

## Bloodborne Pathogens Standard Implementation

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**Bloodborne Pathogens Standard Implementation**

- I. **Purpose Statement:** All Department of Health (DOH) facilities, including state public health laboratories, where personnel might experience occupational exposures to bloodborne pathogens should have a written policy for the management of exposures. The policy should be based on US Occupational Safety and Health Administration (OSHA) rules (29 CFR 1910.1030), the Centers for Disease Control and Prevention (CDC) recommendations, and US Public Health Service (PHS) guidelines.
- II. **Authority:** Sections 381.003 and 440.1025, *Florida Statutes* and Rule 60L-36.005(3)(a-e), “[Public Employees] Disciplinary Standards,” *Florida Administrative Standards*. See also DOH IOP 250-16 *Safety and Loss Prevention Requirements*, Section VIII.A.2 “Training.”
- III. **Outcome:** Guidelines are intended as a means to prevent occupational injuries and illnesses. Implementation of bloodborne pathogens standards not only protects the public sector employees involved in direct patient care, epidemiological investigations and monitoring, vaccination clinics, and laboratory testing but also protects other patients and the general public from the spread of communicable diseases to include but not limited to HIV, viral hepatitis (B and C), zika, and viral hemorrhagic fevers (VHFs). Ensure access for all staff to essential bloodborne pathogen expertise and training in facilities prevention.
- IV. **Scope:** Director, Division of Disease Control and Health Protection; County Health Systems; County Health Department Administrators/Directors, Medical Directors, Directors of Nursing, Safety Coordinators, Safety Committees, risk management and infection control teams; Bureau Chief, Public Health Laboratories; Laboratory Safety Coordinator; Bureau Chiefs of Epidemiology, Communicable Diseases, and Environmental Health; Administrators and nurse consultants, HIV/AIDS and Immunizations Sections; HIV/AIDS Medical Director; and Hepatitis and Facilities Programs Director.
- V. **Definitions:** OSHA’s Bloodborne Pathogen Standard prescribes safeguards to protect workers against diseases transmitted by contact with blood and other potentially infectious materials. Its requirements address items such as exposure control plans, universal precautions, engineering and work practice controls, personal protective equipment (PPE), housekeeping, laboratories, hepatitis B vaccination, post-exposure follow-up, hazard communication and training, and recordkeeping. (See 29 CFR 1910.1030(b) for definitions used in the Standard)
- VI. **Procedures:**
  - A. **Establish Exposure Control Plan:**
    1. Establish a written Exposure Control Plan (ECP) that is in compliance with the federal OSHA Bloodborne Pathogens Standard in 19 CFR 1910.1030 (see links in VII. Supportive Data A. Federal Rules and Guidance Documents). All ECPs should be reviewed and updated at least annually. The ECP should also be updated to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposures.

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2. Include an exposure determination that identifies job classifications with occupational exposure along with relevant tasks and procedures.
3. List methods of compliance to show how provisions of the Standard are implemented, such as:
  - a. An Infection Control Plan based on Universal Precautions.
  - b. Updated engineering and work practice controls (e.g., safer medical devices, sharps disposal containers, hand hygiene).
  - c. Housekeeping, including decontamination procedures and removal of regulated waste. (See Appendix A for the Biomedical Waste Operating Plan template required for all county health departments and Florida DOH Biomedical Waste Program Rule, Chapter 64E-16, *Florida Administrative Code*)

**B. Exposure Incidents and Post-Exposure Activities:**

1. Document the procedures for evaluating the circumstances surrounding exposure incidents in the ECP.
2. Staff who are exposed should follow *DOHP 5-6 Policy and Procedures on Incident Reporting*. Post-exposure prophylaxis (PEP) is to be managed through the Workers' Compensation system, as outlined in *DOHP 60-26 Workers' Compensation and Disability Leave with Pay*.
3. Questions about appropriate post-exposure medical treatment can be directed to the Clinician Consultation Center on Post-Exposure Prophylaxis (PEP) hotline, call 1-888-448-4911, 9:00 am to 2:00 am, EST, seven days a week (<http://nccc.ucsf.edu/>).
4. Hepatitis B (HBV) post-vaccination should comply with guidelines in the "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis," *MMWR*, vol. 50 no. 11, June 29, 2001. (See IOP 340-11 *Staff Immunizations Guide* for forms and other information on HBV, link below to the **InsideFLHealth** Central Library location).
5. Counseling and assistance finding other resources is available to employees through the Department's Employee Assistance Program (EAP) at 1-800-860-2058.

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**C. Annual Review of Exposure Control Plans:**

1. Document the participation of frontline healthcare and laboratory workers (those potentially exposed to injuries) in the identification, evaluation and selection of effective engineering and work practice controls.
2. Document the annual consideration of adopting commercially available safer and more effective medical devices designed to minimize occupational exposures.

**D. Evaluation and Follow-up:**

Monitor completion rates of HBV vaccination and HIV PEP; and monitor completion of exposure follow-up, including assessment of incident for recommendations for changes.

**F. Recordkeeping:**

The federal Bloodborne Pathogens Standard and Model Plan contains details on required recordkeeping: training records, employee medical records, hepatitis B vaccine declination forms, and sharps injury logs. The Department is not required to keep or submit the OSHA incident reporting records (29 CFR 1904). For OSHA-compliant vaccination acceptance/declination form, see form DOH 2138 02/15 in IOP 340-11 *Staff Immunizations Guide* (link below to the **InsideFLHealth** Sharepoint environment Central Library location).

**VII. Training:** Annual refresher training must be provided to employees including contracted staff engaged in similar tasks. In addition, training should be given during orientation of a new employee or contractor, and to employees or contractors who have taken new positions requiring different tasks and procedures. Volunteers and paid staff performing similar tasks where exposure to bloodborne pathogens is deemed a hazard must be given the same training opportunities (see DOHP 380-7 *Volunteer Services Policy*, VII.B.2).

**VIII. Supportive Data:**

**A. Federal Rules and Guidance Documents:**

**OSHA Bloodborne Pathogens Standard** 19 CFR 1910.1030. Link:  
<[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)> [accessed 10/20/2016]

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**OSHA Quick Reference Guide** to the Bloodborne Pathogens Standard for public and private employers. Link: [https://www.osha.gov/SLTC/bloodborne pathogens/bloodborne\\_quickref.html](https://www.osha.gov/SLTC/bloodborne pathogens/bloodborne_quickref.html) [accessed 10/20/2016]

**OSHA Model Exposure Plans and Programs, 2003.** Link: <https://www.osha.gov/Publications/osha3186.html> [accessed 10/20/2016]

**B. CDC Recommendations:**

**National Institute for Occupational Safety and Health (NIOSH) Bloodborne Pathogens.** Link: <http://www.cdc.gov/niosh/topics/bbp/> [accessed 10/20/2016]

**Hepatitis B (HBV) Post-vaccination Guidelines** in “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis,” *MMWR*, vol. 50 no. RR11, June 29, 2001. Link: <http://www.cdc.gov/mmwr/pdf/rr/rr5011.pdf> [accessed 10/20/2016]

**Implementation checklist** in “Appendix A. Practice Recommendations for Health-Care Facilities Implementing the U.S. Public Health Service Guidelines for Management of Occupational Exposures to Bloodborne Pathogens,” *MMWR*, vol. 50 no. RR11, June 29, 2001. Link: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a2.htm> [accessed 10/20/2016]

**Updated Ebola Guidelines for Healthcare Workers in US (CDC).** Link: <http://www.cdc.gov/vhf/ebola/healthcare-us/index.html> [accessed 10/20/2016]

**Zika NIOSH and OSHA workplace recommendations** for exposure management for healthcare, outdoor and laboratory workers: “Interim Guidance for Protecting Workers from Occupational Exposure to Zika Virus.” Link: [http://www.cdc.gov/niosh/topics/outdoor/mosquito-borne/pdfs/osha-niosh\\_fs-3855\\_zika\\_virus\\_04-2016.pdf#page=1](http://www.cdc.gov/niosh/topics/outdoor/mosquito-borne/pdfs/osha-niosh_fs-3855_zika_virus_04-2016.pdf#page=1) [accessed 10/20/2016]

**C. Florida Statutes, Rules and Department of Health Policies:**

**Workers’ Compensation, Employer Safety Program, s. 440.1025, Florida Statutes.** Link:

[http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App\\_mode=Display\\_Statute&Search\\_String=440.1025&URL=0400-0499/0440/Sections/0440.1025.html](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=440.1025&URL=0400-0499/0440/Sections/0440.1025.html) [accessed 10/20/2016]

**Communicable Disease and AIDS Prevention and Control, s. 381.003, Florida Statutes:** Link:

[http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App\\_mode=Display\\_Statute&Search\\_String=381.003&URL=0300-0399/0381/Sections/0381.003.html](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=381.003&URL=0300-0399/0381/Sections/0381.003.html) [accessed 10/20/2016]

**Biomedical Waste, Section 381.0098, Florida Statutes.** Link:

[http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=0300-0399/0381/Sections/0381.0098.html](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.0098.html) [accessed 10/20/2016]

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**Biomedical Waste, Chapter 64E-16, Florida Administrative Code.** Link:  
<<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64E-16>> [accessed  
10/20/2016]

**DOH Policies, Procedures and TAGs below** can be accessed in the **InsideFLHealth**  
Sharepoint environment Central Library location. Link:  
<<https://floridahealth.sharepoint.com/search/Pages/CL-Policies.aspx>> [accessed  
10/20/2016]

**Link to IOP 305-10 Bloodborne Pathogens Standard Implementation** in Central  
Library sharepoint location: Link:  
<[https://floridahealth.sharepoint.com/sites/DISEASECONTROL/Policies/IOP\\_305-10\\_BBPStandard.pdf](https://floridahealth.sharepoint.com/sites/DISEASECONTROL/Policies/IOP_305-10_BBPStandard.pdf)> [accessed 11/07/2016]

And:

**DOHP 5-6 Policy and Procedures on Incident Reporting.** Link:  
<<https://floridahealth.sharepoint.com/sites/OIG/Policies/IncidentReportingPolicy.pdf>>  
[accessed 11/07/2016]

**DOHP 60-26 Workers' Compensation and Disability Leave with Pay.** Link:  
<[https://floridahealth.sharepoint.com/sites/DIVOFADMINISTRATION/Policies/Workers\\_Compensation\\_Disability.pdf](https://floridahealth.sharepoint.com/sites/DIVOFADMINISTRATION/Policies/Workers_Compensation_Disability.pdf)> [accessed 11/07/2016]

**IOP 340-11 Staff Immunizations Guide.** Link:  
<[https://floridahealth.sharepoint.com/sites/DISEASECONTROL/Policies/IOP\\_340-11\\_StaffImmuniGuide.pdf](https://floridahealth.sharepoint.com/sites/DISEASECONTROL/Policies/IOP_340-11_StaffImmuniGuide.pdf)> [accessed 11/07/2016]

**IOP 250-16 Safety and Loss Prevention Program Requirements.** Link:  
<[https://floridahealth.sharepoint.com/sites/DIVOFADMINISTRATION/Policies/Safety\\_Loss\\_Prevention.pdf](https://floridahealth.sharepoint.com/sites/DIVOFADMINISTRATION/Policies/Safety_Loss_Prevention.pdf)> [accessed 11/07/2016]

**DOHP 380-7 Volunteer Services Policy.** Link:  
<[https://floridahealth.sharepoint.com/sites/PUBLICHEALTHSTATS/Policies/DOHP\\_380-7\\_VolHlthSvcs.pdf](https://floridahealth.sharepoint.com/sites/PUBLICHEALTHSTATS/Policies/DOHP_380-7_VolHlthSvcs.pdf)> [accessed 11/07/2016]

#### **D. HIV and AIDS**

The **Clinician Consultation Center** provides clinicians of all experience levels prompt, expert responses to questions about managing HIV/AIDS, perinatal HIV, pre-exposure prophylaxis, and bloodborne pathogen exposures. Online and phone-based consultation is provided. Link: <[National HIV/AIDS Clinicians' Consultation Center \(PEP\) Line](#)> [accessed 10/20/2016]

“Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis,” (pp. 875-892) *Chicago Journals, Infection Control and Hospital Epidemiology*, Vol. 34, No.9, September 2013. David T. Kuhar, MD, *et. al.*, for the US Public Health Service Working Group. Link: <<http://www.jstor.org/stable/10.1086/672271>> [accessed 10/20/2016]

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**E. OSHA-Compliant State Program Materials**

**Map of States** and one Territory that administer OSHA-compliant programs covering public sector healthcare workforce. Link: <<https://www.osha.gov/dcsp/osp/index.html>> [accessed 10/20/2016]

**OSHA-California Ventilation Program Guide:** “Respirator Use in Health Care Workplaces – a Toolkit for Respirator Program Administrators.” Link: <<http://www.cdph.ca.gov/programs/ohb/Pages/RespToolkit.aspx>> [accessed 10/20/2016]

**F. Florida OSHA-Compliant Training Resources**

**DOH Required Training Course:** “FDOH Bloodborne Pathogens – required.” In Florida TRAIN – Link: <<http://www.floridahealth.gov/provider-and-partner-resources/training/train-florida/train-florida-knowledge-center.html>> [accessed 10/20/2016]

**Related Training at the USF OSHA Training Institute Education Center (USF OTI).** Part of a national network of non-profit organizations authorized by OSHA to deliver occupational safety and health training to public and private sector workers, supervisors, and employers on behalf of OSHA. For information on accessing courses call 813-994-1195 or send email to: [usfotioutreach@health.usf.edu](mailto:usfotioutreach@health.usf.edu). Link: <<http://www.usfsafetyflorida.com/>> [accessed 10/20/2016]

“OSHA 7200 – Bloodborne Pathogens Exposure Control for Healthcare Facilities” - target audience is the program administrator, manager, or other personnel designated with the responsibility of developing a Bloodborne Pathogens Exposure Control Plan for a small healthcare facility. Link: <<http://usfotocenter.org/oti-7200/>> [accessed 10/20/2016]

**IX. History Notes: Effective November 08, 2016;** replaces TAG 345-11-14 *Bloodborne Pathogens Standard*, (effective March 2007) last revision September 2014.

**X. Distribution List:**

Deputy Secretaries  
CHD Administrators  
CHD Medical Directors  
CHD Directors of Nursing  
Local & State Safety Coordinators  
Division Director, Disease Control and Health Protection  
Bureau Chief, Public Health Laboratories  
Safety Coordinator, Public Health Laboratories  
Bureau Chief, Epidemiology  
Bureau Chief, Communicable Diseases  
Bureau Chief, Environmental Health  
DCHP Nurse Consultant Policy Owners

**MESH** “CHD Guidebook” DCHP “medical technical assistance guideline” BBP Safety “Workers Comp” zika ebola “West Nile” hemorrhagic dengue

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**XI. Appendix A: Biomedical Waste Operating Plan Template**

**BIOMEDICAL WASTE OPERATING PLAN**

FACILITY NAME (1) \_\_\_\_\_

**TABLE OF CONTENTS**

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- IX. PROCEDURE FOR DECONTAMINATING BIOMEDICAL WASTE SPILLS
- X. CONTINGENCY PLAN
- XI. BRANCH OFFICES
- XII. MISCELLANEOUS

ATTACHMENT A: BIOMEDICAL WASTE TRAINING OUTLINE

ATTACHMENT B: BIOMEDICAL WASTE TRAINING ATTENDANCE

ATTACHMENT C: PLAN FOR TREATMENT OF BIOMEDICAL WASTE

All biomedical waste facilities are required to develop and maintain a current operating plan that complies with subsection 64E-16.003(2), Florida Administrative Code. A facility may choose to use this plan, which is provided as a courtesy of the department, or they may develop their own.

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**I. DIRECTIONS FOR COMPLETING THE BIOMEDICAL WASTE PLAN**

Blank 1: Enter the name of your facility.

Blank 2: Enter where you keep your employee training records.

Blank 3: List the items of biomedical waste that are produced in your facility and the location where each waste item is generated.

Blank 4: Enter the name of the manufacturer of your facility's red bags. This company must be on the Department of Health (DOH) list of compliant red bags (this list can be obtained from the following website:

[www.floridahealth.gov/environmental-health/biomedical-waste/red-bag-list.html](http://www.floridahealth.gov/environmental-health/biomedical-waste/red-bag-list.html)

or from your DOH biomedical waste coordinator OR you must have results supplied by the bag manufacturer from an independent laboratory that indicate that your red bags meet the bag construction requirements of Chapter 64E-16, Florida Administrative Code (F.A.C.). If your facility does not use red bags, enter N/A.

Blank 5: Indicate where the documentation for the construction standards of your facility's red bags is kept. If your facility uses red bags that are included in the DOH list of compliant red bags, or if your facility does not use red bags, enter N/A.

Blank 6: Indicate where unused, red biomedical waste bags are kept in operational areas (not in stock or in central storage) so that working staff can get them quickly when they need them. If your facility does not use red bags, enter N/A.

Blank 7: Enter the place where your biomedical waste is stored and the method of restriction of this storage area. If your biomedical waste is picked up by a licensed biomedical waste transporter but you have no storage area, indicate your procedure for preparing your biomedical waste for pick-up. If you have no pick-up and no storage area, enter N/A.

Blank 8: Enter all the required information about your registered biomedical waste transporter. The website <http://www.floridahealth.gov/environmental-health/biomedical-waste/bmw-transporter-list.html> has a list of such transporters. If you do not use a transporter, enter N/A.

Blank 9: Enter the name(s) of the employee(s) designated to transport your facility's untreated biomedical waste to another facility. If your facility does not transport your own biomedical waste, enter N/A.

*Blank 10: Enter the name of the facility to which your facility transports your own untreated biomedical waste. If your facility does not transport your own biomedical waste, enter N/A.*

Blank 11: Describe the procedure and products your facility will use to decontaminate a spill or leak of biomedical waste.

Blank 12: Enter the required information about the registered biomedical waste transporter who will transport your biomedical waste on a contingency basis.

Blank 13: If personnel from your facility also work at a branch office of your facility, enter the name of the branch office. If you have no branch office, enter N/A.

Blank 14: Enter the street address, city, and state of the branch office named in (13). If you have no branch office, enter N/A.

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- Blank 15: Enter the weekdays the branch office named in (13) is open. If you have no branch office, enter N/A.
- Blank 16: Enter the normal work hours for each day the branch office named in (13) is open. If you have no branch office, enter N/A.
- Blank 17: Indicate where a copy of this biomedical waste operating plan will be kept in your facility.
- Blank 18: Indicate where the current biomedical waste permit or exemption document will be kept in your facility.
- Blank 19: Indicate where your facility will keep its current copy of the biomedical waste rules, Chapter 64E-16, F.A.C.
- Blank 20: Indicate where your facility will keep copies of its biomedical waste inspections from at least the last three (3) years.*
- Blank 21: If your facility transports your own biomedical waste, indicate where your transport log is kept. If you do not transport your own biomedical waste, enter N/A.
- Attachment A: Activities addressed should be those from Section III that are carried out in your facility.
- Attachment B: Enter the required information to document training sessions.

II. PURPOSE

The purpose of this Biomedical Waste Operating Plan is to provide guidance and describe requirements for the proper management of biomedical waste in our facility. Guidelines for management of biomedical waste are found in Chapter 64E-16, Florida Administrative Code (F.A.C.), and in section 381.0098, Florida Statutes.

**A. III. TRAINING FOR PERSONNEL**

Biomedical waste training will be scheduled as required by paragraph 64E-16.003(2)(a), F.A.C. Training sessions will detail compliance with this operating plan and with Chapter 64E-16, F.A.C. Training sessions will include all of the following activities that are carried out in our facility:

- Definition and Identification of Biomedical Waste
- Segregation
- Storage
- Labeling
- Transport
- Procedure for Decontaminating Biomedical Waste Spills
- Contingency Plan for Emergency Transport
- Procedure for Containment
- Treatment Method

Training for the activities that are carried out in our facility is outlined in Attachment A.

Our facility must maintain records of employee training. These records will be kept

(2) \_\_\_\_\_  
Training records will be kept for participants in all training sessions for a minimum of three (3) years and will be available for review by Department of Health (DOH) inspectors. An example of an attendance record is appended in Attachment B.

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**IV. DEFINITION, IDENTIFICATION, AND SEGREGATION OF BIOMEDICAL WASTE**

Biomedical waste is any solid or liquid waste which may present a threat of infection to humans. Biomedical waste is further defined in subsection 64E-16.002(2), F.A.C.

Items of sharps and non-sharps biomedical waste generated in this facility and the locations at which they are generated are:

(3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If biomedical waste is in a liquid or semi-solid form and aerosol formation is minimal, the waste may be disposed into a sanitary sewer system or into another system approved to receive such waste by the Department of Environmental Protection or the DOH.

**V. CONTAINMENT**

Red bags for containment of biomedical waste will comply with the required physical properties. Our red bags are manufactured by

(4) \_\_\_\_\_

Our documentation of red bag construction standards is kept

(5) \_\_\_\_\_

Working staff can quickly get red bags at

(6) \_\_\_\_\_

Sharps will be placed into sharps containers at the point of origin.

Filled red bags and filled sharps containers will be sealed at the point of origin.

Red bags, sharps containers, and outer containers of biomedical waste, when sealed, will not be reopened in this facility. Ruptured or leaking packages of biomedical waste will be placed into a larger container without disturbing the original seal.

**VI. LABELING**

All sealed biomedical waste red bags and sharps containers will be labeled with this facility's name and address prior to offsite transport. If a sealed red bag or sharps container is placed into a larger red bag prior to transport, placing the facility's name and address only on the exterior bag is sufficient.

Outer containers must be labeled with our transporter's name, address, registration number, and 24-hour phone number.

**VII. STORAGE**

When sealed, red bags, sharps containers, and outer containers will be stored in areas that are restricted through the use of locks, signs, or location. The 30-day storage time period will commence when the first

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non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container that contains only sharps is sealed.

Indoor biomedical waste storage areas will be constructed of smooth, easily cleanable materials that are impervious to liquids. These areas will be regularly maintained in a sanitary condition. The storage area will be vermin/insect free. Outdoor storage areas also will be conspicuously marked with a six-inch international biological hazard symbol and will be secure from vandalism.

Biomedical waste will be stored and restricted in the following manner:

(7) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. TRANSPORT**

We will negotiate for the transport of biomedical waste only with a DOH-registered company. If we contract with such a company, we will have on file the pick-up receipts provided to us for the last three (3) years. Transport for our facility is provided by:

- a. The following registered biomedical waste transporter:

Company name (8) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Registration number \_\_\_\_\_  
Place pick-up receipts are kept \_\_\_\_\_

OR

- b. An employee of this facility who works under the following guidelines:

We will transport our own biomedical waste. For tracking purposes, we will maintain a log of all biomedical waste transported by any employee for the last three (3) years. The log will contain waste amounts, dates, and documentation that the waste was accepted by a permitted facility.

Name of employee(s) who is(are) assigned transport duty:

(9) \_\_\_\_\_  
\_\_\_\_\_

Biomedical waste will be transported to:

(10) \_\_\_\_\_  
\_\_\_\_\_

**IX. PROCEDURE FOR DECONTAMINATING BIOMEDICAL WASTE SPILLS**

(11) \_\_\_\_\_  
\_\_\_\_\_

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X. CONTINGENCY PLAN

If our registered biomedical waste transporter is unable to transport this facility's biomedical waste, or if we are unable temporarily to treat our own waste, then the following registered biomedical waste transporter will be contacted:

Company name (12) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Registration number \_\_\_\_\_

XI. **BRANCH OFFICES**

The personnel at our facility work at the following branch offices during the days and times indicated:

1) Office name (13) \_\_\_\_\_  
Office address (14) \_\_\_\_\_  
\_\_\_\_\_  
Days of operation (15) \_\_\_\_\_  
Hours of operation (16) \_\_\_\_\_

2) Office name (13) \_\_\_\_\_  
Office address (14) \_\_\_\_\_  
\_\_\_\_\_  
Days of operation (15) \_\_\_\_\_  
Hours of operation (16) \_\_\_\_\_

XII. MISCELLANEOUS

For easy access by all of our staff, a copy of this biomedical waste operating plan will be kept in the following place:

(17) \_\_\_\_\_  
\_\_\_\_\_

The following items will be kept where indicated:

a. Current DOH biomedical waste permit/ exemption document  
(18) \_\_\_\_\_  
\_\_\_\_\_



