Signs and Labels: Appropriate hazard warnings including any words, pictures, symbols or combination that convey health and/or physical hazard must be displayed on containers.

Refrigerator: If a refrigerator is for clinical use, it must be labeled “Warning: No Food or Drink Allowed.” If the refrigerator is not designed by the manufacturer to allow for flammable materials, the sticker “Not Suitable for Flammable Materials” should also be added. For those refrigerators that are used for food/beverages they must be labeled with the sticker “Refrigerator for Food and Drink Only.”

Centrifuge: If a body substance or any materials are likely to contain infectious substances used in the centrifuge, the centrifuge must be labeled with a red biohazard symbol.

Eyewash station: The eyewash station must be labeled for easy identification.

Infectious Waste Containers: Biohazard waste should be marked with the biohazard symbol and should contain a red liner.

Sharps containers: Sharps containers must be marked with a biohazard symbol and should be red.

Chemotherapy waste containers: Chemo waste must be disposed into marked, yellow chemo containers.

Storage Areas: All chemical storage areas must be labeled for visible identification with a yellow “Caution: Toxic/Hazardous Chemicals are used in this Work place” sign filled out with the clinic phone number and the emergency phone number. All storage areas must be labeled for visible identification, including Soiled Linen and Dirty Utility rooms.

Clean and Dirty Areas: Must be labeled clearly as either clean or dirty. No food or drinks may be within dirty areas. No patient samples or dirty instruments may be within clean areas.

BSL2 Laboratory Areas: Must be labeled with WU Bio Safety Level 2 sign on the entry door, including clinic or lab contact phone number and emergency phone number.

Please label all containers-Please label all secondary containers located in the exam rooms (mark the contents of what is in the inside of the containers on the outside).
Clinical Safety Plan/Training/Awareness

Clinical Safety Plan: All clinics must have a Clinical Safety Plan. Our office has provided this for you already in the EH&S Blue Book; however, the blanks must be filled in with the pertinent information.

Also, the following Appendices must be completed:
1. Appendix 1- Eye Wash Fountain Weekly Inspection Record
   Clinical personnel must check the eye wash weekly. The eyewash must be turned on and run for approximately 30 seconds. The inspection record must then be dated and signed.

   Please purchase thermometers and place in medication refrigerators. Refrigerator temperature must be checked daily and temperatures documented. Thermometers should read between 36-46 degrees.

2. Appendix 2- Employee Training Record
   Annually, clinical personnel are required to:
   1) Receive clinic-specific safety training (including reading the Clinical Safety Plan),
   2) Attend the Annual Clinical Safety Training through EH&S (either online or in a live class session)
   3) Review the BBP Control Plan. Records for these three types of training are to be kept within the EH&S Blue Book.

3. Appendix 3- Clinic Specific Outline of Training
   As a supplement to the CSP, Appendix 3 must be completed and approved by the Clinical Administrator. The example in the Blue Book is to only be used as a guide when completing your Appendix 3. This outline should include all safety information that is provided to new clinic employees, which allows them to complete their job duties safely. It should be the basis for the clinic’s annual clinic-specific safety training.

EH&S Annual Regulatory Review Session- WUSM faculty and staff are required to have annual, documented training covering various OSHA and EPA topics, including Bloodborne Pathogens Training. One way to meet this training requirement is to have employees attend Environmental Health and Safety’s annual review session, which is offered on a bi-monthly basis. Other options include having EH&S provides on-site training or completing the training online.

Annual clinic-specific safety training: This is required for all clinical personnel annually, and should be based on the clinic specific training outline. This should be documented in the training records.

Have staff read the Clinical Safety Plan: Annually, all clinical personnel must read the Clinical Safety Plan; this should be documented in the training records.

Hazardous Materials Shipping Certification: All clinic employees who ship hazardous materials (including patient samples and dry ice) must have current shipping certification. Shipping training is required every two years.
Bloodborne Pathogens Exposure Control Plan- The BJC/WUSM Bloodborne Pathogens Core Policy sets forth the minimum standard that must be met at each BJ, WU, and WUSM entity with respect to the Bloodborne Pathogen Exposure Control Plan. This policy applies to all staff with potential occupational exposures to bloodborne pathogens. The purpose of this plan is to provide guidelines to control and reduce the risks of occupational exposures to human blood or other potentially infectious materials. Each entity must review Plan appendices and adapt them as needed to complete an entity-specific written policy that meets their site-specific requirement. The adopted policy may contain provisions beyond the minimum requirements of the attached Plan, so long as the additional provisions in no way conflict with or abrogate the terms of the Core Policy. Clinics should have the most recent version of the BBP Plan.

TB Exposure Control Plan- The BJC/WUSM TB Core Policy sets forth the minimum standards that must be met at each BJ, WU, and WUSM entity with respect to the Tuberculosis Control Plan. Each entity must adopt an entity specific written policy that meets these standards. The adopted policy may contain provisions beyond the minimum requirements of the attached Plan, so long as the additional provisions in no way conflict with or abrogate the terms of the Core Policy.

Crash Carts: Must be locked and checked weekly.

Engineering Controls

Eyewash- The area surrounding the eyewash must stay unobstructed at all times. The area should be clear in order for the faucet to be turned on completely and the hose may be pulled out to full length.

Sharps- All sharps containers must be wall-mounted or placed in a kick-proof/tip-proof frame. Also, all sharps must be disposed of in an approved sharps container.

Fire Extinguishers- All extinguishers must be accessible and mounted on the wall. It is required that the fire extinguisher be certified annually by an outside company. Also, the extinguisher needs to be inspected monthly. Clinical personnel are to make sure the extinguisher is not damaged and the pressure gauge is at normal pressure. There is a card attached to the extinguisher for documentation. Check that the wand is not blocked, gauge is within the “green” area, and that the pull pin is in place.

Gas Cylinders- Cylinders of compressed gas must be securely strapped or chained to a wall or bench top or in an appropriate cylinder stand. Cylinders should also be capped when not in use and a cart must be used to move the cylinder. Gas cylinders may not be stored horizontally.

Sharps containers immediately available: Sharps containers must be in quantity appropriate to the facility and procedures performed.

Hazardous Chemicals in Secondary Containment: All hazardous chemicals should be in appropriate leak-proof secondary containment.

Hazardous Chemicals Stored Below Eye Level: All hazardous chemicals should be stored below eye level.

Seismic Protection: Chemical storage shelves must have appropriate seismic protection.
**Safety Sharps**: The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) mandates that safety sharps must be available for use in each clinic using sharps. If certain procedures contraindicate the use of safety devices, documentation for this must be kept on file.

**Clearance**: There should be at least 18” clearance below the ceiling and all sprinkler heads.

**Blanket Warmer**: Must be \(\leq 130\) degrees F and fluids may not be warmed within.

**Eyewash station water**: Must be tepid in temperature.

**Medication cabinets**: Please keep medication cabinet locked at all times.

**Personal Protective Equipment**

**Protective Clothing**: Lab coats or covered gowns are recommended while working in a clinical area. The lab coats or covered gowns should be water or fluid resistant. Open toed footwear is not allowed. Also, it is not recommended to wear skirts or shorts while working in a clinic.

**Eye Protection**: Appropriate eye protection is required within a clinic. At a minimum, eye protection shall consist of plastic safety glasses with full size side shields or prescription safety glasses. All clinics must obtain and make available eye protective glasses, shields, or goggles.

**Low-protein/non-powdered latex gloves**: Latex allergies can arise due to reactions to certain proteins in latex rubber. Increased exposure to latex proteins increases the risk of developing allergic symptoms. Therefore, there should be an approved alternative to latex gloves available to employees. Latex gloves are not allowed in Children’s Hospital areas.

**Respirators**: Respirators are normally discouraged for use. However, when effective engineering controls are not feasible or while they are being implemented or evaluated, respiratory protection may be required to achieve this goal. Prior to purchasing or wearing a respirator/respiratory protection, contact the Respiratory Protection Program Administrator in the EH&S office to complete a mandatory medical questionnaire, fit test, and training.

**Work Practices**

**Hand washing soap/paper towels/alcohol foams/appropriate lotions**: The appropriate products must be used to properly clean and disinfect the hands. Soap, paper towels, alcohol foams or gels, and appropriate lotions must be available.

**Food/Beverages**: Food and beverages may only be stored in designated clean areas and “For Food Only” refrigerators/freezers. Preparation of medications should be done in a clean area. Food may not be stored in areas/refrigerators for clinical items.
Expired supplies and medications- Supplies and medications shall be checked on a regular basis to ensure that they are not being used past their expiration date. This also includes dating any high-level disinfectant upon opening.

Multi-dose vials must be dated and stored appropriately.

Waste Management/Sterilization/Disinfection

Separation of infectious/regular waste- Infectious waste shall be disposed of in red bag/infectious waste containers. Trash shall be disposed of in regular trash cans.

Sharps containers- Sharps containers shall not be filled to over 2/3 full. Please ensure that sharps containers located in the exam rooms are mounted at the appropriate height. An ideal standing installation height for a fixed sharps disposal container is 52 to 56 inches from the floor.

Soiled linen- Soiled linens must be stored in a covered hamper or a closed linen bag.

Dirty/clean supplies- There must be a separation of clean and dirty supplies. For suggestions on how to separate clean and dirty, please contact Infection Prevention.

Mercury Use- Mercury spills are costly and hazardous. In order to reduce cost and hazards, mercury sphygmomanometers should be replaced with aneroid models.

Autoclave testing- Biological indicators verify that all conditions necessary for sterilization have been met. This testing shall be documented and performed each day that the autoclave is in use. (See WU Sterilization Assurance Policy).

EPA approved disinfectants- The right level of disinfection needed depends on the intended use of the disinfectant and the item(s) to be disinfected. All disinfectants must be EPA-approved. Infection Prevention recommends the use of Dimension III or Virex 256.

Glutaraldehyde (Cidex) sterilization use- Reproductive and environmental hazards can occur from exposure to glutaraldehyde. These toxic materials are commonly found in Cidex disinfectants. A less toxic substitute, such as Cidex OPA, should be used.

Test strips: Must be used with both Cidex and Cidex OPA (Glutaraldehyde and non-glutaraldehyde disinfectants). Documentation of this must also be recorded.

Temperature recording and documentation of high-level disinfectants must be performed with each use.

Gloves in use with Glutaraldehyde: Employees using Glutaraldehyde solutions or other high-level disinfectants must use nitrile double gloves.

Vaccination/Testing

HBV must be offered (free of charge) upon hire or change in job responsibilities, to any employee working with blood or OPIM.
Emergency Procedures

Emergency telephone list- An emergency telephone list should be posted on or near the telephone. Phone numbers that need to be included on this list are: Security, Landlord (if located in off-site clinics), EH&S, Employee Health, and Worker’s Compensation.

Fire Evacuation Routes- All employees must know where to evacuate in case of a fire. In most cases, employees will evacuate laterally, not to the outside. If route is not known, contact your Landlord (if located in off-site clinics) or EH&S (if located in on-site clinics).

Use of Fire Extinguishers- All employees should know the P.A.S.S. and R.A.C.E. method and how to use a fire extinguisher.

P- Pull the pin
A- Aim at the base of the fire
S- Squeeze the handle
S- Sweep from side to side

R- Rescue persons from immediate danger
A- Activate the fire alarm system
C- Confine fire by closing doors and windows
E- Extinguish the fire, if possible (evacuate)

Injury/Spill Procedures- All employees should know the proper procedures for an injury or a chemical/biological spill.

Contacting Security- All employees should be informed on how to contact security.

Evacuation safety supply bag w/ working flashlight & battery-operated radio: Recommended available in each clinic.