



## Goddard Procedural Requirements (GPR)

<b>DIRECTIVE NO.</b>	<u>GPR 1800.3C</u>	<b>APPROVED BY Signature:</b>	<u>Original Signed By</u>
<b>EFFECTIVE DATE:</b>	<u>June 13, 2018</u>	<b>NAME:</b>	<u>Raymond J. Rubilotta</u>
<b>EXPIRATION DATE:</b>	<u>June 13, 2023</u>	<b>TITLE:</b>	<u>Director Of Management Operations</u>

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### COMPLIANCE IS MANDATORY

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**Responsible Office:** Code 250/Medical and Environmental Management Division (MEMD)

**Title:** Blood-Borne Pathogens Exposure Control Program

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## PREFACE

### P.1 PURPOSE

This directive establishes procedures to eliminate or minimize personnel exposure to blood and other potentially infectious material (OPIM) through a combination of engineering and work practice controls, personal protective clothing and equipment, medical surveillance, signs, labels, and training. This directive also establishes procedures to reduce potential for transmission of blood-borne diseases through use of vaccination, health evaluation, consultation and follow-up.

Goddard Space Flight Facility (GSFC) policy is to provide a program that meets the requirements of Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, the Blood-Borne Pathogens Standard. This standard applies to occupational exposure, which means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of duties.

### P.2 APPLICABILITY

- This directive applies to all GSFC civil service employees and Others to include GSFC contractors, tenant organizations, grantees, clubs, and other organizations operating under the auspices of GSFC, or on GSFC property, shall develop their own bloodborne pathogens policy that meet the requirements of NPR 1800.1 and Sections 2 and 3 of this GPR.
- In this directive, all document citations are assumed to be the latest version unless otherwise noted.
- In this directive, all mandatory actions (i.e., requirements) are denoted by statements containing the term “shall.” The terms “may” or “can” denote discretionary privilege or permission; “should” denotes a good practice and is recommended but not required; “will” denotes expected outcome; and “are/is” denotes descriptive material.

### P.3 AUTHORITY

29 CFR 1910.1030, Blood-Borne Pathogens Standard

CHECK THE GSFC DIRECTIVES MANAGEMENT SYSTEM AT  
<http://gdms.gsfc.nasa.gov> TO VERIFY THAT THIS IS THE CORRECT VERSION PRIOR TO USE.

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**P.4 APPLICABLE DOCUMENTS AND FORMS**

[NPR 1800.1](#) NASA Occupational Health Program Procedures  
 OSHA Fact Sheet 92-46, Blood-Borne Pathogens Final Standard: Summary of Key Provisions

**P.5 CANCELLATION**

GPR 1800.3B, Blood-Borne Pathogens Exposure Control Plan

**P.6 SAFETY**

None.

**P.7 TRAINING**

As required by OSHA 1910.1030, (g) (2).  
 GPR 1800.3C

**P.8 RECORDS**

<b>Record Title</b>	<b>Record Custodian</b>	<b>Retention</b>
Employee Health Records	Medical and Environmental Management Division	NRRS 1/127A1(b) - 30 days after separation, transfer to National Personnel Records Center (NPRC), St. Louis, MO. NPRC will destroy 75 years after birth date, 60 years after date of the earliest document in the folder if the date of birth cannot be ascertained, or 30 years after latest separation, whichever is later.
Employee Exposure Incident Records	The Safety Division, The Safety Office (WFF) and Medical and Environmental Management Division	NRRS 1/129.5A1 - Cut off upon employment termination. Destroy 30 years after cutoff.

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Employee Training Records	Office of Human Capital Management and Employee Supervisor	NRRS 3/33H1.* Destroy on transfer or separation of employee, or when 5 years old, whichever is sooner.
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\*NRRS – NASA Records Retention Schedules ([NPR 1441.1](#))

## **P.9 MEASUREMENT/VERIFICATION**

Blood-Borne Pathogen (BBP) Exposure Control Plans will be reviewed upon initial development and thereafter if changes are instituted. Number of exposure incidents will be tracked by medical director, who will also monitor post exposure procedures for compliance.

### **PROCEDURES**

#### **1.0 ROLES AND RESPONSIBILITIES**

##### **1.1 The Medical and Environmental Medical Division, The Safety Division at Greenbelt and the Safety Office at Wallops shall:**

- a. On Request, advise and assist organizations and/or contractors in the development of their BBP Exposure Control Plans.
- b. Provide periodic audits of BBP Exposure Control Plans

##### **1.2 Supervisors and Managers shall:**

Understand and implement requirements and provide resources and direction for compliance with OSHA regulations and this plan. Essential functions as determined, include:

- a. Identify any existing, new or revised procedures, positions, and tasks that include occupational exposure to blood or OPIM;
- b. Ensure that employees with occupational exposure receive orientation and training;
- c. Ensure that new employees with occupational exposure or potential occupational exposure are referred to a health facility for Hepatitis B consultation;
- d. Facilitate and ensure compliance with the exposure control plan and site-specific exposure controls;
- e. Perform and coordinate required responses to exposure incidents; and
- f. Ensure that all bio-hazardous waste is disposed of properly.

##### **1.3 Employees shall:**

Conduct tasks and procedures in a manner that minimizes risk to self and others, in compliance with guidelines specified in this GPR and prudent practices.

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- a. Attend training;
- b. Use standard precautions;
- c. Follow engineering and work practice controls;
- d. Report mishaps; and
- e. Properly dispose of sharps (e.g., diabetics) in a puncture-proof container with a lid.

**1.4 The Medical and Environmental Management (MEMD) Division shall:**

- a. Provide medical consultation, and appropriate vaccination to NASA employees who are identified as having occupational exposure or potential occupational exposure to blood or OPIM;
- b. Provide exposure incident follow up. Maintain GSFC medical records as required by 29 CFR 1910.1030, and provide copies of records as requested by exposed employees; and
- c. Maintain the center BBP Program policy documentation.

**1.5 Contracting Officer's Representative (COR) shall:**

- a. Ensure that contractors, if required by potential occupational exposure, have a BBP program that contains all required elements in accordance with this GPR and Standard, 29 CFR 1910.1030.

**1.6 Others shall:**

- a. Develop an exposure control plan for their employees;
- b. Update the plan 30 days prior to implementing new or revised procedures or at least annually;
- c. Identify any existing, new or revised procedures, positions, and tasks that include occupational exposure to blood or OPIM;
- d. Ensure that employees with occupational exposure receive orientation and training;
- e. Ensure that new employees with occupational exposure or potential occupational exposure are referred to the GSFC Health Unit or their primary care physician when applicable for Hepatitis B consultation;
- f. Facilitate and ensure compliance with the exposure control plan and site-specific exposure controls;
- g. Perform and coordinate required responses to exposure incidents; and
- h. Ensure that all bio-hazardous waste is disposed of properly.

**2.0 BLOOD BORNE PATHOGENS PROGRAM**

**2.1** The following are key provisions of the GSFC Blood-Borne Pathogens Program. It is based on applicable portions of the OSHA standard.

**2.2 EDUCATION AND TRAINING**

**2.2.1** Employees shall be trained upon initial assignment to a job involving exposure to blood-borne pathogens, and annually thereafter. Code 360 shall provide training and maintain training records for civil servant employees. Contractors is responsible for training requirements for contract employees. This training includes:

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- a. Accessibility to a copy of the regulatory text of the standard and explanation of its contents;
- b. The epidemiology and symptoms of blood-borne diseases;
- c. The modes of transmission of blood-borne pathogens;
- d. An explanation of the exposure control plan, including the use and limitations of safe work practices and engineering controls and how to select, use, remove, handle, decontaminate, and dispose of personal protective clothing and equipment;
- e. Methods to control transmission of pathogens such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) including the availability of free Hepatitis B vaccine;
- f. How to recognize occupational exposure;
- g. Procedures for reporting exposure incidents, and explanation of post exposure evaluation and follow up; and
- h. Labels, signs, and color coding regarding blood-borne pathogens.

**2.2.2** There will be opportunity for questions and answers, and the trainer will be knowledgeable in the subject matter.

**2.2.3** Additional training shall be provided when existing tasks are modified or new tasks are added that may affect employee exposure to blood borne pathogens. This training may be limited to the new or modified tasks.

**2.2.4** The documentation of the civil service individuals trained shall be provided to The Safety Division at Greenbelt and the Safety Office at Wallops.

### **3.0 EXPOSURE CONTROL PLAN**

Requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs – without regard to personal protective clothing and equipment. It shall also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan shall be accessible to employees and available to OSHA. Employers shall review and update it at least annually – more often if necessary to accommodate workplace changes.

### **4.0 EXPOSURE CONTROL PROCEDURES**

Specific procedures have been developed for tasks involving exposure to blood and OPIM and are described in Appendix C. These procedures include engineering and work practice controls, house-keeping and decontamination procedures, personal protective equipment, laundering of contaminated clothing, and the handling of potentially infectious waste. Follow the developed procedures described in Appendix C.

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## **5.0 EXPOSURE DETERMINATION**

The following jobs have been identified as having tasks involving employee exposure to blood-borne pathogens and are covered by this program: security personnel, medical services personnel, fire department personnel, child care personnel, food handlers, Interim Response Team and Mishap Investigation Team members, and custodial personnel whose tasks include the GSFC Health Unit, and cleaning up blood or OPIM after an occupational accident, similar operations, or as found onsite. Support service contractors are required to have their own exposure control program.

“Good Samaritan” acts, such as assisting a coworker with a nosebleed, are not considered an occupational exposure and do not require establishment of a program.

## **6.0 HAZARD COMMUNICATION**

**6.1** Warning labels shall include orange or orange-red biohazard symbol affixed to containers of regulated waste, refrigerators and freezers, and other containers that are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling.

**6.2** When a facility uses standard precautions in its handling of all specimens, labeling is not required within the facility. Likewise, when all laundry is handled with standard precautions, the laundry need not be labeled.

## **7.0 HEPATITIS B VACCINATION**

Hepatitis B vaccination is recognized as a safe and effective means of protecting against HBV infection. Hepatitis B vaccination will be provided by the Health Unit to civil service employees, Goddard Godard Employees Welfare Association (GEWA) employees, Wallops Exchange and Morale Association (WEMA) employees and GSFC contractors when applicable who have occupational exposure to blood-borne pathogens within 10 working days of initial assignment, at no cost, and according to the latest recommendations of the U.S. Public Health Service (USPHS). Per duty location (e.g., Greenbelt, West Virginia, New York, Texas) GSFC contractors will provide the vaccine to their employees when applicable. Prescreening may not be required as a condition of receiving the vaccine. Should booster doses later be recommended by the USPHS, employees will be offered them.

Vaccinations are not necessary for employees who have previously completed the HBV vaccination series, where antibody testing confirms the employee is already immune to HBV, or if vaccination is contraindicated for medical reasons. Employees who decline vaccination shall sign a declination form indicating they were offered the vaccination but refused it. The employee may begin the vaccination series at a later date at their request and if they are still occupationally exposed to blood-borne pathogens.

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## 8.0 METHODS OF COMPLIANCE

Standard precautions shall be used at all times.

- 1) Hand washing following exposure to blood or OPIM will be stressed, and facilities provided.
- 2) Engineering controls and work practice methods shall be designed to minimize needle sticks, minimize splashing and spraying of blood, and to ensure appropriate packaging of specimens and regulated wastes.
- 3) GSFC will provide, at no cost, and require employees to use appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces, and resuscitation bags and will clean, repair and replace these when necessary.
- 4) A written schedule for routine cleaning shall be maintained, as well as a method of assuring cleaning following an incident.
- 5) Methods shall be specified for decontamination of surfaces and disposing of contaminated sharps.
- 6) Methods shall be specified for handling contaminated wastes and contaminated laundry.

## 9.0 POST-EXPOSURE EVALUATION AND FOLLOW UP

Procedures shall be made available to all employees who have had an exposure incident and any laboratory tests shall be conducted by an accredited laboratory at no cost to the employee. Follow up will include a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling, and evaluation of reported illnesses. Healthcare professionals will be provided specified information to facilitate the evaluation and their written opinion on the need for Hepatitis B vaccination following the exposure. Information such as the employee's ability to receive the Hepatitis B vaccine will be supplied to the employer. All diagnoses shall remain confidential.

## 10.0 RECORDKEEPING

Medical records shall be kept for each employee with occupational exposure for the duration of employment plus 30 years, shall be confidential, and will include name and social security number (last 4-digits); Hepatitis B vaccination status (including dates); results of any examinations, medical testing and follow-up procedures; a copy of the healthcare professional's written opinion; and a copy of information provided to the healthcare professional. Training records will be maintained for 5 years and will include dates, contents of the training program or a summary, trainer's name and qualifications, and names and job titles of all persons attending the sessions. Medical records will be made available to the subject employee, anyone with written consent of the employee, OSHA, and the National Institute of Occupational Safety and Health (NIOSH)—they are not available to the employer. Disposal of records shall be in accordance with OSHA's standard covering access to records.

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## **11.0 REPORTING AN EXPOSURE**

Any employee involved in an incident exposing them to blood or OPIM shall immediately report the incident to their supervisor and the Health Unit. The Health Unit shall provide post-exposure evaluation and follow-up services to the employee.

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## Appendix A – Definitions

- A.1 Biohazard Label** – The label affixed to storage and transport containers of regulated bio-hazardous waste. The label will be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
- A.2 Blood** – Human blood, human blood components, and products made from human blood.
- A.3 Blood-Borne Pathogens** – Microorganisms that may be present in human blood and are known to cause disease. Of greatest concern are Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
- A.4 Contamination** – The presence or the reasonably anticipated presence of blood or OPIM on an item or surface.
- A.5 Contaminated Laundry** – Laundry that has been soiled with blood or OPIM or may contain sharps (see below).
- A.6 Contaminated Sharps** – Contaminated objects that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- A.7 Contractor** – Any entity that performs services at or on behalf of GSFC, and staff, including direct hires or subcontractors.
- A.8 Decontamination** – The use of physical or chemical means to remove, deactivate, or destroy BBP 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.
- A.9 Employee** – Civil service employee, including persons working at GSFC on Federal grants.
- A.10 Engineering Controls** – Controls (e.g., sharps disposal containers, self-sheathing needles, etc.) that isolate or remove the BBP hazard from the workplace.
- A.11 Exposure Control Plan** – A written program developed and implemented by the employer that sets forth procedures, engineering controls, personal protective equipment (PPE), training requirements, work practices, and other elements that are capable of protecting employees from exposure to BBP.
- A.12 Exposure Incident** – 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. Non-intact skin includes skin with dermatitis, hangnails, cuts, abrasions, chafing, etc.

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**A.13 Licensed Healthcare Professional** – A person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) “Hepatitis B Vaccination and Post-Exposure Evaluation and Follow Up” of 29 CFR 1910.1030.

**A.14 Occupational Exposure** – Reasonably anticipated skin, eyes, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

**A.15 Occupational Safety and Health Administration (OSHA)** – Administration to assure safe and healthful working conditions for workingmen and women by setting and enforcing standards and by providing training, outreach, education, and assistance.

**A.16 Other Potentially Infectious Materials (OPIM)** – (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva within dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**A.17 Parenteral** – Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**A.18 Personal Protective Equipment (PPE)** – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered PPE.

**A.19 Regulated Waste** – Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious material.

**A.20 Source Individual** – Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the employee. Examples include, but are not limited to, health unit patients; trauma victims; injured/ill employees; human remains; and individuals that donate or sell blood or blood components.

**A.21 Standard Precautions (formerly universal precautions)** – An approach to infection control by which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other BBP. Standard precautions do not apply to feces, nasal secretions, sputum, saliva (outside of dental procedures), sweat, tears, urine, and vomitus, unless they contain visible blood.

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**A.21 Work Practice Controls** – Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles using a two-handed technique).

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## Appendix B – Acronyms

BBP	Blood-Borne Pathogen
CSBF	Columbia Scientific Balloon Facility
COR	Contracting Officer Representative
CPR	Cardiopulmonary resuscitation
GEWA	Goddard Employees Welfare Association (GEWA)
GISS	Goddard Institute for Space Studies
GPR	Goddard Procedural Requirement
GSFC	Goddard Space Flight Center
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IV&V	Independent Verification and Validation
MEMD	Medical and Environmental Management Division
NIOSH	National Institute of Occupational Safety and Health
NPRC	National Personnel Records Center
NRRS	NASA Records Retention Schedules
OPIM	Other Potentially Infectious Materials
OSHA	Occupational Safety and Health Administration
PPE	Personal Protective Equipment
SD	Safety Division
USPHS	U.S. Public Health Service
WEMA	Wallops Exchange and Morale Association
WFF	Wallops Flight Facility

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## Appendix C

### METHODS OF COMPLIANCE

The application of engineering control principles to work practices and substantial administrative controls will be used to eliminate or minimize employee or contractor exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used.

#### A. APPROVED GENERAL WORK PRACTICES

##### 1. Standard Precautions

Standard precautions should be used by all employees or contractors whenever the potential for exposure to blood-borne pathogens exists. Employees and contractors should adhere rigorously to the infection control precautions noted in this section in order to minimize the risk of exposure to blood and other body fluids. All body fluids will be considered potentially infectious materials. All personal protective equipment required to perform tasks which place a worker at risk for blood-borne pathogen exposure will be supplied, cleaned, disposed of, repaired, or replaced as necessary.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure to blood-borne pathogens.

Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on counters where blood or other potentially infectious materials are present.

##### 2. Hand Washing

All clinical facilities will have hand washing facilities that are readily accessible to employees.

When access to hand washing facilities is not feasible, such as may be encountered on certain outreach activities, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are to be used. When antiseptic hand cleansers or towelettes are used, wash hands with soap and running water as soon as feasible.

Hands are to be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Hands and any other exposed skin are to be washed with soap and water, or mucous membranes are to be flushed with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

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When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet.

CDC issued updated hand washing recommendations in MMWR October 25, 2002 / 51(RR16);1-44. Review the full report at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>

### **3. Use of Gloves**

Gloves are to be worn when it can be reasonably anticipated that an employee or contractor's hand may be in contact with blood or other potentially infectious materials, including touching contaminated items or surfaces. Gloves should be located at sites that provide for easy access. Hands will be washed thoroughly and immediately after possible contact with blood and/or body fluids as well as before putting on and after taking off the gloves. Although gloves are generally not required for parenteral injections unless circumstances indicate increased risk for blood exposure, health providers are highly encouraged to use gloves during this procedure. Gloves are required for phlebotomy procedures. Gloves will be of appropriate material.

Latex allergies are a serious health concern for both caregivers and recipients of care. Due to the potential for allergic reactions, use of latex gloves is strongly discouraged. Vinyl gloves are the preferred option. If latex gloves are being worn when providing patient care, the clinician should verify that the patient does not have a history of latex allergy. Gloves are to be of appropriate size for each worker. In a health care setting when doing procedures where gloves are needed, the gloves should be changed between patients. If gloves become contaminated with blood and/or other body fluids, the gloves will be changed and disposed of properly.

Information on latex glove allergies can be found at these Web sites for OSHA and NIOSH. The OSHA site contains a link to the OSHA Technical Information Bulletin, (1999, April 12) warning of the risks of latex glove use. <http://www.osha.gov/SLTC/latexallergy/> <https://www.cdc.gov/niosh/topics/latex/>

Change gloves when contaminated or as soon as feasible if torn or punctured, or when their ability to function as a barrier is compromised for any reason.

### **4. Use of Masks, Eye Protection, and Face Shields**

Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

### **5. Use of Gowns**

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Gowns, aprons, and other protective body clothing will be worn in occupational exposure situations. If contaminated, these gowns should be discarded (if disposable) or placed in a special receptacle to be cleaned (see Section 11 on handling contaminated linen).

All personal protective equipment is to be removed prior to leaving the work area and an extra set of clothing should be available in case of contamination of the first set.

## **6. Mandatory use of Engineered Sharps**

- a. **Only engineered sharps devices are to be used during venipunctures, injections, and other clinical procedures involving use of sharps.** Non-engineered sharps should not be stocked in the clinic. Any remaining supplies of non-engineered sharps should be immediately and safely discarded.
- b. The only permitted exception to non-engineered sharps is when such devices are not yet available. This might include some types of pre-filled vaccination injections. As these items become available in an engineered sharps format, the engineered version should be used.

## **7. Handling and Disposal of Sharps**

- a. All used or potentially contaminated sharps should be disposed of in puncture-resistant sharps containers located as close as practical to the area of use. The sharps containers will be located in all areas where needles and sharps are commonly used. Needles are not to be recapped, purposefully bent, broken, removed from disposable syringes, or otherwise manipulated by hand. Sharps containers should be labeled as a biohazard.
- b. Never overfill a sharps container. Overfilled sharps containers are known to be a significant cause of needle stick injuries. Containers ready for disposal are to be sealed and disposed in an orange/red biohazard bag.
- c. All biohazard waste material shall be disposed of according to state/local regulations.

## **8. Use of Resuscitation Equipment**

Pocket masks and resuscitation bags will be used for all resuscitation where emergency mouth-to-mouth resuscitation is indicated.

## **9. Handling Contaminated Linen**

Any article saturated with potentially infectious material should be air dried over the utility sink at the health center or placed in a red bag inside the laundry bag and labeled as biohazard.

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Linen contaminated with blood and/or other body fluids will be placed in red bags labeled as biohazard. If the bag is punctured or if outside contamination of the bag is likely, a second bag will be used. Gloves will be worn when working with linen contaminated with blood and/or other body fluids.

Home laundering of contaminated linen is not permitted.

Follow state/local protocol for processing contaminated laundry. It will be determined that the facility to which contaminated laundry is shipped utilizes standard precautions in the handling of all laundry. If not, all bags or containers of contaminated laundry will be properly labeled as biohazard.

## 10. Cleaning Blood and/or Body Fluid Spill

The following procedures shall be utilized for cleaning up blood or body fluid spills:

- a. Area of the spill will be cordoned off to prevent the accidental spread of body fluids.
- b. Wear vinyl or latex gloves. If circumstances indicate the need (such as high probability of splashes), wear protective gowns and face shields.
- c. An appropriate EPA-registered tuberculocidal germicide such as Envirocide bleach substitute, or bleach solution, should be prepared. If a bleach solution is used it can be prepared with 800 ppm NaClO solution (e.g. standard household chlorine bleach) by mixing a ratio of 1:10 of bleach to water. Bleach solution should only be used on surfaces not likely to be harmed by the chemical reaction of the bleach, such as hard floors. Do not use bleach solution on carpet. Bleach solution should be made fresh daily. Dispose of solution that is more than one day old. Do not mix bleach and germicides together due to possible chemical reactions capable of producing dangerous fumes. Bleach and bleach solutions are not to be stored in glass containers since this can have a negative effect on potency.
- d. Remove any large pieces of glass or other particulate material. **Do not pick up material with hands.** Use a plastic scoop to remove this matter. A tongue depressor may be used to maneuver items onto the scoop. Take care not to flip material with the tongue depressor. Particulate material and tongue depressors are placed in a puncture-resistant and splatter-proof container. Use a one-handed technique whenever possible (such as use of a forceps) to pick up any contaminated sharp objects that could puncture PPE.

Place the scoop back in a clean place after disinfecting it.

- e. Carefully remove the body fluids from the spill surface with gauze sponges or paper towels. When the sponge or towel is saturated, use a fresh one. Do not wring out fluids. All soiled materials are placed in the puncture-resistant and splatter-proof container.

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- f. Once body fluids have been removed from the area, the germicidal solution is used to decontaminate the area. This is done by starting two (2) inches outside the spill and moving into the center of the spill by making a series of overlapping concentric circles with a sponge. The area should be allowed to air dry and the process is repeated. The soiled sponges are placed into the puncture-resistant splatter-proof container.
- g. All contaminated material used in the cleanup are placed in a safe holding area until disposed of according to applicable regulations.

## **B. SPECIFIC PROCEDURES FOR HANDLING POTENTIAL EXPOSURES**

### **1. General Exposures:**

- a. **Cleaning Spills** – See specific instruction in A.10 above.
- b. **Emesis (vomit)** – Gloves shall be worn when handling, cleaning, and/or disposing of emesis fluid.
- c. **Injuries** – Gloves are worn whenever blood and/or other body fluids are present. Additional PPE such as gown and face mask is indicated for injuries with splash possibilities such as arterial injury.
- d. **Disposal of Syringes/Needles** – Follow instructions for sharps in A.7 above.
- e. **Reusable Instruments** – Gloves shall be worn in handling any contaminated instruments. Never reach into containers holding contaminated instruments that have surfaces capable of damaging gloves. Use a device such as a forceps to manipulate such items. Disposable engineered sharps will be used whenever possible.
- f. **Special Note on Exposures of Pregnant Women** – Pregnant women are not known to be at greater risk of contracting HBV, HCV or HIV infections than workers who are not pregnant. However, if a worker develops HIV infection during pregnancy, the infant is at increased risk of infection resulting from perinatal transmission. Because of this risk, pregnant women should be especially familiar with the above precautions.

### **2. Health Care Worker Exposure: Performing Procedures**

- a. **Phlebotomy (Drawing Blood)** – Gloves shall be worn.
- b. **Centrifugation of Blood** – Gloves shall be worn when handling specimens and centrifuge covers in place during operation of the centrifuge.
- c. **Serum Transfer** – Gloves and face shield shall be worn. Use only one-piece disposable squeeze bulb-type pipette. To avoid aerosol spray, use minimal force to expel fluid from pipettes.

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- d. Urine Collection** – Gloves shall be worn and disposed of after each urine collection. Used urine collection containers may be rinsed in a utility sink (but not a sink used for food handling) and then disposed of as regular garbage.
- e. Preparing Pap Smear Slides** – Gloves shall be worn when assisting with pap smears and when handling and preparing the slides for mailing.
- f. Using Glucometers** – Gloves shall be worn when performing finger sticks and handling glucometer slides. Use only engineered sharps devices to perform the finger stick.
- g. Injury Care** – Gloves should be worn anytime there is a potential for contact with blood, any other body fluids, or other potentially contaminated material. (See also A.3)
- h. Physical Examination (including Pelvic Exams)** – Gloves shall be worn by the examiner whenever there is a potential for exposure to body fluids or other contaminated material or tissue. Therefore, gloves should always be worn for all examination of the eyes where there is contact with tears, digital exams of the mouth, examinations of external genitalia, pelvic exams, rectal exams; palpation of any lesions which are weeping or draining; and any other situations with potential exposure to blood or body fluids. This does not include palpation of areas of the body where the only contact is with intact skin.
- i. Wound Care and Dressing Changes** – Gloves shall be worn if blood or tissue fluids are present or are expected to be present.

### **3. Health Care Worker Exposures: Handling Contaminated Items**

- a. Disposal of Syringes/Needles** – Please follow the instructions for sharps in Section A.7.
- b. Cleaning Spirometers** – Newer model spirometers do not require cleaning.
- c. Cleaning Breast Pumps and Milk Storage** – Thorough hand washing will be done before and after using the breast pumps. Mothers should provide their own breast pumps. In the case of a communal breast pump provided by the agency, each user is to bring in her own supplies and equipment. No part of the stationary equipment is to be touched by another mother’s milk in order to eliminate the chance of cross contamination. In the event of accidental spillage of milk, surfaces will be cleaned immediately using paper towels to absorb milk and followed by a 1:10 bleach solution or appropriate disinfectant.

All milk extracted using a breast pump should be labeled with the employee’s name and refrigerated in a separate area away from any medication, food, or lab specimens. This will require a separate refrigerator to be used only for breast milk. Mothers will be cautioned not to store their milk in communal refrigerators in their offices.

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- d. Handling Contaminated Instruments** – Gloves shall be worn in handling and/or cleaning any contaminated instruments. Any such instruments with sharp edges are not to be cleaned directly by hand.
- e. Handling Hemocult Slides and Thermometer Covers** – Gloves shall be worn when handling slides for occult blood and thermometer covers. For disposal, all slides and covers will be bagged in a plastic bag that does not leak.
- f. Handling Emesis Fluid** – Gloves shall be worn when handling, cleaning, and/or disposing of emesis fluid.
- g. Cleaning Portable Commodes** – Gloves shall be worn when emptying and/or cleaning portable commodes.
- h. Contaminated Equipment** – If a piece of equipment is contaminated and cannot be decontaminated prior to shipping out to repair, affix a biohazard label to the item and indicate the area of the equipment that cannot be cleaned.

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**CHANGE HISTORY LOG**

<b>Revision</b>	<b>Effective Date</b>	<b>Description of Changes</b>
Baseline	08/22/2005	Initial Release
A	08/25/2010	Administratively Revised to update the Responsible Office Code, Organization Title and organization name within the document.  Administratively extended for 1 year from original expiration date.
A	07/11/2011	Administratively extended for 1 year.
B	01/25/2012	Removed repetitious verbiage. Included key provisions in the body of the report, (Sec. 3.)
B	11/18/2016	Administratively extended for 1 year.
C	06/13/2018	Review with minor Administrative updates: Corrected the names of organizations.

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