
New York State Department of Health Guidelines for Pharmacies Interested in Accepting Hypodermic Needles, Syringes and Other "Sharps" Used Outside of Health Care Settings for Safe Disposal (September 2005)

I. Purpose

This document provides guidance for NYS-licensed pharmacies interested in offering their customers who use syringes, lancets and other "sharps" an added service of collecting used sharps at the pharmacy. By doing so, pharmacies can join with other local agencies and organizations to help safely remove used syringes and other sharps from their communities. This will help prevent these items from ending up on the streets, in parks, in schoolyards, in municipal wastewater treatment plants, in the solid waste stream or in recycling.

Together, the NYS Department of Health (NYSDOH) and the NYS Department of Environmental Conservation (NYSDEC) seek to facilitate proper and safe disposal of hypodermic needles, syringes, lancets and other sharps used outside of health care settings in communities statewide. NYSDOH and NYSDEC staff are available to provide technical assistance to interested pharmacies. Information on how to contact NYSDOH and NYSDEC staff is included in Section V of these Guidelines.

II. Introduction

Pharmacies can play active roles in both assuring access to clean, new hypodermic needles and syringes and assuring their proper disposal after they have been used. To assure ready access to hypodermic needles and syringes, pharmacies may register to participate in the Expanded Syringe Access Demonstration Program (ESAP). ESAP registration enables pharmacies to sell hypodermic needles and syringes to individuals age 18 and over without a prescription.¹ Information about ESAP, including the ESAP provider registration form, is available from the NYSDOH contact person listed in Section V of these Guidelines and through the NYSDOH web site at:

http://www.health.state.ny.us/diseases/aids/harm_reduction/esap/index.htm

You may type the web address above in your web browser or you may follow these steps to access the web page:

- 1.) Go to <http://www.health.state.ny.us>
- 2.) Click on "HIV/AIDS"
- 3.) Click on "Harm Reduction & Drug Use"
- 4.) Click on "Needles & Syringes"

To promote safe disposal of used hypodermic needles and syringes, lancets, and other "sharps" used outside of health care settings, pharmacies can participate in any or several of the following:

- ✓ Distribute copies of the ESAP "brochure" or "safety insert" which discusses safe disposal (required by ESAP),
- ✓ Make available the NYSDOH brochure "Household Sharps, How to Dispose of them Properly,"
- ✓ Participate in local efforts to educate the public about the importance of safe and proper disposal of household sharps,
- ✓ Refer individuals to sharps disposal programs located in the community - - in hospitals, nursing home and other settings,
- ✓ Sell or furnish puncture resistant personal sharps containers or sharps disposal by mail systems, and
- ✓ Accept hypodermic needles and syringes, lancets, and other "sharps" used by individuals outside of health care settings for safe disposal.

Pharmacy involvement in acceptance of used sharps for safe disposal is a well-established practice in various locations around the country, including San Francisco, Rhode Island and Wisconsin.²⁻⁴ Pharmacy acceptance of used sharps for safe disposal is supported by the American Pharmaceutical Association (APhA) policy statement on syringe disposal which states that:

APhA supports collaboration with other interested health care organizations, public and environmental health groups, waste management groups, syringe manufacturers, health insurers and patient advocacy groups to develop and promote safer systems and procedures for the disposal of used needles and syringes by patients outside of healthcare facilities.⁵

While pharmacy acceptance of used sharps for safe disposal is not a widespread practice in NYS, results of a NYSDOH survey of pharmacies conducted in July 2000 revealed that many pharmacies were interested in doing so in the future.⁶ This is suggestive of a commitment to community service, community health and safety, and the perception on the part of pharmacists that additional disposal options are needed in NYS. Experiences in other states attests to the fact that pharmacies in NYS can play roles in safe sharps disposal.

III. Pharmacy Acceptance of Sharps for Safe Disposal

Any NYS-based pharmacy interested in participating as a safe sharps collection site must:

- Register with the NYSDOH under the Expanded Syringe Access Demonstration Program (ESAP) as a collection site; and
- Comply with NYSDEC regulated medical waste regulations.⁷

Pharmacies may also need to comply with the federal Occupational Safety and Health Administration, U.S. Department of Labor. *OSHA Directives CPL 2-2.69 - Enforcement procedures for the occupational exposure to blood borne pathogens 11/27/2001.*⁸

Only household sharps (household sharps include lancets, hypodermic needles and syringes used by individuals outside of health care settings) may be accepted by pharmacies. Sharps generated by a licensed health care provider offering services in the home, for example, may not be accepted. In this instance the home health care provider is responsible for the safe disposal of the sharps. Sharps brought to a pharmacy for disposal must be contained in sealed, rigid, puncture resistant, leak-proof containers. Customers with loose sharps should be advised to place them into puncture resistant containers such as sharps disposal containers or bleach or laundry detergent containers. Pharmacies may make such containers available to their customers.

Options available for pharmacies interested in offering their customers who use syringes, lancets and other "sharps" an added service of collecting used sharps include:

A. Installation of a tamper proof sharps collection "kiosk" or "drop box" for direct deposit of contained sharps by customers. In this case, customers, themselves, deposit contained sharps into "kiosks" or "drop boxes." Collection "kiosks" or "drop boxes" must be properly secured to assure that the contents, once deposited, cannot be removed except by authorized personnel. Only pharmacy staff or other appropriately trained personnel have access to the sharps. Collection "kiosks" or "drop boxes" must be maintained and cleaned appropriately. Sharps collected in the "kiosks" or "drop boxes" must be transported appropriately.

Pharmacies that locate a collection "kiosk" or "drop box" on-site and that arrange with a health care facility or a regulated medical waste hauler to maintain and clean the "kiosk" or "drop box" (including emergency clean-up of any spills), empty the "kiosk" or "drop box," and pick up and transport the sharps are not subject to the OSHA provisions and are not required to develop an Exposure Control Plan.⁸ In this case, pharmacy staff would not be expected to come into contact with sharps and there would be no potential for occupational exposure.

If pharmacy staff will be handling the sharps - - accepting them from customers for placement in a puncture resistant container behind the counter (see below); opening, cleaning or emptying a "kiosk" or "drop box," or transporting sharps for safe disposal - - the pharmacy must develop an Exposure Control Plan (see Appendix 5) and comply with any pertinent OSHA provisions.⁸ A "Model Policies and Procedures" is included as Appendix 1.

B. Use of pharmacy staff to receive contained sharps from customers for placement into a receptacle "behind the counter" or in another secure location. In this case, customers hand sharps that are already enclosed in sealed, puncture resistant containers to pharmacy staff for placement by staff into a container or receptacle.

Pharmacies whose staff are actively involved handling individuals' personal sharps containers for placement into a larger, puncture resistant container and/or opening and emptying a kiosk or receptacle and/or transport household sharps must have an Exposure Control Plan in place that describes how the pharmacy will address potential worker safety issues associated with the handling and transportation of residential sharps, including assuring compliance with OSHA's standards for blood-borne pathogen.⁸ Pharmacies must assure that staff are aware of the risks associated with handling sharps and are knowledgeable about safe handling procedures. In this situation, an Exposure Control Plan should be established that describes the following:

- ✓ All occupations in which individuals may, under reasonable situations, be at risk for needle stick injuries while on the job;
- ✓ Potential circumstances that may lead to needle stick injury;
- ✓ Engineering controls to prevent needle stick exposure or injury;
- ✓ Availability of hepatitis B prophylaxis for employees determined to be at risk for needle stick injury; and
- ✓ Record keeping for employee training and needle stick injury incidents.

A "Model Policies and Procedures" is included as Appendix 1. A "Model Exposure Control Plan" is included as Appendix 5. A "New York State Safe Sharps Collection Program, Application for Registration to Accept Home Generated Sharps for Safe Disposal" is included as Appendix 6.

IV. Transport of Sharps for Safe Disposal

Sharps collected at a pharmacy must be transported to a NYSDEC-approved storage, treatment or disposal facility. This may be accomplished by the pharmacy itself or through an agreement with another entity. Each of these options is described below;

Option #1: Transport by the Pharmacy to an Approved "Storage, Treatment or Disposal Facility." Pharmacies may transport less than 50 pounds of "regulated medical waste" per month to a facility authorized to accept medical waste so long as written notice of the intent to transport and the final destination are noted in writing and on file with the NYSDEC. Appendix 2 contains a Model Written Notice to NYSDEC of Intent to Transport Sharps.

Option #2: Transport and Disposal by Another Entity. The pharmacy may enter into an agreement with an approved entity, either a health care facility licensed by NYSDOH under Article 28 of the NYS Public Health Law or a NYS DEC-permitted regulated medical waste hauler, to pick up; store, if necessary; and, assure ultimate safe disposal of sharps. The pharmacy and transporting entity must have a signed agreement that specifies the roles and responsibilities of each party. This agreement must be submitted to both the NYSDEC and the NYSDOH. A Model Agreement for Sharps Transport and Disposal is included as Appendix 3.

Regardless of the disposal option selection, a Regulated Medical Waste Tracking Form must accompany all shipments of used sharps. The entity managing the "kiosk," "drop box" or other receptacle must maintain a copy of all tracking forms for a period of three years. A "Regulated Medical Waste Tracking Form" is included as Appendix 4.

V. Questions Concerning These Guidelines

Questions and requests for technical assistance concerning pharmacy acceptance of hypodermic needles, syringes and other "sharps" used outside of health care settings for safe disposal can be directed as follows:

NYSDEC:

Division of Solid and Hazardous Materials, Bureau of Solid Waste and Management,
Dr. Alan Woodard, 518/402-8693

- NYSDEC Regulations
- How to locate a NYSDEC-permitted Regulated Medical Waste Hauler
- Pharmacy transport of collected "sharps"

NYSDOH:

Bureau of Controlled Substances, Glenn DelGrosso, 518/402-0707

- ESAP registration

Bureau of Hospital Services, Delton Courtney, 518/402-1004

- How to locate a NYSDOH-approved health care facility

AIDS Institute Harm Reduction Unit, 212/417-4770

- General information about the Expanded Syringe Access Demonstration Program (ESAP)

AIDS Institute Executive Office, 518/473-8778

- Registration as a safe sharps collection site

References

1. Klein SJ, Birkhead GS, Candelas AR. Expanded syringe access demonstration program in New York State: an intervention to prevent HIV/AIDS transmission. *J Urban Health: Bulletin of the New York Academy of Medicine*. 2000; 77(4): 762-767.
2. American Pharmaceutical Association House of Delegates. 2001. Policy Statement New Business Item - Subject: Syringe Disposal. Adopted March 17-20 2001. Accessed on February 12, 2002 at: www.aphanet.org/govt/hod_action.pdf.
3. Michaels J. Norcal Waste System, Sanitary Fill Company. *San Francisco Safe Needle Disposal Program: Program Overview*. Presented at: Safe Community Syringe Disposal: Understanding the Barriers and Creating Solutions. Convened by: American Pharmaceutical Association. January 29-30, 2001. Washington DC.
4. Diabetes Foundation of Rhode Island. June 22,2001. The SharpSmart Program - One State's answer to the public health crisis in residential needle disposal. Personal communication from Cherie Kear, Diabetes Foundation of Rhode Island.
5. Derflinger B. *How Wisconsin promotes sharps collection: Case studies of sharps collection programs in Wisconsin*. Presented at: Safe Community Syringe Disposal: Understanding the Barriers and Creating Solutions. Convened by: American Pharmaceutical Association. January 29-30, 2001. Washington DC.
6. Klein SJ, Harris-Valente K, Candelas AR, Radigan M, Narcisse-Pean, M, Tesoriero, JM, Birkhead GS. What do pharmacists think about New York State's new non-prescription syringe sale program? Results of a survey. *J Urban Health: Bulletin of the New York Academy of Medicine*. 2001; 78(4): 679-689.
7. NYS Department of Environmental Conservation. 6 NYCRR Parts 360 and 364. Available at: <http://www.dec.state.ny.us/website/regs/index.html>.
8. Occupational Safety and Health Administration, U.S. Department of Labor. *OSHA Directives CPL 2-2.69 - Enforcement procedures for the occupational exposure to blood borne pathogens 11/27/2001*. Available at: http://www.osha-slc.gov/OshDoc/Directive_pdf/CPL_2-2_69.pdf

Appendix 1. Model Policies and Procedures

Written policies and procedures must be developed that incorporate the following:

1. Information must be available to customers and staff indicating that any sharps brought into the pharmacy for disposal must be contained within sealed, puncture-resistant, leak-proof containers that assure the safety of the customer and/or anyone else who may come into contact with the container. Examples of such containers include personal sharps containers sold or furnished by a pharmacy or health care provider or puncture resistant bleach or detergent containers with screw on tops.
2. Properly contained sharps that are brought in for collection must either be immediately placed by the customer into a "kiosk" or "drop box" or placed by a trained employee into a collection receptacle.
2. The larger, puncture resistant collection receptacle, "kiosk," or "drop box" (i.e., the container into which the already-contained sharps are placed by either the customer or pharmacy staff) must be
 - a. prominently marked with either the word "sharps", the universal warning sign or the word "bio-hazard,"
 - b. secured in a manner such that only employees or other appropriately trained persons, such as regulated medical waste disposal staff, have access to used sharps containers; and,
 - c. placed in an area that can be monitored at all times.

In no circumstance should an employee reach into a personal sharps container, "kiosk," or "drop box."

3. Individual sharps containers collected at a pharmacy must be packaged in a rigid, sealed container prior to being transported off-site to another collection point or for disposal. Such containers must bear the imprint of or have a firmly attached label with the name and address of the pharmacy that collected the sharps, the date the container was transported and the universal warning sign or the word "biohazard".

Appendix 2. Model Written Notice to NYSDEC of Pharmacy Intent to Transport Sharps

The sponsoring facility, *(insert name of pharmacy)*, will transport sharps collected on-site to *(name of a NYS Department of Environmental Conservation-approved storage, treatment or disposal facility)* on a *(insert periodicity)* basis for ultimate treatment and disposal at *(insert name of DEC-approved storage, treatment or disposal facility)*.

A Regulated Medical Waste Tracking Form will accompany all shipments of used sharps and the sponsoring facility agrees to maintain a copy of all tracking for a period of three years (form attached).

Note: Questions or requests for clarification regarding the Written Notice to NYSDEC of Intent to Transport Sharps may be directed to Alan Woodard at the NYS Department of Environmental Conservation at 518/402 - 8693.

Appendix 3. Model Agreement for Non-Pharmacy Sharps Transport and Disposal

(insert name of pharmacy) in cooperation with (name all partners, article 28 or permitted haulers) agree to participate in a safe sharps collection project that includes collection kiosks or containers located at the following sites:

1. (Insert names and addresses os all sites)
- 2.
- 3.

It is agreed that (insert pharmacy name) and (sharps transporting organization) agree to the following activities:

(insert pharmacy name) will located a safe sharps collection receptacle, "kiosk" or "drop box" on-site at (insert address).

This collection receptacle, "kiosk" or "drop box" will be secured such that only pharmacy employees, transporting agency employees or other appropriately trained persons have access to the used sharps contained within the unit.

(insert name of transporting organization) agrees to open and close the collection receptacle, "kiosk" or "drop box" at agreed upon times for the purpose of removing and transporting collected sharps in a a sealed secondary container for purposes of ultimate disposal.

(insert name) is responsible for replacing the internal collection tub as needed;

(insert name) is responsible for cleaning the collection receptacle, "kiosk" or "drop box" at least once a month, in accordance with OSHA standards; more frequently if indicated or if spillage or other incident occurs.

(insert name) agrees to monitor the collection receptacle, "kiosk" or "drop box" periodically and to contact the (insert name of transporting organization) regarding increases in usage and the potential need for more frequent pick-up or cleaning.

The undersigned agree on the activities stated above.

Signature

Signature

Date

Date

Appendix 4.

Regulated Medical Waste Tracking Form



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Medical Waste Tracking Form

1. Generator's Name and Mailing Address: _____

2. Tracking Form Number: _____

3. Telephone number: _____

4. State Permit or ID No.: _____

5. Transporter's Name and Mailing Address: _____

6. Telephone Number: _____

7. State Transporter or ID No. _____

8. Destination Facility Name and Address: _____

9. Telephone Number: _____

10. State Permit or ID No. _____

11. USDOT Shipping Name: _____

(HM)		12. Total No. Containers	13. Total Weight or volume
a. x	Regulated Medical Waste, 6.2, UN3291, PGII		
b.			

14. Special Handling Instructions: _____

14.(a) Additional Information _____

15. Generator's Certification:
I hereby declare, on behalf of the generator that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

Print/Type Name _____ Signature _____ Date _____

GENERATOR

Emergency Response Number:

INSTRUCTIONS

Instructions for completing the medical waste tracking form:
 Copy 1 - GENERATOR COPY; Mailed by Destination Facility to Generator
 Copy 2 - DESTINATION FACILITY COPY; Retained by Destination Facility
 Copy 3 - TRANSPORTER COPY; Retained by Transporter
 Copy 4 - GENERATOR COPY; Retained by Generator

1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.
 2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 & 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.

16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)

Print/Type Name	Signature	Date
17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number	19. State Transporter Permit or ID No.

20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13)

Print/Type Name	Signature	Date
21. New Tracking Form Number (for consolidated or remanifested waste)		

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

Print/Type Name	Signature	Date
23. Discrepancy Box (Any discrepancies should be noted by item number and initials)		

Appendix 5. Model Exposure Control Plan

The Model Exposure Control Plan is intended to serve employers as an example exposure control plan which is required by the Bloodborne Pathogens Standard. A central component of the requirements of the standard is the development of an exposure control plan (ECP).

The intent of this model is to provide small employers with an easy-to-use format for developing a written exposure control plan. Each employer will need to adjust or adapt the model for their specific use.

The information contained in this publication is not considered a substitute for the Occupational Safety and Health Act or any provisions of OSHA standards. It provides general guidance on a particular standard-related topic but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.

POLICY

The (Facility Name) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- * Determination of employee exposure
- * Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- * Hepatitis B vaccination
- * Post-exposure evaluation and follow-up
- * Communication of hazards to employees and training
- * Recordkeeping
- * Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

(Example: Housekeeper Environmental Services Handling Regulated Waste)

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting (Name of responsible person or department). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(Name of responsible person or department) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

* (For example: non-glass capillary tubes, SESIPs, needleless systems)

* _____

* _____

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc.)

We evaluate new procedures or new products regularly by (Describe the process, literature reviewed, supplier info, products considered)

Both front line workers and management officials are involved in this process: (Describe how employees will be involved)

(Name of responsible person or department) will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by (Name of responsible person or department) in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

(Ex., gloves, eye protection, etc.)

PPE is located (List location) and may be obtained through (Name of responsible person or department)
(Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.)

All employees using PPE must observe the following precautions:

- * Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- * Remove PPE after it becomes contaminated, and before leaving the work area.
- * Used PPE may be disposed of in _____ (List appropriate containers for storage, laundering, decontamination, or disposal.)
- * Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- * Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- * Never wash or decontaminate disposable gloves for reuse.
- * Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- * Remove immediately or as soon as feasible any garment contaminated by blood or

OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: *(may refer to specific agency procedure by title or number and last date of review)*

(For example, how and where to decontaminate face shields, eye protection, resuscitation equipment)

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is: *(may refer to specific agency procedure by title or number and last date of review)*

The procedure for handling **other regulated waste** is: *(may refer to specific agency procedure by title or number and last date of review)*

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at _____ *(must be easily accessible and as close as feasible to the immediate area where sharps are used)*.

The schedule for cleaning and method of decontamination of the Sharps Receptacle(s) is as follows:

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Laundry

The following contaminated articles will be laundered by this company:

Laundering will be performed by (Name of responsible person or department)
at (time and/or location).

The following laundering requirements must be met:

- * handle contaminated laundry as little as possible, with minimal agitation
- * place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags marked with biohazard symbol) for this purpose.
- * wear the following PPE when handling and/or sorting contaminated laundry:
(List appropriate PPE)

Labels

The following labeling method(s) is used in this facility:

<u>EQUIPMENT TO BE LABELED</u>	<u>LABEL TYPE</u> (size, color, etc.)
<u>(e.g., specimens, contaminated laundry, etc.)</u>	<u>(red bag, biohazard label, etc.)</u>

(Name of responsible person or department) will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify _____ if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

(Name of responsible person or department) will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at _____ (List

location or person responsible for this recordkeeping).

Vaccination will be provided by _____ (List Health care Professional who is responsible for this part of the plan) at _____ (location).

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact _____ (Name of responsible person) at the following number: _____.

An immediately available confidential medical evaluation and follow-up will be conducted by _____ (Licensed health care professional). Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- * Document the routes of exposure and how the exposure occurred.
- * Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- * Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- * If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- * Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- * After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- * If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

(Name of responsible person or department) _____ ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

(Name of responsible person or department) ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- * a description of the employee's job duties relevant to the exposure incident
- * route(s) of exposure
- * circumstances of exposure
- * if possible, results of the source individual's blood test
- * relevant employee medical records, including vaccination status

(Name of responsible person or department) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

(Name of responsible person or department) will review the circumstances of all exposure incidents to determine:

- * engineering controls in use at the time
- * work practices followed
- * a description of the device being used (including type and brand)
- * protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- * location of the incident (*O.R., E.R., patient room, etc.*)
- * procedure being performed when the incident occurred
- * employee's training

(Name of Responsible Person) will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, (Responsible person or department) will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted by _____ (*Name of responsible person or department*). (*Attach a brief description of their qualifications.*)

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- * a copy and explanation of the standard
- * an explanation of our ECP and how to obtain a copy
- * an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- * an explanation of the use and limitations of engineering controls, work practices, and PPE
- * an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- * an explanation of the basis for PPE selection
- * information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- * information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- * an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- * information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- * an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- * an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at _____.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** at _____ (*Name of responsible person or location of records*).

The training records include:

- * the dates of the training sessions
- * the contents or a summary of the training sessions
- * the names and qualifications of persons conducting the training
- * the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to _____ (Name of Responsible person or department)

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

_____ (Name of Responsible person or department) is responsible for maintenance of the required medical records. These **confidential** records are kept at _____ (List location) for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to _____ (Name of responsible person or department and address)

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by _____ (Name of responsible person or department).

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and

is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially 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 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 no charge to me.

Signed: (*Employee Name*) _____

Date: _____

**Appendix 6. New York State Safe Sharps Collection Program,
Application for Registration to Accept Home
Generated Sharps for Safe Disposal**

New York State Safe Sharps Collection Program

New York State Department of Health
Corning Tower - Room 412
Albany, New York 12237

Application for Registration to Accept
Home Generated Sharps for Safe Disposal

Instructions: Please Complete All Parts of This Form and Return by Mail to the Above Address

Provider Type:

- | | |
|---|--|
| <input type="checkbox"/> Pharmacy licensed under Article 137 of the Education Law. ¹ | <input type="checkbox"/> Housing facility |
| <input type="checkbox"/> Health care practitioner. | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Health care facility licensed under Article 28 of the Public Health Law. | <input type="checkbox"/> Public Works Department |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Municipal Government |
| <input type="checkbox"/> Other _____ | |

Provider Information (please print or type)

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Telephone No. for Public Information: _____

¹ Pharmacies should refer to the New York State Department of Health Guidelines for Pharmacies Interested in Accepting Hypodermic Needles, Syringes and Other Sharps Used Outside of Health Care Settings for Safe Disposal, contained within the ESAP Information for Providers on the NYSDOH website.

Designated Contact Person Information (please print or type)

Each authorized provider shall designate one (1) contact person to have administrative responsibility for the sharps collection program. Below, supply the requested information for the designated contact person.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ e-mail Address: _____ Fax No: _____
(if available)

Safe Sharps Collection – Responsibilities

Applicants must specify the following: 1) the proposed site(s) for sharps collection; 2) the firm, company or other entity responsible for transporting and disposing of collected sharps in a manner consistent with all applicable NYSDEC rules and regulations; 3) the firm, company or other responsible entity for maintaining the collection unit including monitoring the unit to assure timely emptying of the unit; cleaning the unit and assuring the unit is in good working order. All individuals involved in maintaining, cleaning or otherwise servicing a collection unit must be properly trained in OSHA blood-borne pathogen standards (OSHA Directives CPL 2-2.69, Enforcement Procedures for the Occupational Exposure to Blood Borne Pathogens, 11/27/2001); 4) the firm, company or other responsible entity for emergency response to spills or other incidents involving the collection unit; and, 5) methods of assuring public awareness of the program through outreach and education.

1. Sharps Collection Site(s) (please attach additional sheets if more than one collection site is being registered for):

All applicants must designate the site or sites for collection of household sharps, the specific location of the unit within the facility (i.e., entrance, lobby, patient waiting area etc.) and the anticipated days and hours of operation. In addition, applicants must designate the type of sharps collection unit that will be used at the site. Examples of sharps collection units include freestanding “kiosks” and wall-mounted units. Please specify in the space below the address of the proposed collection site including the type of collection unit (use additional sheets if necessary):

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Proposed Location of Collection Unit: (i.e., entrance way, lobby, etc.)

Days and Hours of Operation: Monday: _____ Hours: _____
Tuesday: _____ Hours: _____
Wednesday: _____ Hours: _____
Thursday: _____ Hours: _____
Friday: _____ Hours: _____
Saturday: _____ Hours: _____
Sunday: _____ Hours: _____

Type of Collection Unit: Freestanding Unit: _____

Wall-mounted Unit: _____

Other: _____

2. Regulated Medical Waste Hauler:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

3. Collection Unit Contact Person(s):

Specification of who will be responsible for monitoring the collection unit; emptying it and cleaning it and in addition, who or where to call in the event of an accidental spill or other emergency.

Overall Responsibility:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Emergency Contact Person or Firm:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

4. Methods of assuring public outreach and education (Please check, specify where appropriate and indicate if information will be available in languages other than English):

Print Media:

- Newspaper: _____

- Magazine: _____

- Newsletter: _____

- Other: _____

Radio: _____

Television: _____

Brochures/Palm Cards etc.: _____

Other (i.e., Health Fairs, Websites, community meetings): _____

Program Evaluation

- Please check here if you would like to participate in the program evaluation by providing information on program utilization including volume or pounds of sharps collected. **Participation is voluntary.**

Attestation

All program applicants agree to comply with applicable NYS Department of Health regulations for managing regulated medical waste (10 NYCRR Parts 70 and 405.24) and with all packaging, labeling, transport and disposal activity requirements as required and authorized by the NYS Department of Environmental Conservation. The authorized provider submitting this application attests that, upon being registered, it will abide by the provisions contained in this registration form. The authorized provider submitting this application also attests that it is in good standing with regard to the applicable licensing authority(ies) and that no final action of any sort has been taken which would bring such good standing into question. The authorized provider submitting this application further acknowledges and agrees that its registration may be terminated by the Department of Health in the event that it fails to comply with any pertinent section of law, or in the event it is determined by the Department of Health or other applicable licensing authority that it was not in good standing at the time of application for registration or any time thereafter.

Individual authorized to sign the registration form on behalf of the applicant.

Signature _____

Print or type _____
name and title

NOTE: Submission of a completed form does not constitute registration until the Department of Health acknowledges its acceptance of the registration. Syringes may not be accepted for disposal until the Department of Health provides you with a separate written acknowledgement that it has accepted your request for registration and that your registration is effective.