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.

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.

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.

Signs completed with emergency contact information?

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

All chemical containers: Please label all secondary containers located in the exam rooms. Mark the contents of what is inside of the containers on the outside of secondary containment.

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:
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.

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

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 Clinic Safety Training** - 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 quarterly basis. Other options include having EH&S provide on-site training or completing the training online through Learn@Work.

**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.

**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 WUSM Bloodborne Pathogens Core Policy sets forth the minimum standard that must be met at each 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 to 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. Further, clinic administrators should complete associated required appendices, sign and date, and review that information annually.

**TB Exposure Control Plan** - The WUSM TB Core Policy sets forth the minimum standards that must be met at each 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.

**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. Eyewash station water must be tepid in temperature.

**Sharps** - All sharps containers must be wall-mounted or placed in a kick-proof/tip-proof frame.
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, chained to a wall or bench top, or in a cart or tank holder. They 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.

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.

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

Blanket Warmer: Must be <= 130 degrees F and fluids may not be warmed within.

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

Personal Protective Equipment

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.

Powdered gloves: Effective January 18, 2017, the Food and Drug Administration (FDA) has determined that powdered gloves present an unreasonable and substantial risk of illness or injury (including inflammation, granulomas, and respiratory allergic reactions) to both workers and patients, and has banned them. No powdered gloves should be present in clinics or clinical research 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.

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.

Environmental Health & Safety, Washington University in St. Louis, Campus Box 1010, One Brookings Drive, St. Louis, Missouri 63130-4899, (314) 362-6816, Fax: (314) 935-9266, http://ehs.wustl.edu
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.

Hazardous Chemical disposal - Hazardous chemicals must be managed and disposed of in accordance of the regulations for that area.

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, Student & Occupational Health Services, 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)

Earthquake, tornado, hazardous spill, or injury procedures - Staff should know the procedures to follow in case of emergency.

Contacting Security - All employees should know who to call in the event of an emergency.