical waste tracking document specified in Section 118040.

**117775 - Transfer Station**

- (a) “Transfer station” means any offsite location where medical waste is loaded, unloaded, stored, or consolidated by a registered hazardous waste hauler, or a holder of a limited quantity hauling exemption granted pursuant to Section 118030, during the normal course of transportation of the medical waste.
- (b) “Transfer station” does not include any onsite facility, including, but not limited to, common storage facilities, facilities of medical waste generators employed for the purpose of consolidation, or onsite treatment facilities.

**117776 - Trauma Scene.**

- (a) “Trauma scene” means a location soiled by, or contaminated with, human blood, human body fluids, or other residues from the scene of a serious human injury, illness, or death.
- (b) For purposes of this section, a location may include, but is not limited to, a physical structure that is not fixed geographically, such as mobile homes, trailers, or vehicles.

**117777 - Trauma Scene Waste**

“Trauma scene waste” means waste that is a regulated waste, as defined in Section 5193 of Title 8 of the California Code of Regulations, and that has been removed, is to be removed, or is in the process of being removed, from a trauma scene by a trauma scene waste management practitioner.

**117778 - Trauma Scene Waste Management Practitioner**

“Trauma scene waste management practitioner” means a person who undertakes as a commercial activity the removal of human blood, human body fluids, and other associated residues from the scene of a serious human injury, illness, or death, and who is registered with the department pursuant to Chapter 9.5 (commencing with Section 118321).

**117780 - Treatment**

“Treatment” means any method, technique, or process designed to change the biological character or composition of any medical waste so as to eliminate its potential for causing disease, as specified in Chapter 8 (commencing with Section 118215).

### **Chapter 3 - Powers and Duties**

**117800 - Local Agency**

A local agency may implement a medical waste management program by the adoption of an ordinance or resolution by the local governing body, in accordance with this part.

**117805 - Notify Department**

Except as provided in subdivision (a) of Section 117810, a local agency that elects to implement a medical waste management program shall notify the department within 90 days from the effective date of the act enacting this part.

**117810 - Implementation**

- (a) If a local agency does not elect to implement a medical waste management program, the local agency may elect to contract with another local agency to implement a medical waste management program or to implement it at a later date. This election shall be made by the local governing body, that shall take effect 90 days after a notice of election is filed with the department.
- (b) A local agency that elects to implement a medical waste management program shall continue to implement that program until the local governing body terminates the election by resolution or ordinance or the department revokes the authority of the local agency to administer a medical waste management program. The local agency shall file the notice of termination with the department at least 180 days prior to the termination date.

**117815 - Program Consistency**

Any local agency that has elected to implement a medical waste management program shall maintain a program that is consistent with Section 117820 and the regulations adopted pursuant to that section. With the approval of the department, the local agency may administer or enforce this part with respect to any person.

### **117820 - Medical Waste Management Program**

A medical waste management program shall include, but not be limited to, all of the following:

- (a) Issuing medical waste registrations pursuant to Chapter 5 (commencing with Section 117950) and permits pursuant to Chapter 7 (commencing with Section 118130).
- (b) Processing and reviewing the medical waste management plans and inspecting onsite treatment facilities in accordance with Chapter 4 (commencing with Section 117925) for all small quantity medical waste generators required to be registered.
- (c) Conducting an evaluation, inspection, or records review for all facilities or persons issued a large quantity medical waste registration pursuant to Chapter 5 (commencing with Section 117950) or issued a permit for an onsite medical waste treatment facility pursuant to Section 118130.
- (d) Inspecting medical waste generators in response to complaints or emergency incidents, or as part of an investigation or evaluation of the implementation of the medical waste management plan.
- (e) Inspecting medical waste treatment facilities in response to a complaint or as part of an investigation or emergency incident.
- (f) Taking enforcement action for the suspension or revocation of medical waste permits issued by the local agency pursuant to this part.
- (g) Referring or initiating proceedings for civil or criminal prosecution of violations specified in Chapter 10 (commencing with Section 118335).
- (h) Reporting in a manner determined by the department so that the statewide effectiveness of the program can be determined.

### **117825 - Registration and Permit Fees**

Each local enforcement agency that elects to implement the medical waste management program may prescribe, by resolution or ordinance, the registration and permit fees necessary to pay its reasonable expenses to administer the program.

### **117830 - Enforcement Agency**

- (a) A local agency electing to implement a medical waste management program is the enforcement agency for the jurisdiction where it is located and so designated by the department.
- (b) In any local jurisdiction where the local agency does not elect to implement a medical waste management program, the department is the enforcement agency.
- (c) Nothing in this chapter shall prevent a district attorney, city attorney, or city prosecutor from bringing any enforcement action for violation of this chapter.

### **117835 - Department's Database**

The department shall establish and maintain a data-base of persons registered under Chapter 4 (commencing with Section 117925) and persons registered under Chapter 5 (commencing with Section 117950) for whom the department is the enforcement agency.

### **117840 - Intent of the Legislature**

It is the intent of the Legislature that the program carried out pursuant to this part be fully supported from the fees received pursuant to this part.

### **117845 - Department shall Implement**

The department shall implement this part so as to maximize the funds that may be received from the federal government.

### **117850 - Share Information**

Information may be shared between the department and the Environmental Protection Agency.

### **117855 - Withdrawal**

If the department finds that a local enforcement agency is not consistently fulfilling its responsibilities, the department shall notify the agency of the particular reasons for finding that the agency is not fulfilling its responsibilities and of the department's intention to withdraw its designation if, within a time to be specified in that

notification, but in no event less than 30 days, the agency does not take the corrective action specified by the department.

#### **117860 - Department Becomes Enforcement Agency**

If the department withdraws its designation of a local enforcement agency, the department shall become the enforcement agency within the jurisdiction of the local enforcement agency.

#### **117870 - Department Identifies Significant Violations**

If the department identifies significant violations of minimum requirements that were not identified and resolved through previous inspections by the local enforcement agency, the department shall do all of the following:

- (a) Conduct a performance review of the agency within 120 days.
- (b) Prepare a written performance report within 60 days of the review.
- (c) Require the submission of a plan of correction by the agency within 90 days of receiving the report.

#### **117875 - Withdrawal**

The department shall withdraw a local enforcement agency's designation pursuant to Section 117860 if it determines that the enforcement agency has failed to submit an adequate plan of correction or has failed to implement the plan.

#### **117880 - Fees**

If the department becomes the enforcement agency, it may charge the fees specified in this part.

#### **117885 - Fund**

- (a) There is in the State Treasury the Medical Waste Management Fund, that shall be administered by the director. Money deposited in the fund shall be available to the department, upon appropriation by the Legislature, for the purposes of this part.
- (b) In addition to any other funds transferred by the Legislature to the Medical Waste Management Fund, the following shall be deposited in the fund:
  - (1) Fees, penalties, interest earned, and fines collected by, or on behalf of, the department pursuant to this part.
  - (2) Funds granted by the federal government for purposes of carrying out this part.
- (c) This section shall become operative on July 1, 1993.

#### **117890 - Large Quantity Generator (LQG) Registration**

No large quantity generator shall generate medical waste unless the large quantity generator is registered with the enforcement agency pursuant to this part.

#### **117895 - Small Quantity Generator (SQG) Registration**

A small quantity generator that treats medical waste onsite by steam sterilization, incineration, or microwave technology shall register with the enforcement agency pursuant to this part.

#### **117900 - Medical Waste Hauler Registration**

No person shall haul medical waste unless the person meets either of the following requirements:

- (a) The person is registered pursuant to Article 6 (commencing with Section 25160) and Article 6.5 (commencing with Section 25167.1) of Chapter 6.5 of Division 20 and Chapter 30 (commencing with Section 66001) of Division 4 of Title 22 of the California Code of Regulations.
- (b) The person has an approved limited-quantity exemption granted pursuant to Section 118030.

#### **117903 - Treat Medical Waste**

No person shall treat medical waste unless the person is permitted by the enforcement agency as required by this part or unless the treatment is performed by a medical waste generator and is a treatment method approved pursuant to subdivision (d) of Section 118215.

#### **117904 - Consolidation**

- (a) In addition to the consolidation points authorized pursuant to Section 118147, the enforcement agency may approve a location as a point of consolidation for the collection of home-generated sharps waste, which, after collection, shall be transported and treated as medical waste.

- (b) A consolidation location approved pursuant to this section shall be known as a “home-generated sharps consolidation point.”
- (c) A home-generated sharps consolidation point is not subject to the requirements of Chapter 9 (commencing with Section 118275), to the permit or registration requirements of this part, or to any permit or registration fees, with regard to the activity of consolidating home-generated sharps waste pursuant to this section.
- (d) A home-generated sharps consolidation point shall comply with all of the following requirements:
  - (1) All sharps waste shall be placed in sharps containers.
  - (2) Sharps containers ready for disposal shall not be held for more than seven days without the written approval of the enforcement agency.
- (e) An operator of a home-generated sharps consolidation point approved pursuant to this section shall not be considered the generator of that waste.
- (f) The medical waste treatment facility which treats the sharps waste subject to this section shall maintain the tracking documents required by Sections 118040 and 118165 with regard to that sharps waste.

**117905 - Offsite Treatment**

The department is the enforcement agency for offsite treatment facilities.

**117908 - Common Storage Facility**

The accumulated medical waste of more than one medical waste generator shall not be stored in a common storage facility unless that facility is registered with the enforcement agency.

**117910 - Technical Assistance & Guidance**

The department shall provide ongoing technical assistance and guidance to local enforcement agencies to assist them in their decision making processes. This assistance shall include, but is not limited to, providing all of the following:

- (a) Technical studies and reports.
- (b) Copies of innovative facility operation plans.
- (c) Investigative findings and analysis of new waste management practices and procedures.

**Chapter 4 - Small Quantity Generator Requirements**

**117915 - Containment and Storage**

Containment and storage of medical waste shall be in accordance with Chapter 9 (commencing with Section 118275).

**117918 - Treatment**

Treatment of medical waste shall be in accordance with Chapter 8 (commencing with Section 118215).

**117920 - Registration**

The fee schedule specified in Section 117923 shall be for the issuance of medical waste registrations and for conducting inspections pursuant to this chapter when the department serves as the enforcement agency for small quantity generators. This fee schedule shall be adjusted annually in accordance with Section 100425. On or before January 1, 1993, the department may adjust by regulation the fees specified in Section 117923 to reflect the actual costs of implementing this chapter. Local enforcement agencies shall set fees that shall be sufficient to cover their costs in implementing this part with regard to small quantity generators required to be registered pursuant to Section 117925.

**117923 - Fees**

- (a) The registration and inspection fee for small quantity generators using onsite treatment, including an autoclave, incinerator, or microwave technology, to treat medical waste is one hundred dollars (\$100), that shall be paid once every two years.
- (b) The annual permit fee for a common storage facility permitted pursuant to Section 117928 is the amount specified in the following schedule:
  - (1) For storage facilities serving 10 or fewer generators, the permit fee is one hundred dollars (\$100).
  - (2) For storage facilities serving 11 or more generators, but not more than 50 generators, the permit fee is two hundred fifty dollars (\$250).
  - (3) For storage facilities serving more than 50 generators, the permit fee is five hundred dollars (\$500).

#### **117924 - Collect Fees**

- (a) When the department is the enforcement agency, the department shall impose and cause the collection of an annual medical waste generator fee in an amount not to exceed twenty-five dollars (\$25) on small quantity generators of medical waste, except for those small quantity generators that are required to register pursuant to Section 117925 and those generators generating only biohazardous waste as defined in subdivision (g) of Section 117635. Nothing in this part shall prevent the department from contracting with entities other than the department for these fee collection activities or from entering into agreements with medical waste transporters or providers of medical waste mail-back systems for the collection of these fees, if the department determines that such a fee collection arrangement would be cost-effective.
- (b) If the department determines to enter into a contract with a medical waste transporter or provider of medical waste mail-back systems for the collection of the fees, the department shall do all of the following:
  - (1) Establish that not more than 5 percent of the fees collected may be recovered by the medical waste transporter or provider of medical waste mail-back systems an administrative costs for the collection of those fees.
  - (2) Establish that the administrative costs for the collection of the fees shall be the same for all medical waste transporters and providers of medical waste mail-back systems.
  - (3) Prohibit any medical waste transporter or provider of medical waste mail-back systems from waiving the generator fee without the written approval of the department and only if the medical waste generator has made a written request for the waiver.
  - (4) Require the medical waste transporter or provider of medical waste mail-back systems to report the fees collected pursuant to subdivision (a) to the department.
  - (5) Prohibit the medical waste transporter or provider of medical waste mail-back systems from assuming the role of the department as an enforcement agent for purposes of collecting the medical waste generator fees.
  - (6) Require medical waste transporters or providers of medical waste mail-back systems to include the following language in at least 12-point type on their invoices to medical waste generators. "Pursuant to Section 117924 of the California Health and Safety Code, the State Department of Health Services has contracted with us to collect your annual medical waste generator fee. The department may offset our costs of collection and administration in an amount that may not exceed 5 percent of the fee collected. We may not waive the fee without written approval of the department, and only if you have made a written request for the waiver."

#### **117925 - Onsite Treatment**

- (a) Each small quantity generator using onsite steam sterilization, incineration, or microwave technology to treat medical waste shall register with the enforcement agency. Small quantity generators owning or operating a medical waste treatment facility shall also apply for a permit for that treatment facility pursuant to Chapter 7 (commencing with Section 118130).
- (b) Small quantity generators using onsite treatment, as specified in subdivision (a), that operate as a business in the same building, or that are associated with a group practice in the same building, may register as one generator.
- (c) Small quantity generators using onsite treatment, as specified in subdivision (a), as specified in subdivision (b), operating in different buildings on the same or adjacent property, or as approved by the enforcement agency, may register as one generator.
- (d) "Adjacent," for purposes of subdivision (c), means real property within 400 yards from the property boundary of the primary registration site.

#### **117928 - Common Storage Facility**

- (a) Any common storage facility for the collection of medical waste produced by small quantity generators operating independently, but sharing common storage facilities, shall have a permit issued by the enforcement agency.
- (b) A permit for any common storage facility specified in subdivision (a) may be obtained by any one of the following:
  - (1) A provider of health care as defined in subdivision (d) of Section 56.05 of the Civil Code.
  - (2) The registered hazardous waste transporter.
  - (3) The property owner.
  - (4) The property management firm responsible for providing tenant services to the medical waste generators.

**117930 - Treat Onsite**

Small quantity generators that treat waste onsite, pursuant to subdivision (a) of Section 117925, shall register with the enforcement agency prior to the commencement of treatment.

**117933 - Common Storage Facility Permit**

Common storage facilities subject to Section 117928 shall obtain a permit from the enforcement agency on or before April 1, 1991, where the storage of medical waste in the common storage facility began prior to that date. In those cases where the storage of medical waste begins after April 1, 1991, permits shall be obtained pursuant to this chapter prior to commencement of storage of medical waste in the common storage facility.

**117935 - Medical Waste Management Plan**

Any small quantity generator required to register with the enforcement agency pursuant to Section 117930 shall file with the enforcement agency a medical waste management plan, on forms prescribed by the enforcement agency containing, but not limited to, all of the following:

- (a) The name of the person.
- (b) The business address of the person.
- (c) The type of business.
- (d) The types, and the estimated average monthly quantity, of medical waste generated.
- (e) The type of treatment used onsite.
- (f) The name and business address of the registered hazardous waste hauler used by the generator for backup treatment and disposal, for waste when the onsite treatment method is not appropriate due to the hazardous or radioactive characteristics of the waste, or the name of the registered hazardous waste hauler used by the generator to have untreated medical waste removed for treatment and disposal.
- (g) A statement indicating that the generator is hauling the medical waste generated in his or her business pursuant to Section 118030 and the name and any business address of the treatment and disposal facilities to which the waste is being hauled, if applicable.
- (h) The name and business address of the registered hazardous waste hauler service provided by the building management to which the building tenants may subscribe or are required by the building management to subscribe and the name and business address of the treatment and disposal facilities used, if applicable.
- (i) A statement certifying that the information provided is complete and accurate.

**117938 - Biennial Inspection**

- (a) Small quantity generators using onsite steam sterilization, incineration, or microwave technology to treat medical waste are subject to biennial inspection of that onsite treatment facility by the enforcement agency and may be subject to the permitting requirements for onsite medical waste treatment facilities as determined by the enforcement agency.
- (b) The inspection and permitting requirements of subdivision (a) do not apply when onsite steam sterilization is not used for the treatment or disposal of medical waste.

**117940 - Medical Waste Generator Registration**

- (a) Each enforcement agency shall follow procedures consistent with this chapter in registering medical waste generators.
- (b) Each medical waste generator registration issued by the enforcement agency shall be valid for two years.
- (c) An application for renewal of the registration shall be filed with the enforcement agency on or before the expiration date.
- (d) Generators shall submit within 30 days an updated application form when any of the information specified in subdivisions (a) to (i), inclusive, of Section 117935 changes.

**117943 - Treatment and Tracking Records**

A medical waste generator required to register pursuant to this chapter shall maintain individual treatment, and tracking records, if applicable, for three years, or for the period specified in the regulations, and shall report or submit to the enforcement agency, upon request, both of the following:

- (a) Treatment operating records.
- (b) An emergency action plan complying with regulations adopted by the department.

### **117945 - Information Documentation and Transportation Records**

Small quantity generators who are not required to register pursuant to this chapter shall maintain on file in their office all of following:

- (a) An Information document stating how the generator contains, stores, treats, and disposes of any medical waste generated through any act or process of the generator.
- (b) Records of any medical waste transported offsite for treatment and disposal, including the quantity of waste transported, the date transported, and the name of the registered hazardous waste hauler or individual hauling the waste pursuant to Section 118030. The small quantity generator shall maintain these records for not more than two years.

## **Chapter 5 - Large Quantity Generator Requirements**

### **117950 - Registration**

- (a) Each large quantity generator, except as specified in subdivisions (b) and (c), shall register with the enforcement agency. Large quantity generators owning or operating a medical waste treatment facility shall also apply for a permit for that treatment facility pursuant to Chapter 7 commencing with Section 118130).
- (b) Large quantity generators operating as a business in the same building, or that are associated with a group practice in the same building, may register as one generator.
- (c) Large quantity generators as specified in subdivision (a), operating in different buildings on the same or adjacent property, or as approved by the enforcement agency, may register as one generator.
- (d) "Adjacent," for purposes of subdivision (c), means real property within 400 yards from the property boundary of the primary registration site.

### **117955 - Registration Dates**

Large quantity generators subject to Section 117950 shall register with the enforcement agency on or before April 1, 1991, if the generation of medical waste began prior to that date. In those cases where the generation of medical waste begins after April 1, 1991, registration shall be completed pursuant to this chapter prior to commencement of the generation of medical waste.

### **117960 - Medical Waste Management Plan**

Any large quantity generator required to register with the enforcement agency pursuant to Section 117950 shall file with the enforcement agency a medical waste management plan, on forms prescribed by the enforcement agency containing, but not limited to, all of the following:

- (a) The name of the person.
- (b) The business address of the person.
- (c) The type of business.
- (d) The types, and the estimated average monthly quantity, of medical waste generated.
- (e) The type of treatment used onsite, if applicable. For generators with onsite medical waste treatment facilities, including incinerators or steam sterilizers or other treatment facilities as determined by the enforcement agency, the treatment capacity of the onsite treatment facility.
- (f) The name and business address of the registered hazardous waste hauler used by the generator to have untreated medical waste removed for treatment, if applicable.
- (g) The name and business address of the registered hazardous waste hauler service provided by the building management to which the building tenants may subscribe or are required by the building management to subscribe, if applicable.
- (h) The name and business address of the offsite medical waste treatment facility to which the medical waste is being hauled, if applicable.
- (i) An emergency action plan complying with regulations adopted by the department.
- (j) A statement certifying that the information provided is complete and accurate.

### **117965 - Annual Inspection**

Large quantity generators shall be subject to at least annual inspection by the enforcement agency.

### **117970 - Medical Waste Generator Registration**

- (a) Each enforcement agency shall follow procedures consistent with this chapter in registering medical waste generators.

- (b) Each medical waste registration issued by the enforcement agency shall be valid for one year.
- (c) An application for renewal of the registration shall be filed with the enforcement agency not less than 90 days prior to the expiration date. Failure to meet this requirement shall result in an assessment of a late fee.
- (d) Generators shall submit within 30 days an updated application form when any of the information specified in subdivisions (a) to (j), inclusive, of Section 117960 changes.

**117971 - Recover Cost for Services**

In addition to the fees collected pursuant to Section 117995, the department, in the implementation of this part, shall recover its actual costs for services related to large quantity medical waste generator follow-up inspections and enforcement activities necessary to ensure compliance with this part. In no event shall the department charge more than the actual costs incurred by the department.

**117975 - Treatment and Tracking Records**

A medical waste generator required to register pursuant to this chapter shall maintain individual treatment, and tracking records, if medical waste is removed from the generator's site for treatment, for three years or for the period specified in the regulations.

**117980 - Containment and Storage**

Containment and storage of medical waste shall be in accordance with Chapter 9 (commencing with Section 118275).

**117985 - Treatment**

Treatment of medical waste shall be in accordance with Chapter 8 (commencing with Section 118215).

**117990 - Fees**

The fee schedule specified in Section 117995 shall be for the issuance of medical waste registrations and onsite medical waste treatment facility permits when the department serves as the enforcement agency for large quantity generators. This fee schedule shall be adjusted annually in accordance with Section 100425. On or before January 1, 1993, the department may adjust by regulation the fees specified in Section 117995 to reflect the actual costs of implementing this chapter. Local enforcement agencies shall set fees that shall be sufficient to cover their costs in implementing this part with regard to large quantity generators.

**117995 - Collect Fees**

The registration and annual permit fee for large quantity generators shall be set in following amounts:

- (a) (1) A general acute care hospital, as defined in subdivision (a) of Section 1250, that has one or more beds, but not more than 99 beds, shall pay six hundred dollars (\$600), a facility with 100 or more beds, but not more than 199 beds, shall pay eight hundred sixty dollars (\$860), a facility with 200 or more beds, but not more than 250 beds shall pay one thousand one hundred dollars (\$1,100), and a facility with 251 or more beds shall pay one thousand four hundred dollars (\$1,400).
- (2) In addition to the fees specified in paragraph (1), a general acute care hospital which is providing onsite treatment of medical waste shall pay an annual medical waste treatment facility inspection and permit fee of three hundred dollars (\$300), if the facility has one or more beds but not more than 99 beds, five hundred dollars (\$500), if the facility has 100 or more beds but not more than 250 beds, and one thousand dollars (\$1,000), if the facility has 251 or more beds.
- (b) A specialty clinic, providing surgical, dialysis, or rehabilitation services, as defined in subdivision (b) of Section 1204, shall pay three hundred fifty dollars (\$350).
- (c) A skilled nursing facility, as defined in subdivision (c) of Section 1250, that has one or more beds, but not more than 99 beds shall pay two hundred seventy-five dollars (\$275), a facility with 100 or more beds, but not more than 199 beds shall pay three hundred fifty dollars (\$350), and a facility with 200 or more beds shall pay four hundred dollars (\$400).
- (d) An acute psychiatric hospital, as defined in subdivision (b) of Section 1250, shall pay two hundred dollars (\$200).
- (e) An intermediate care facility, as defined in subdivision (d) of Section 1250, shall pay three hundred dollars (\$300).
- (f) A primary care clinic, as defined in Section 1200.1, shall pay three hundred fifty dollars (\$350).



- (g) A licensed clinical laboratory, as defined in paragraph (3) of subdivision (a) of Section 1206 of the Business and Professions Code, shall pay two hundred dollars (\$200).
- (h) A health care service plan facility, as defined in subdivision (f) of Section 1345, shall pay three hundred fifty dollars (\$350).
- (i) A veterinary clinic or veterinary hospital shall pay two hundred dollars (\$200).
- (j) A large quantity generator medical office shall pay two hundred dollars (\$200).
- (k) In addition to the fees specified in subdivisions (b) to (j), inclusive, a large quantity generator of medical waste which is providing onsite treatment of medical waste shall pay an annual medical waste treatment facility inspection and permit fee of three hundred dollars (\$300).
- (l) The department may collect annual fees and issue permits on a biennial basis.

## **Chapter 6 - Medical Waste Haulers**

### **118000 - Transportation of Medical Waste**

- (a) Except as otherwise exempted pursuant to Section 118030, all medical waste transported to an offsite medical waste treatment facility shall be transported in accordance with this chapter by a registered hazardous waste transporter issued a registration certificate pursuant to Chapter 6 (commencing with Section 118000) and Article 6.5 (commencing with Section 25167.1) of Chapter 6.5 of Division 20. A hazardous waste transporter transporting medical waste shall have a copy of the transporter's valid hazardous waste transporter registration certificate in the transporter's possession while transporting medical waste. The transporter shall show the certificate, upon demand, to any enforcement agency personnel or authorized employee of the Department of the California Highway Patrol.
- (b) Except for small quantity generators transporting medical waste pursuant to Section 118030, medical waste shall be transported to a permitted offsite medical waste treatment facility or a permitted transfer station in leak-resistant and fully enclosed rigid secondary containers that are then loaded into an enclosed cargo body.
- (c) A person shall not transport medical waste in the same vehicle with other waste unless the medical waste is separately contained in rigid containers or kept separate by barriers from other waste, or unless all of the waste is to be handled as medical waste in accordance with this part.
- (d) Medical waste shall only be transported to a permitted medical waste treatment facility, or to a transfer station or another registered generator for the purpose of consolidation before treatment and disposal, pursuant to this part.
- (e) Facilities for the transfer of medical waste shall be annually inspected and issued permits in accordance with the regulations adopted pursuant to this part.
- (f) Any persons manually loading or unloading containers of medical waste shall be provided by their employer at the beginning of each shift with, and shall be required to wear, clean and protective gloves and coveralls, changeable lab coats, or other protective clothing. The department may require, by regulation, other protective devices appropriate to the type of medical waste being handled.

### **118005 - Transportation of Trauma Scene Waste**

- (a) Notwithstanding any other provision of this chapter, trauma scene waste may be transported by a trauma scene management practitioner registered pursuant to Section 118321.1.
- (b) The exemption specified in Section 118030 for limited quantity hauling shall not apply to the transportation of trauma scene waste.
- (c)
  - (1) A business that has contracted with, or that currently employs, a person whose services may include the cleanup of trauma scene waste in the manner specified in Section 118321.6 may apply, on forms provided by the department, to the department for an exemption from the requirements of Section 118321.1. This exemption shall be known as an incidental trauma scene waste hauling permit, and shall authorize the person to transport, by herself or himself, trauma scene waste that is collected in the manner specified in Section 118321.6 to a permitted medical waste transfer station or a permitted medical waste offsite treatment facility, or to a health care facility, previously designated by mutual agreement, for consolidation with the facility's existing medical waste stream.
  - (2) An application for an incidental trauma scene waste hauling permit shall be accompanied by a fee of twenty-five dollars (\$25) and the incidental trauma scene waste hauling permit shall be valid for one cleanup event. The application shall identify any person who will transport trauma scene waste for the business pursuant to paragraph (1).

**118025 - Registration**

All medical waste shall be hauled by either a registered hazardous waste hauler or by a person with an approved limited-quantity exemption granted pursuant to Section 118030.

**118027 - Unknowingly Transports**

Any person who is authorized to collect solid waste, as defined in Section 40191 of the Public Resources Code, who unknowingly transports medical waste to a solid waste facility, as defined in Section 40194 of the Public Resources Code, incidental to the collection of solid waste is exempt from this chapter with regard to that waste.

**118029 - Information Requirements**

- (a) On or before September 1, 1993, and each year thereafter on or before July 1, a registered hazardous waste transporter which transports medical waste shall so notify the department, and provide the following information:
  - (1) Business name, address, and telephone number.
  - (2) Name of owner, operator, and contact person.
  - (3) Hazardous waste transporter registration number.
  - (4) Vehicle manufacturer name, vehicle model year, vehicle identification number, and the license plate number of each vehicle transporting medical waste.
- (b) For transporters that begin transporting medical waste after September 1, 1993, notification to the department, and provision of the information required by subdivision (a) shall be provided to the department prior to transporting medical waste.
- (c) On or before September 1, 1993, each registered hazardous waste transporter, and each provider of medical waste mail back systems, as defined in subdivision (b) of Section 118245, shall provide to the department a list of all medical waste generators serviced by that person during the previous 12 months. That list shall include the business name, business address, mailing address, telephone number, and other information as required by the department to collect annual fees pursuant to Section 117924. When the transportation of registered hazardous waste by a medical waste transporter or the provision of a medical waste mail back system begins after September 1, 1993, the initial list shall be provided to the department within 10 days of the close of the earliest calendar quarter ending September 30, December 31, March 31, or June 30, or as otherwise required by the department.
- (d) Subsequent to providing the initial list pursuant to subdivision(c), registered hazardous waste transporters and providers of medical waste mail back systems shall submit to the department any changes made to the most recent list every three months, within 10 days of the close of the calendar quarters ending September 30, December 31, March 31, and June 30, or as otherwise required by the department.

**118030 - Limited Quantity Hauling Exemption (LQHE)**

- (a) A medical waste generator or parent organization that employs health care professionals who generate medical waste may apply to the enforcement agency for a limited-quantity hauling exemption, if the generator or health care professional meets all of the following requirements:
  - (1) The generator or health care professional generates less than 20 pounds of medical waste per week, transports less than 20 pounds of medical waste at any one time, and the generator or parent organization has on file one of the following:
    - (A) If the generator or parent organization is a small quantity generator required to register pursuant to Chapter 4 (commencing with Section 117915), a medical waste management plan prepared pursuant to Section 117935.
    - (B) If the generator or parent organization is a small quantity generator not required to register pursuant to Chapter 4 (commencing with Section 117915), the information document maintained pursuant to subdivision (a) of Section 117945.
    - (C) If the parent organization is a large quantity generator, a medical waste management plan prepared pursuant to Section 117960.
  - (2) The generator or health care professional who generated the medical waste transports the medical waste himself or herself, or directs a member of his or her staff to transport the medical waste, to a permitted medical waste treatment facility, a transfer station, a parent organization, or another health care facility for the purpose of consolidation before treatment and disposal.
  - (3) Except as provided in paragraph (4), the generator maintains a tracking document, as specified in Section 118040.

- (4) (A) Notwithstanding paragraph (3), if a health care professional who generates medical waste returns the medical waste to the parent organization, a single page form or multiple entry log may be substituted for the tracking document, if the form or log contains all of the following information:
  - (i) The name of the person transporting the medical waste.
  - (ii) The number of containers and type of medical waste. This subparagraph does not require any generator to maintain a separate medical waste container for every patient or to maintain records as to the specified source of the medical waste in any container.
  - (iii) The date that the medical waste was returned.
- (B) This paragraph does not prohibit the use of a single document to verify the return of more than one container over a period of time, if the form or log is maintained in the files of the parent organization once the page is completed.
- (b) The limited-quantity hauling exemption authorized by this section is valid for a period of one year.
- (c) An application for an initial or a renewal of a limited-quantity hauling exemption shall be accompanied by a fee of twenty-five dollars (\$25). The application shall identify each person who will transport medical waste for the transporter. If the generator or parent organization identifies more than four persons who will be transporting medical waste, the generator or parent organization shall pay an additional fee of five dollars (\$5) for each person, up to a maximum additional fee of twenty-five dollars (\$25).

### **118035 - Transfer of Medical Waste**

For the purpose of transferring medical waste prior to reaching a permitted medical waste treatment facility, medical waste shall not be unloaded, reloaded, or transferred to another vehicle at any location, except at a permitted medical waste transfer station or in the case of a vehicle breakdown or other emergency.

### **118040 - Tracking Records**

- (a) Except with regard to sharps waste consolidated by a home-generated sharps consolidation point approved pursuant to Section 117904, a hazardous waste transporter or generator transporting medical waste shall maintain a completed tracking document of all medical waste removed for treatment or disposal. A hazardous waste transporter or generator who transports medical waste to a facility, other than the final medical waste treatment facility, shall also maintain tracking documents which show the name, address, and telephone number of the medical waste generator, for purposes of tracking the generator of medical waste when the waste is transported to the final medical waste treatment facility. At the time that the medical waste is received by a hazardous waste transporter, the transporter shall provide the medical waste generator with a copy of the tracking document for the generator's medical waste records. The transporter or generator transporting medical waste shall maintain its copy of the tracking document for three years.
- (b) The tracking document shall include, but not be limited to, all of the following information:
  - (1) The name, address, telephone number, and registration number of the transporter, unless transported pursuant to Section 118030.
  - (2) The type and quantity of medical waste transported.
  - (3) The name, address, and telephone number of the generator.
  - (4) The name, address, telephone number, permit number, and the signature of an authorized representative of the permitted facility receiving the medical waste.
  - (5) The date that the medical waste is collected or removed from the generator's facility, the date that the medical waste is received by the transfer station, the registered large quantity generator, or point of consolidation, if applicable, and the date that the medical waste is received by the treatment facility.
- (c) Any hazardous waste transporter or generator transporting medical waste in a vehicle shall have a tracking document in his or her possession while transporting the medical waste. The tracking document shall be shown upon demand to any enforcement agency personnel or officer of the Department of the California Highway Patrol. If the medical waste is transported by rail, vessel, or air, the railroad corporation, vessel operator, or airline shall enter on the shipping papers any information concerning the medical waste that the enforcement agency may require.
- (d) A hazardous waste transporter or a generator transporting medical waste shall provide the facility receiving the medical waste with the original tracking document.
- (e) Each hazardous waste transporter and each medical waste treatment facility shall provide data periodically and in a format as determined by the department.
- (f) Medical waste transported out of state shall be consigned to a permitted medical waste treatment facility in the receiving state. If there is no permitted medical waste treatment facility in the receiving state or if the medical

waste is crossing an international border, the medical waste shall be treated in accordance with Chapter 8 (commencing with Section 118215) prior to being transported out of the state.

#### **118045 - Transfer Station Permit**

- (a) The department shall charge an application fee for a permit for a transfer station equal to one hundred dollars (\$100) for each hour which the department spends on processing the application, but not more than ten thousand dollars (\$10,000), or as provided in the regulations adopted by the department.
- (b) In addition to the fee specified in subdivision (a), the annual permit fee for a transfer station issued a permit pursuant to subdivision (e) of Section 118000 is two thousand dollars (\$2,000), or as provided in the regulations adopted pursuant to this part.

### **Chapter 7 - Medical Waste Treatment Facility Permits**

#### **118130 - Permits**

All offsite medical waste treatment facilities and transfer stations shall be permitted and inspected by the department. All onsite medical waste treatment facilities shall be permitted and inspected by the enforcement agency.

#### **118135 - Permit Dates**

On or before April 1, 1991, each person operating a medical waste treatment facility shall obtain a permit pursuant to this chapter from the department. If the medical waste treatment facility begins operation after April 1, 1991, the permit shall be obtained pursuant to this article prior to commencement of the treatment facility's operation.

#### **118140 - Accepting Medical Waste**

A health care facility accepting medical waste for treatment from the physicians and surgeons who are on the staff of the facility and who are small quantity generators shall be classified as an onsite treatment facility and shall be permitted and inspected by the enforcement agency.

#### **118145 - Adjacent Small Quantity Generators**

A health care facility accepting medical waste for treatment from small quantity generators that are adjacent to the facility shall be classified as an onsite treatment facility and shall be permitted and inspected by the enforcement agency.

#### **118147 - Consolidation**

Notwithstanding any other provision of this chapter, a registered medical waste generator, which is a facility specified in subdivisions (a) and (b) of Section 117705, may accept home-generated sharps waste, to be consolidated with the facility's medical waste stream, subject to all of the following conditions:

- (a) The generator of the sharps waste, a member of the generator's family, or a person authorized by the enforcement agency transports the sharps waste to the medical waste generator's facility.
- (b) The sharps waste is accepted at a central location at the medical waste generator's facility.
- (c) A reference to, and a description of, the actions taken pursuant to this section are included in the facility's medical waste management plan adopted pursuant to Section 117960.

#### **118150 - Compliance**

- (a) Each enforcement agency shall follow procedures that are consistent with this chapter, and the regulations adopted pursuant to this chapter, when issuing medical waste permits.
- (b) Each person operating a medical waste treatment facility pursuant to a hazardous waste facilities permit or grant of interim status pursuant to Article 9 (commencing with Section 25200) of Chapter 6.5 of Division 20, as of January 1, 1991, shall be considered to have the medical waste permit required by this article until January 1, 1992, unless the enforcement agency with jurisdiction over its activities has taken final action prior to January 1, 1992, on an application for a permit pursuant to this article.
- (c) Each medical waste facility subject to subdivision (b) shall operate in accordance with the standards and procedures contained in this chapter, and on and after January 1, 1991, is not subject to the standards and procedures contained in Chapter 6.5 (commencing with Section 25100) of Division 20.

**118155 - Permits**

Any person required to obtain a permit pursuant to this part shall file with the enforcement agency an application, on forms prescribed by the department, containing, but not limited to, all of the following:

- (a) The name of the applicant.
- (b) The business address of the applicant.
- (c) The type of treatment provided, the treatment capacity of the facility, a characterization of the waste treated at this facility, and the estimated average monthly quantity of waste treated at the facility.
- (d) A disclosure statement, as provided in Section 25112.5, except for onsite medical waste treatment facilities.
- (e) Evidence satisfactory to the enforcement agency that the operator of the medical waste treatment facility has the ability to comply with this part and the regulations adopted pursuant to this part.
- (f) Any other information required by the enforcement agency for the administration or enforcement of this part or the regulations adopted pursuant to this part.

**118160 - Permit Requirements**

- (a) Prior to issuing or renewing a permit for an offsite medical waste treatment facility pursuant to Section 118130, the department shall review the compliance history of the applicant, under any local, state, or federal law or regulation governing the control of medical waste or pollution, including, but not limited to, the Clean Air Act (42 U.S.C. Sec. 7401 et seq.).
- (b) The department shall, pursuant to this section, deny a permit, or specify additional permit conditions, to ensure compliance with applicable regulations, if the department determines that in the three-year period preceding the date of application the applicant has violated laws or regulations identified in subdivision (a) at a facility owned or operated by the applicant, and the violations demonstrate a recurring pattern of noncompliance or pose, or have posed, a significant risk to public health and safety or to the environment.
- (c) In addition to any other information required to be submitted for the permitting of a facility pursuant to Section 118130, an applicant who has owned or operated a facility regulated by the department shall provide a description of all violations described in subdivision (a), that occurred at any facility permitted and owned or operated by the applicant in the state in the three years prior to the date of application.
- (d) In making the determination of whether to deny a permit or to specify additional permit conditions pursuant to subdivision (b), the department shall take both of the following into consideration:
  - (1) Whether a permit denial or permit condition is appropriate or necessary given the severity of the violation.
  - (2) Whether the violation has been corrected in a timely fashion.

**118165 - Treatment Records**

On and after April 1, 1991, all persons operating a medical waste treatment facility shall maintain individual records for a period of three years and shall report or submit to the enforcement agency upon request, all of the following information:

- (a) The type of treatment facility and its capacity.
- (b) All treatment facility operating records.
- (c) Copies of the tracking documents for all medical waste it receives for treatment from offsite generators or from hazardous waste haulers.

**118170 - Duration of Permit**

- (a) A medical waste permit issued by the enforcement agency to a medical waste treatment facility shall be valid for five years.
- (b) An application for renewal of the permit shall be filed with the enforcement agency not less than 90 days prior to the expiration date. If a permittee fails to make a timely application for renewal, the medical waste permit shall expire on the expiration date.

**118175 - Conditions for Granting Permit**

- (a) A medical waste permit may be renewed if the enforcement agency finds the permittee has been in substantial compliance with this part and the regulations adopted pursuant to this part during the preceding permitted period or that the permittee corrected previous violations in a timely manner.
- (b) Upon approval of the enforcement agency, a permit may be transferred from one subsidiary to another subsidiary of the same corporation, from a parent corporation to one of its subsidiaries, or from a subsidiary to a parent corporation.

### **118180 - Permit Validity**

A person required to obtain a medical waste permit shall, at all times, possess a valid permit for each facility in operation. A medical waste permit shall terminate prior to its expiration date if suspended or revoked pursuant to Section 118350 or, notwithstanding Section 118355, if either of the following occurs:

- (a) The permittee sells or otherwise transfers the facility, except as specified in subdivision (b) of Section 118175.
- (b) The permittee surrenders the permit to the enforcement agency because the permittee ceases operation.

### **118185 - Permit Procedures**

The enforcement agency shall issue a medical waste permit upon evaluation, inspection, or records review of the applicant if the applicant is in substantial compliance with this part and the regulations adopted pursuant to this part and the applicant has corrected any previous violations. A decision to issue or not to issue the permit shall be made by the enforcement agency within 180 days of the time that the application is deemed complete, unless waived by the applicant.

### **118190 - Permit Conditions**

When issuing, renewing, or revising any treatment facility permit, the enforcement agency may prohibit or condition the handling or treatment of medical waste to protect the public health and safety.

### **118195 - Denial of Permit**

An enforcement agency shall inform an applicant for a medical waste permit, in writing, upon the denial of any application for the permit. Within 20 days after the enforcement agency mails the notice, the applicant may present a written petition for a hearing to the enforcement agency. Upon receipt by the enforcement agency of the petition in proper form, the petition shall be set for hearing. If the department is the enforcement agency, the proceedings shall commence with the filing of a statement of issues and shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the department has all the powers granted to a department in that chapter. If the department is not the enforcement agency, the hearings shall be held in accordance with the ordinance adopting the medical waste management program.

### **118200 - Inspection**

The enforcement agency shall evaluate, inspect, and review the records of medical waste treatment facilities for compliance with this part.

### **118205 - Fees**

The fee schedule specified in Section 118210 shall cover the issuance of medical waste treatment facility permits and an inspection program, when the department serves as the enforcement agency. This fee schedule shall be adjusted annually in accordance with Section 100425. On or before January 1, 1993, the department may adjust by regulation the fees specified in Section 118210 to reflect the actual costs of implementing this chapter. Local enforcement agencies shall set fees that shall be sufficient to cover their costs in implementing this part with regard to large quantity generators.

### **118210 - Collect Fees**

- (a) The department shall charge an annual permit fee for an offsite medical waste treatment facility equal to either one hundred twenty-seven ten thousandths of a cent (\$0.0127) for each pound of medical waste treated or twelve thousand dollars (\$12,000), whichever is greater. The department may collect annual fees and issue permits on a biennial basis.
- (b) The department shall charge an initial application fee for each type of treatment technology at an offsite medical waste treatment facility equal to one hundred dollars (\$100) for each hour the department spends processing the application, but not more than fifty thousand dollars (\$50,000), or as provided in the regulations adopted by the department.

## **Chapter 8 – Treatment**

### **118215 - Methods**

- (a) Except as provided in subdivisions (b) and (c), a person generating or treating medical waste shall ensure that the medical waste is treated by one of the following methods, thereby rendering it solid waste, as defined in Section 40191 of the Public Resources Code, prior to disposal:

- (1) (A) Incineration at a permitted medical waste treatment facility in a controlled air, multi-chamber incinerator, or other method of incineration approved by the department which provides complete combustion of the waste into carbonized or mineralized ash.
- (B) Treatment with an alternative technology approved pursuant to paragraph (3), which, due to the extremely high temperatures of treatment in excess of 1300 degrees Fahrenheit, has received express approval from the department.
- (2) Steam sterilization at a permitted medical waste treatment facility or by other sterilization, in accordance with all of the following operating procedures for steam sterilizers or other sterilization:
  - (A) Standard written operating procedures shall be established for biological indicators, or for other indicators of adequate sterilization approved by the department, for each steam sterilizer, including time, temperature, pressure, type of waste, type of container, closure on container, pattern of loading, water content, and maximum load quantity.
  - (B) Recording or indicating thermometers shall be checked during each complete cycle to ensure the attainment of 121\* Centigrade (250\* Fahrenheit) for at least one-half hour, depending on the quantity and density of the load, to achieve sterilization of the entire load. Thermometers shall be checked for calibration annually. Records of the calibration checks shall be maintained as part of the facility's files and records for a period of three years or for the period specified in the regulations.
  - (C) Heat-sensitive tape, or another method acceptable to the enforcement agency, shall be used on each biohazard bag or sharps container that is processed onsite to indicate the attainment of adequate sterilization conditions.
  - (D) The biological indicator *Bacillus stearothermophilus*, or other indicator of adequate sterilization as approved by the department, shall be placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.
  - (E) Records of the procedures specified in subparagraphs (A), (B), and (D) shall be maintained for a period of not less than three years.
- (3) (A) Other alternative medical waste treatment methods which are both of the following:
  - (i) Approved by the department.
  - (ii) Result in the destruction of pathogenic micro-organisms.
- (B) Any alternative medical waste treatment method proposed to the department shall be evaluated by the department and either approved or rejected pursuant to the criteria specified in this subdivision.
- (b) A medical waste may be discharged to a public sewage system without treatment if it is not a biohazardous waste of a type described in either subdivision (a) or (b) of Section 117635, it is liquid or semi-liquid, and its discharge is consistent with waste discharge requirements placed on the public sewage system by the California regional water quality control board with jurisdiction.
- (c) (1) A medical waste that is a biohazardous waste of a type described in subdivision (a) of Section 117635 may be treated by a chemical disinfection if the medical waste is liquid or semi-liquid and the chemical disinfection method is recognized by the National Institutes of Health, the Centers for Disease Control and Prevention, or the American Biological Safety Association, and if the use of chemical disinfection as a treatment method is identified in the site's medical waste management plan.
- (2) If the waste is not treated by chemical disinfection, in accordance with paragraph (1), the waste shall be treated by one of the methods specified in subdivision (a).
- (3) Following treatment by chemical disinfection, the medical waste may be discharged to the public sewage system if the discharge is consistent with waste discharge requirements placed on the public sewage system by the California regional water control board, and the discharge is in compliance with the requirements imposed by the owner or operator of the public sewage system. If the chemical disinfection of the medical waste causes the waste to become a hazardous waste, the waste shall be managed in accordance with the requirements of Chapter 6.5 (commencing with Section 25100) of Division 20.

**118220 - Anatomical Parts**

Recognizable human anatomical parts, with the exception of teeth not deemed infectious by the attending physician and surgeon or dentist, shall be disposed of by interment or in accordance with subdivision (a) of Section 118215, unless otherwise hazardous.

**118222 - Waste Requiring Specified Methods**

- (a) Biohazardous waste that meets the conditions of paragraph (1) of subdivision (f) of Section 117635 shall be treated pursuant to subdivision (a) of Section 118215 prior to disposal.

- (b) Biohazardous waste that meets the conditions specified in subdivision (g) of Section 117635 shall be treated pursuant to subdivision (a) or (d) of Section 118215 prior to disposal.

#### **118225 - Sharps Waste**

- (a) Sharps waste shall be rendered noninfectious prior to disposal by one of the following methods:
  - (1) Incineration.
  - (2) Steam sterilization.
  - (3) Disinfection using an alternative treatment method approved by the department.
- (b) Sharps waste rendered noninfectious pursuant to this section may be disposed of as solid waste if the waste is not otherwise hazardous.
- (c) Onsite medical waste treatment facilities treating sharps waste pursuant to paragraph (2) or (3) of subdivision (a) shall ensure that, prior to disposal, the treated sharps waste is destroyed or that public access to the treated sharps waste is prevented.

#### **118230 - Incineration**

An operator of a hazardous waste incinerator permitted pursuant to Section 25200 may also accept medical waste for incineration.

#### **118235 - Emergency Action Plan**

Each medical waste treatment facility issued a medical waste permit shall provide the enforcement agency with an emergency action plan that the facility shall follow to ensure the proper disposal of medical waste in the event of equipment breakdowns, natural disasters, or other occurrences.

#### **118240 - Animal Carcasses**

Notwithstanding Section 9141 of the Food and Agricultural Code, animals that die from infectious diseases shall be treated in accordance with Section 118215 if, in the opinion of the attending veterinarian or local health officer, the carcass presents a danger of infection to humans.

#### **118245 - Fees for Alternative Treatment Technologies and Mail-Back Systems**

- (a) The department shall charge an application fee for evaluation of an alternative treatment technology pursuant to subdivision (d) of Section 118215 of two thousand five hundred dollars (\$2,500) and shall charge an additional fee equal to one hundred dollars (\$100) per hour for each hour which the department spends on processing the application, but not more than a total of five thousand dollars (\$5,000), or as provided in the regulations adopted by the department.
- (b) The department shall charge an application fee of one thousand dollars, (\$1,000) for evaluation and approval of the use of a medical waste mail back system, which sends medical waste generated in this state to an out-of-state facility for treatment and disposal pursuant to subdivision (f) of Section 118040.

### **Chapter 9 - Containment and Storage**

#### **118275 - Medical Waste Segregation and Storage**

To containerize or store medical waste, a person shall do all of the following:

- (a) Medical waste shall be contained separately from other waste at the point of origin in the producing facility. Sharps containers may be placed in biohazard bags or in containers with biohazard bags.
- (b) Biohazardous waste, except biohazardous waste as defined in subdivision (g) of Section 117635, shall be placed in a red biohazard bag conspicuously labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD."
- (c) Sharps waste shall be contained in a sharps container pursuant to Section 118285.
- (d)
  - (1) Biohazardous waste, which meets the conditions of subdivision (f) of Section 117635 because it is contaminated through contact with, or having previously contained, chemo-therapeutic agents, shall be segregated for storage, and, when placed in a secondary container, that container shall be labeled with the words "Chemotherapy Waste", "CHEMO", or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to Section 118222.
  - (2) Biohazardous waste, which meets the conditions of subdivision (f) of Section 117635 because it is comprised of human surgery specimens or tissues which have been fixed in formaldehyde or other



fixatives, shall be segregated for storage and, when placed in a secondary container, that container shall be labeled with the words "Pathology Waste", "PATH", or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to Section 118222.

- (e) Sharps waste, which meets the conditions of subdivision (f) of Section 117635, shall be placed in sharps containers labeled in accordance with the industry standard with the words "Chemo-therapy Waste", "Chemo", or other label approved by the department, and segregated to ensure treatment of the sharps waste pursuant to Section 118222.
- (f) Biohazardous waste, which are recognizable human anatomical parts, as specified in Section 118220, shall be segregated for storage and, when placed in a secondary container for treatment as pathology waste, that container shall be labeled with the words "Pathology Waste", "PATH", or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to Section 118222.
- (g) Biohazardous waste, which meets the conditions specified in subdivision (g) of Section 117635, shall be segregated for storage and, when placed in a container or secondary container, that container shall be labeled with the words "INCINERATION ONLY" or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to Section 118222.
- (h) A person may consolidate into a common container all of the wastes in this section provided that the consolidated waste is treated by an extremely high heat technology approved pursuant to subparagraph (B) of paragraph (1) of subdivision (a) of Section 118215. The container shall be labeled with the biohazardous waste symbol and the words "HIGH HEAT ONLY" or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to this subdivision.

#### **118280 - Containment and Storage**

To containerize biohazard bags, a person shall do all of the following:

- (a) The bags shall be tied to prevent leakage or expulsion of contents during all future storage, handling, or transport.
- (b) Biohazardous waste, except biohazardous waste as defined in subdivision (g) of Section 117635, shall be bagged in accordance with subdivision (b) of Section 118275 and placed for storage, handling, or transport in a rigid container which may be disposable, reusable, or recyclable. Containers shall be leak resistant, have tight-fitting covers, and be kept clean and in good repair. Containers may be recycled with the approval of the enforcement agency. Containers may be of any color and shall be labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and on the sides so as to be visible from any lateral direction. Containers meeting the requirements specified in Section 66840 of Title 22 of the California Code of Regulations, as it read on December 31, 1990, may also be used until the replacement of the containers is necessary or existing stock has been depleted.
- (c) Biohazardous waste shall not be removed from the biohazard bag until treatment as prescribed in Chapter 8 (commencing with Section 118215) is completed, except to eliminate a safety hazard, or by the enforcement officer in performance of an investigation pursuant to Section 117820. Biohazardous waste shall not be disposed of before being treated as prescribed in Chapter 8 (commencing with Section 118215).
- (d) (1) Except as provided in paragraph (5), a person generating biohazardous waste shall comply with the following requirements:
  - (A) If the person generates 20 or more pounds of biohazardous waste per month, the person shall not contain or store biohazardous or sharps waste above 0 degrees Centigrade (32 degrees Fahrenheit) at any onsite location for more than seven days without obtaining prior written approval of the enforcement agency.
  - (B) If a person generates less than 20 pounds of biohazardous waste per month, the person shall not contain or store biohazardous waste above 0 degrees Centigrade (32 degrees Fahrenheit) at any onsite location for more than 30 days.
- (2) A person may store biohazardous or sharps waste at or below 0 degrees Centigrade (32 degrees Fahrenheit) at an onsite location for not more than 90 days without obtaining prior written approval of the enforcement agency.

- (3) A person may store biohazardous or sharps waste at a permitted transfer station at or below 0 degrees Centigrade (32 degrees Fahrenheit) for not more than 30 days without obtaining prior written approval of the enforcement agency.
  - (4) A person shall not store biohazardous or sharps waste above 0 degrees Centigrade (32 degrees Fahrenheit) at any location or facility which is offsite from the generator for more than seven days before treatment.
  - (5) Notwithstanding paragraphs (1) to (4), inclusive, if the odor from biohazardous or sharps waste stored at a facility poses a nuisance, the enforcement agency may require more frequent removal.
- (e) Waste that meets the definition of biohazardous waste in subdivision (g) of Section 117635 shall not be subject to the limitations on storage time prescribed in subdivision (d). A person may store that biohazardous waste at an onsite location for not longer than 90 days without obtaining prior written approval from the enforcement agency or the department, except that persons generating not more than 10 pounds of that biohazardous waste per calendar year may store less than 10 pounds of the biohazardous waste at any onsite location for not longer than one year without obtaining prior written approval from the enforcement agency or the department. A person may store that biohazardous waste at a permitted transfer station for not longer than 30 days without obtaining prior written approval from the enforcement agency or the department. A person shall not store that biohazardous waste at any location or facility that is offsite from the generator for more than 30 days before treatment.

#### **118285 - Sharps Waste**

To containerize sharps waste, a person shall do all of the following:

- (a) Place all sharps waste into a sharps container.
- (b) Tape closed or tightly lid full sharps containers ready for disposal to preclude loss of contents.
- (c) Store sharps containers ready for disposal for not more than seven days without the written approval of the enforcement agency.
- (d) Label sharps containers with the words "sharps waste" or with the international biohazard symbol and the word "BIOHAZARD".

#### **118290 - Common Storage Facility**

Any small quantity generator who has properly containerized the medical waste according to the requirements of this article may store the waste in a permitted common storage facility.

#### **118295 - Wash and Decontaminate Containers**

A person shall thoroughly wash and decontaminate reusable rigid containers for medical waste by a method approved by the enforcement agency each time they are emptied, unless the surfaces of the containers have been completely protected from contamination by disposable liners, bags, or other devices removed with the waste. These containers shall be maintained in a clean and sanitary manner. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one of the following procedures:

- (a) Exposure to hot water of at least 82 degrees Centigrade (180 degrees Fahrenheit) for a minimum of 15 seconds.
- (b) Exposure to chemical sanitizer by rinsing with, or immersion in, one of the following for a minimum of three minutes:
  - (1) Hypochlorite solution (500 ppm available chlorine).
  - (2) Phenolic solution (500 ppm active agent).
  - (3) Iodoform solution (100 ppm available iodine).
  - (4) Quaternary ammonium solution (400 ppm active agent).

#### **118300 - Spill Decontamination**

Any leak or spill of a medical waste by a medical waste generator, hazardous waste hauler, or treatment facility shall be decontaminated by procedures adopted by the department.

#### **118305 - Solid Waste**

A person shall not use reusable pails, drums, dumpsters, or bins used for medical waste for the containment of solid waste, or for other purposes, except after being decontaminated by the procedures specified in Section 118295 and removal of all medical waste labels.

### **118310 - Storage Area Signs**

Any enclosure or designated accumulation area used for the storage of medical waste containers shall be secured so as to deny access to unauthorized persons and shall be marked with warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. The storage area may be secured by use of locks on entry doors, gates, or receptacle lids. The wording of warning signs shall be in English, "CAUTION—BIOHAZARDOUS WASTE STORAGE AREA—UNAUTHORIZED PERSONS KEEP OUT," and in Spanish, "CUIDADO—ZONA DE RESIDUOS—BIOLOGICOS PELIGROSOS—PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS," or in another language, in addition to English, determined to be appropriate by the infection control staff or enforcement agency. A warning sign concerning infectious waste, as that term was defined by Section 25117.5 as it read on December 31, 1990, that sign having been installed before April 1, 1991, meets the requirements of this section, until the sign is changed and as long as the sign is not moved. Warning signs shall be readily legible during daylight from a distance of at least 25 feet. Any enclosure or designated accumulation area shall provide medical waste protection from animals and natural elements and shall not provide a breeding place or a food source for insects or rodents.

### **118315 - Trash Chutes**

A person shall not use a trash chute to transfer medical waste.

### **118320 - Compactors or Grinders**

- (a) Except as provided in subdivision (b), compactors or grinders shall not be used to process medical waste until after the waste has been treated pursuant to Chapter 8 (commencing with Section 118215) and rendered solid waste.
- (b)
  - (1) Grinding or compacting may be used when it is an integral part of an alternative treatment method approved by the department.
  - (2) A compactor may be used to compact medical waste if the type of medical waste compactor proposed to be used is evaluated by the department, and approved by the department prior to its use pursuant to the following criteria:
    - (A) The compactor operates without the release of liquids or pathogenic microorganisms from the medical waste during placement of the medical waste into, or removal of the medical waste from, the compactor units, and during the compaction process.
    - (B) The compacted medical waste will not release liquids or pathogens during any sub-sequent handling and no residual waste will be left in the compactor unit after the process is completed.
    - (C) Compactor operations and maintenance personnel will not be at any substantial in-creased risk of exposure to pathogens.
    - (D) The compactor has been demonstrated not to have any adverse effects on any treatment method. If only specific treatment methods are compatible with the compaction process, the department shall condition its approval of the compactor for use only in conjunction with treatment methods, with regard to which no adverse effects have been demonstrated.
- (c) Medical waste in bags or other containers shall not be subject to compaction by any compacting device and shall not be placed for storage or transport in a portable or mobile trash compactor, except as allowed pursuant to subdivision (b).

## **Chapter 9.5 - Trauma Scene Waste Management**

### **118321 - Citation of Part**

- (a) This chapter shall be known, and may be cited, as the Trauma Scene Waste Management Act.
- (b) The Legislature hereby finds and declares that it is in the interests of the health and safety of the public and the solid waste industry to regulate the handling and treatment of waste that, but for contamination with large quantities of human blood or body fluids as a result of death, serious injury, or illness, would be solid waste.
- (c) The Legislature further finds and declares that, in the interest of safe and uniform management of trauma scene waste, practitioners of trauma scene management should be subject to regulation by the department.

### **118321.1 - Registration and Fees**

- (a) A trauma scene waste management practitioner shall register with the department on forms provided by the department.

- (b) Notwithstanding subdivision (a), a person who possessed a local business license as of January 1, 1997, and performs trauma scene waste management activities may continue to do so until April 1, 1998, subject to both of the following conditions:
  - (1) The department has been notified of the trauma scene waste management activities.
  - (2) Registration as a trauma scene waste management practitioner is completed on or before April 1, 1998.
- (c) The department shall register a trauma scene waste management practitioner and issue a trauma scene waste hauling permit to a trauma scene waste management practitioner who submits a completed application form and the registration fee, upon approval of the application by the department.
- (d) A registered trauma scene waste management practitioner is exempt from the registration requirements imposed pursuant to Chapter 6 (commencing with Section 118025) or Article 6.5 (commencing with Section 25167.1) of Chapter 6.5 of Division 20 upon haulers of medical waste.
- (e) Registered trauma scene waste management practitioners shall pay an annual fee of two hundred dollars (\$200) to the department for deposit in the fund. The fee revenues deposited in the fund pursuant to this subdivision may be expended by the department, upon appropriation by the Legislature, for the implementation of this chapter.

**118321.2 - List of Practitioners**

- (a) The department shall maintain an inventory of registered trauma scene waste management practitioners.
- (b) The department shall submit a list of registered trauma scene waste management practitioners to all local agency health officers and directors of environmental health, county administrators, and county sheriffs, and shall make the list available, upon request, to other public agencies and to the public.

**118321.3 - Department Duties**

- (a) Notwithstanding Section 117650, the department shall be the sole enforcement agency with regard to the management of trauma scene waste.
- (b) The department, working with the trauma scene waste management industry and the health care industry, shall establish the following standards:
  - (1) Documentation of personal protection required to be provided for, and used by, workers in accordance with the California Occupational and Safety Administration's bloodborne pathogen standards.
  - (2) Technologies and chemicals appropriate to the task of cleanup and disinfecting.
- (c) The department may adopt regulations pursuant to which trauma scene waste management practitioners shall document both of the following:
  - (1) Identification of trauma scene waste within the scope of this chapter.
  - (2) Compliance with disposal requirements, including, but not limited to, tracking the transportation of trauma scene waste.
- (d) The department shall adopt procedures to provide information to trauma scene waste management practitioners recommending procedures for removing trauma scene waste from trauma scenes.

**118321.4 - Transporter Deemed Generator**

As specified in Section 117705, a trauma scene waste management practitioner who transports trauma scene waste shall be deemed the generator of the trauma scene waste for purposes of this part.

**118321.5 - Removal, Transportation, and Storage**

- (a) Trauma scene waste shall be removed from the trauma scene immediately upon completion of the removal phase of a trauma scene waste removal operation.
- (b) Trauma scene waste shall be transported to a permitted medical waste transfer station or treatment facility pursuant to subdivision (d) of Section 118000, or may be stored in a dedicated freezer at the business location of the trauma scene waste management practitioner for a period of not more than 14 days, or as otherwise approved by the department.

**118321.6 - Limitations**

- (a) This chapter does not limit or abridge the jurisdiction of the Division of Occupational Safety and Health of the Department of Industrial Relations.
- (b) This chapter does not prohibit a business from employing or contracting with a person to provide cleanup or consultative services, including those services provided by an industrial hygienist, with respect to trauma scene waste if those services are incidental to the principal course and scope of services provided by the person.

## Chapter 10 – Enforcement

### 118325 - Injunction for Violations

An enforcement agency, district attorney, city attorney, or city prosecutor may bring an action to enjoin the violation, or threatened violation, of this part or the regulations adopted pursuant to this part, in the superior court in the county where the violation occurred or is about to occur. Any proceeding under this section shall be in accordance with Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, except that the enforcement agency, district attorney, city attorney, or city prosecutor is not required to allege facts necessary to show or tending to show the lack of an adequate remedy at law or irreparable damage or loss. With respect to any action brought pursuant to this section alleging actual violation of this part or the regulations adopted pursuant to this part, the court shall, if it finds the allegations to be true, issue its order enjoining the continuance of the violation.

### 118330 - Order for Compliance / Administrative Penalty

Whenever the enforcement agency determines that a violation or threatened violation of this part or the regulations adopted pursuant to this part has resulted, or is likely to result, in a release of medical waste into the environment, the agency may issue an order to the responsible person specifying a schedule for compliance or imposing an administrative penalty of not more than one thousand dollars (\$1,000) per violation. Any person who, after notice and an opportunity for hearing, violates an order issued pursuant to this section is guilty of a misdemeanor. The department shall adopt regulations that specify the requirements for providing notice to persons to whom orders are issued and for administrative hearings and fines concerning these orders.

### 118335 - Inspection

- (a) In order to carry out the purpose of this part, any authorized representative of the enforcement agency may do any of the following:
  - (1) Enter and inspect a facility for which a medical waste permit or registration has been issued, for which a medical waste permit or registration application has been filed, or that is subject to registration or permitting requirements pursuant to this part. Enter and inspect a vehicle for which a hazardous waste hauler registration has been issued or a limited-quantity exemption granted, for which an application has been filed for a hazardous waste hauler registration or a limited-quantity exemption, or that is subject to registration requirements pursuant to this part.
  - (2) Inspect and copy any records, reports, test results, or other information related to the requirements of this part or the regulations adopted pursuant to this part.
- (b) The inspection shall be made with the consent of the owner or possessor of the facilities or, if consent is refused, with a warrant duly issued pursuant to Title 13 (commencing with Section 1822.50) of Part 3 of the Code of Civil Procedure. However, in the event of an emergency affecting the public health or safety, an inspection may be made without consent or the issuance of a warrant.
- (c) Any traffic officer, as defined in Section 625 of the Vehicle Code, and any peace officer, as defined in Section 830.1 or 830.2 of the Penal Code, may enforce Chapter 6 (commencing with Section 118000) and this chapter, and for purposes of enforcing these chapters, traffic officers and these peace officers are authorized representatives of the department.

### 118340 - Unauthorized Actions / Criminal Penalty

- (a) No person shall transport, store, treat, dispose, or cause the treatment or disposal of medical waste in a manner not authorized by his or her permit or registration, this part, or the regulations adopted pursuant to this part.
- (b) Any person who stores, treats, disposes, or causes the treatment or disposal of medical waste in violation of this part or the regulations adopted pursuant to this part is guilty of a public offense as follows:
  - (1) For a small quantity generator, a first offense is an infraction and is punishable by a fine of not more than one thousand dollars (\$1,000).
  - (2) For a person other than a small quantity generator, a first offense is a misdemeanor punishable by a fine of not less than two thousand dollars (\$2,000), or by up to one year in county jail, or by both the fine and imprisonment.
- (c) A person who is convicted of a second or subsequent violation of subdivision (a) within three years of the prior conviction shall be punished by imprisonment in the county jail for not more than one year or by imprisonment in state prison for one, two, or three years or by a fine of not less than five thousand dollars (\$5,000), or more

than twenty-five thousand dollars (\$25,000), or by both the fine and imprisonment. This section shall not apply unless any prior conviction is charged in the accusatory pleading and admitted by the defendant or found to be true by the trier of fact. If the defendant is a corporation that operates medical facilities in more than one geographic location, this subdivision shall apply only if the offense involves an adjacent facility involved in the prior conviction.

- (d) Any person who knowingly treats or disposes, or causes the treatment or disposal of, medical waste in violation of this part shall be punished by imprisonment in the county jail for not more than one year or by imprisonment in the state prison for one, two, or three years, or by a fine of not less than five thousand dollars (\$5,000), or more than twenty five thousand dollars (\$25,000), or by both the fine and imprisonment.
- (e) This section does not apply to a person transporting medical waste who is required to be a registered hazardous waste transporter. Those persons are subject to penalties for violations pursuant to Article 8 (commencing with Section 25180) of Chapter 6.5 of Division 20.

#### **118345 - False Statements / Failure to Register**

- (a) Any person who intentionally makes any false statement or representation in any application, label, tracking document, record, report, permit, registration, or other document filed, maintained, or used for purposes of compliance with this part that materially affects the health and safety of the public is liable for a civil penalty of not more than ten thousand dollars (\$10,000) for each separate violation or, for continuing violations, for each day that the violation continues.
- (b) Any person who fails to register or fails to obtain a medical waste permit in violation of this part, or otherwise violates any provision of this part, any order issued pursuant to Section 118330, or any regulation adopted pursuant to this part, is liable for a civil penalty of not more than ten thousand dollars (\$10,000) for each violation of a separate provision of this part or, for continuing violations, for each day that the violation continues.

### **Chapter 11 - Suspension or Revocation**

#### **118350 - Grounds for Suspension or Revocation**

The enforcement agency may suspend, amend, or revoke any medical waste permit issued by the enforcement agency for any of the following reasons:

- (a) Violation by the permittee of any of the provisions of this part or any regulation adopted pursuant to this part.
- (b) Violation of any term or condition of the permit.
- (c) Aiding, abetting, or permitting the violation specified in subdivision (a) or (b) or interference in the performance of the duty of the enforcement officer.
- (d) Proof that the permittee has intentionally made false statements, or failed to disclose fully all relevant facts, in any material regard, on the application for a medical waste permit.
- (e) The conviction of a permittee, or the person in charge of the activity subject to the medical waste permit, of any crime that is substantially related to the qualifications or duties of the permittee or the person in charge of the activity, or that is substantially related to the functions that are subject to the medical waste permit. For purposes of this section, a conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. An action to revoke or suspend the medical waste permit may be taken when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal. That action may also be taken when an order granting probation is made suspending the imposition of sentence, notwithstanding any subsequent order pursuant to Section 1203.4 of the Penal Code. The enforcement agency shall take into account all competent evidence of rehabilitation furnished by the permittee or person in charge of the permitted activity.
- (f) A change in any condition that requires either a temporary or permanent modification, reduction, or termination of the permitted operation to bring it into compliance with the requirements of this part and the regulations adopted pursuant to this part.

#### **118355 - Proceedings**

Proceedings conducted by the department for the suspension or revocation of a medical waste permit shall commence with the filing of any accusation and shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the department shall have all the powers granted to a department in that chapter.