



STATE OF ARIZONA OSHA REGULATIONS

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Total Medical Compliance has created state-specific guidelines for our clients in this portion of the manual, but please be diligent to research and consult with your state agencies to remain up-to-date on any changes.

STATE OF ARIZONA OSHA REGULATIONS

State Approved Plan

Arizona Division of Occupational Safety and Health (ADOSH) operates under an approved plan with the U.S. Department of Labor to retain jurisdiction over occupational safety and health issues within Arizona, excluding mining operations, Indian Reservations, and federal employees. This jurisdiction encompasses approximately 2.1 million employees and 130,000 public and private establishments.

The ADOSH division has 7 main areas of responsibility: Boilers, Elevators, Safety and Health Compliance, Consultation and Training, Policies, Voluntary Protection Program, and Research & Statistics (Bureau of Labor Statistics).

The Arizona Division of Occupational Safety and Health (ADOSH) is part of the Industrial Commission of Arizona (ICA). The main office is located in Phoenix.

Coverage:

The Arizona State Plan applies to all private-sector workplaces in the state with the following exceptions:

1. Maritime employment, including shipyard employment, marine terminals, and longshoring;
2. Contractors and subcontractors on federal establishments for which the federal government has exclusive jurisdiction;
3. Contract employees and contractor-operated facilities engaged in United States Postal Service mail operations;
4. Copper smelters;
5. Concrete and asphalt batch plants that are physically connected to a mine or so interdependent with a mine so as to form one integral enterprise;
6. Indian reservations;
7. Any hazard, industry, geographical area, operation or facility over which the state is unable to effectively exercise jurisdiction for reasons not related to the required performance or structure of the plan.

The Arizona State Plan also applies to state and local government employers. It does not apply to federal government employers including the United States Postal Service. Federal OSHA covers the issues not covered by the Arizona State Plan. In addition, federal OSHA retains enforcement of the anti-retaliation provision of the Occupational Safety and Health Act of 1970, Section 11(c), 29 USC 660(c), with respect to the private sector. ADOSH also investigates private and state and local government workplace retaliation cases under a provision analogous to Section 11(c).

A brief summary of the Arizona State Plan is included in the Code of Federal Regulations at [29 CFR 1952.19](#). Federal OSHA retains the authority to promulgate, modify, or revoke occupational safety and health standards under Section 6 of the OSH Act. In the event that federal OSHA resumes enforcement, those federal standards will be enforced. Federal OSHA also retains the authority to monitor the State Plan under Section 18(f) of the OSH Act.

State Plan Standards

ADOSH has adopted federal OSHA standards and incorporates them by reference. In addition, Arizona has the following unique standards:

- General Industry
- Compressed Gas and Air (General) and Air Receivers
- Commercial Driving Operations
- Construction

- Fall Protection
- Agriculture
- Field Sanitation
- Hand and Portable Powered Tools and Other Hand-Held Equipment
- Enforcement Programs

Enforcement Programs

ADOSH is responsible for the enforcement of ADOSH safety and health standards, regulations, and other provisions, including a prohibition against retaliation for occupational safety or health activity. ADOSH utilizes the OSHA Field Operations Manual (FOM) to provide guidance for its enforcement program. Compliance officers inspect workplaces for hazardous conditions and issue citations where violations of ADOSH standards, regulations, and other provisions of the state occupational safety and health statute are found. Inspections may be the result of regular scheduling, imminent danger reports, fatalities, and worker complaints or referrals. More information on enforcement in Arizona can be found on the Arizona State Plan website.

Biomedical Waste Guideline

ARTICLE 14. Biohazardous Medical Waste and Discarded Drugs

R18-13-1401. Definitions

In addition to the definitions in A.R.S. § 49-701, the following definitions apply in this Article:

1. “Administrative consent order” means a bilateral agreement between the consenting party and the Department. A bilateral agreement is not subject to administrative appeal.
2. “Alternative treatment technology” means a treatment method other than autoclaving or incineration, that achieves the treatment standards described in R18-13- 1415.
3. “Approved medical waste facility plan” means the document that has been approved by the Department under A.R.S. § 49-762.04, and that authorizes the operator to accept biohazardous medical waste at its solid waste facility.

4. “Autoclaving,” means using a combination of heat, steam, pressure, and time to achieve sterile conditions.

5. “Biohazardous medical waste” is composed of one or more of the following:
 - a. Cultures and stocks: Discarded cultures and stocks generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization, or in the production or testing of biologicals.
 - b. Human blood and blood products: Discarded products and materials containing free-flowing blood or free-flowing blood components.
 - c. Human pathologic wastes: Discarded organs and body parts removed during surgery. Human pathologic wastes do not include the head or spinal column.
 - d. Medical sharps: Discarded sharps used in animal or

human patient care, medical research, or clinical laboratories. This includes hypodermic needles; syringes; pipettes; scalpel blades; blood vials; needles attached to tubing; broken and unbroken glassware; and slides and coverslips.

e. Research animal wastes: Animal carcasses, body parts, and bedding of animals that have been infected with agents that produce, or may produce, human infection.

6. “Biologicals” means preparations made from living organisms or their products, including vaccines, cultures, or other biological products intended for use in diagnosing, immunizing, or treating humans or animals or in research pertaining to these activities.
7. “Biological indicator” means a representative microorganism used to evaluate treatment efficacy.
8. “Blood and blood products” means discarded human

- blood and any product derived from human blood, including but not limited to blood plasma, platelets, red or white blood corpuscles, and other derived products.
9. “C.F.R.” means the Code of Federal Regulations.
10. “Chemotherapy waste” means any discarded material that has come in contact with an agent that kills or prevents the reproduction of malignant cells.
11. “Dedicated vehicle” means a motor vehicle or trailer that is pulled by a motor vehicle used by a transporter for the sole purpose of transporting biohazardous medical waste.
12. “Discarded drug” means any prescription medicine, over-the-counter medicine, or controlled substance, used in the diagnosis, treatment, or immunization of a human being or animal that the generator intends to abandon. The term does not include hazardous waste or controlled substances regulated by the United States Drug Enforcement Agency.
13. “Disposal facility” means a municipal solid waste landfill that has been approved by the Department under A.R.S. § 49-762.04 to accept untreated biohazardous medical waste for disposal.
14. “Facility plan” has the meaning given to it in A.R.S. § 49-701.
15. “Free flowing” means liquid that separates readily from any portion of a biohazardous medical waste under ambient temperature and pressure.
16. “Generator” means a person whose act or process produces biohazardous medical waste, or a discarded drug, or whose act first causes medical waste or a discarded drug to become subject to regulation.
17. “Hazardous waste” has the meaning prescribed in A.R.S. § 49-921.
18. “Health care worker” means, with respect to R18-13-1403(B)(5), a person who provides health care services at an off-site location that is none of the following: a residence, a facility where health care is normally provided, or a facility licensed by the Arizona Department of Health Services.
19. “Improper disposal of biohazardous medical waste” means the disposal by a person of untreated or inadequately treated biohazardous medical waste at any place that is not approved to accept untreated biohazardous medical waste.
20. “Independent testing laboratory” means a testing laboratory independent of oversight activities by a provider of alternative treatment technology.
21. “Medical sharps container” means a vessel that is rigid, puncture resistant, leak proof, and equipped with a locking cap.
22. “Medical waste,” as defined in A.R.S. § 49-701, means *“any solid waste which is generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization, or in the production or testing of biologicals, and includes discarded drugs but does not include hazardous waste as defined in A.R.S. § 49-921 other than conditionally exempt small quantity generator waste.”*
23. “Medical waste treatment facility” or “treatment facility” means a solid waste facility approved by the Department under A.R.S. § 49-762.04 to accept and treat biohazardous medical waste from off-site generators.
24. “Multi-purpose vehicle” means any motor vehicle operated by a health care worker, where the general purpose is the non-commercial transporting of people and the hauling of goods and supplies, but not solid waste. A multipurpose vehicle is limited to hauling biohazardous medical waste generated off site by health workers in providing services. “Off site” for purposes of this definition means a location other than a hospital or clinic
25. “Off site” means a location that does not fall within the definition of “on site” contained in A.R.S. § 49-701
26. “Packaging” or “properly packaged” means the use of a container or a practice under R18-13-1407.

27. "Putrescible waste" means waste materials capable of being decomposed rapidly by microorganisms.
28. "Radioactive material" has the meaning under A.R.S. § 30-651.
29. "Secure" means to lock out or otherwise restrict access to unauthorized personnel.
30. "Spill" means either of the following:
- Any release of biohazardous medical waste from its package while in the generator's storage area.
 - Any release of biohazardous medical waste from its package or the release of packaged biohazardous medical waste by the transporter at a place or site that is not a medical waste treatment or disposal facility.
31. "Store" or "storage" means, in addition to the meaning under A.R.S. § 49-701, either of the following:
- The temporary holding of properly packaged biohazardous medical waste by a generator in a designated accumulation area awaiting collection by a transporter.
 - The temporary holding of properly packaged biohazardous medical waste by a transporter or a treater at an approved medical waste storage facility or treatment facility.
32. "Technology provider" means a person that manufactures, or a vendor who supplies alternative medical waste treatment technology
33. "Tracking document" means the written instrument that signifies acceptance of biohazardous medical waste by a transporter, or a transfer, storage, treatment, or disposal facility operator.
34. "Transportation management plan" means the transporter's written plan consisting of both of the following:
- The procedures used by the transporter to minimize the exposure to employees and the general public to biohazardous medical waste throughout the process of collecting, transporting, and handling.
 - The emergency procedures used by the transporter for handling spills or accidents.
35. "Transporter" means a person engaged in the hauling of biohazardous medical waste from the point of generation to a Department-approved storage facility or to a Department-approved treatment or disposal facility.
36. "Treat" or "treatment" means, with respect to the methods used to render biohazardous medical waste less infectious: incinerating, autoclaving, or using the alternative treatment technologies prescribed in this Article
37. "Treated medical waste" means biohazardous medical waste that has been treated and that meets the treatment standards of R18-13-1415. Treated medical waste that requires no further processing is considered solid waste.
38. "Treater" means a person, also known as an operator, who receives solid waste facility plan approval for the purpose of operating a medical waste treatment facility to treat biohazardous medical waste that is generated off site.
39. "Treatment certification statement" means the written document provided by either a generator who treats biohazardous medical waste on site or by a treater, to inform a solid waste disposal or recycling facility that biohazardous medical waste has been treated as prescribed in this Article, and therefore is no longer subject to regulation under this Article.
40. "Treatment standards" mean the levels of microbial inactivation, prescribed in R18-13-1415, to be achieved for a specific type of biohazardous medical waste.
41. "Universal biohazard symbol" or "biohazard symbol" means a representation that conforms to the design shown in 29 CFR 1910.145(f)(8)(ii) (Office of the Federal Register, National Archives and Records Administration, July 1, 1998) and which is incorporated by reference in this rule. This incorporation does not include any later amendments or editions. Copies of the incorporated

material are available for inspection at the Department of Environmental Quality and the Office of the Secretary of State.

42. “Vehicle not dedicated to the transportation of biohazardous medical waste but which is engaged in commerce” means a motor vehicle or a trailer pulled by a motor vehicle whose primary purpose is the transporting of goods that are not solid waste or biohazardous medical waste and that is used by a transporter for the temporary transportation of biohazardous medical waste.

R18-13-1402. Applicability

A. This Article applies to the following:

1. A generator who treats biohazardous medical waste on site, before disposing of it as treated medical waste, and to any equipment used for that purpose. Specific requirements for a generator who treats on site are prescribed in R18-13-1405.
2. A generator who contracts with a medical waste treatment facility for the purpose of treating biohazardous medical waste. Specific requirements for such a generator are prescribed in R18-13-1406.
3. A person who transports biohazardous medical waste and any motor vehicle used for that purpose.
4. A medical waste treatment facility operator, a medical waste treatment facility, and any equipment used for medical waste treatment.

5. A person who provides alternative medical waste treatment technology for the purpose of treatment, and to any technology used for treatment.
 6. A person in possession of biohazardous medical waste if the waste does not meet the treatment standards in R18-13-1415.
 7. An operator of a Department-approved disposal facility who accepts untreated biohazardous medical waste.
 8. A person who generates medical sharps in the preparation of human remains.
 9. A person who generates medical sharps in the treatment of animals.
 10. A generator of discarded drugs not returned to the manufacturer.
- B.** The requirements for biohazardous medical waste set out for collection do not apply to the manner in which the generator collects, or handles biohazardous medical waste inside the generator’s place of business.

R18-13-1403. Exemptions; Partial Exemptions

- A.** The following persons are exempt from the requirements of this Article:
1. Law enforcement personnel handling biohazardous medical waste for law enforcement purposes.
 2. A person in possession of radioactive materials.
 3. A person who returns unused medical sharps to the manufacturer.

4. A household generator residing in a private, public, or semi-public residence who generates biohazardous medical waste in the administration of self care or the agent of the household generator who administers the medical care. This exemption does not apply to the facility in which the person resides if that facility is licensed by the Arizona Department of Health Services.
 5. A generator that separates medical devices from the medical waste stream that are sent out for re-processing and returned to the generator.
 6. A person in possession of human bodies regulated by A.R.S. Title 36.
 7. A person who sends used medical sharps via the United States Postal Service or private shipping agent to a treatment facility.
- B.** The following are conditionally exempt from the requirements of this Article:
1. A person who prepares human corpses, remains, and anatomical parts that are intended for interment or cremation. However, if medical sharps are generated during the preparation of the human remains, they must be disposed of as prescribed by this Article.
 2. A person who operates an emergency rescue vehicle, an ambulance, or a blood service collection vehicle if the biohazardous medical waste is returned to the home facility for

- disposal. This facility is considered to be the point of generation for packaging, treatment, and disposal.
3. A person who discharges discarded drugs and liquid and semi-liquid biohazardous medical wastes, excluding cultures and stocks, to the sanitary sewer system if the operator of the wastewater sewer system and treatment facility allows, permits, authorizes, or otherwise approves of the discharges.
 4. A person who possesses hazardous waste regulated by A.R.S. Title 49, Chapter 5.
 5. A health care worker who uses a multi-purpose vehicle in the conduct of routine business other than transporting waste, is exempt from the requirements of R18-13-1409 if the health care worker complies with all of the following:
 - a. Packages the biohazardous medical waste according to R18-13-1407.
 - b. Secures the packaged biohazardous medical waste within the vehicle so as to minimize spills.
 - c. Transports the biohazardous medical waste to the place of business or to a medical waste treatment or disposal facility.
 - d. Cleans the vehicle when it shows visible signs of contamination.
 - e. Secures the vehicle to prevent unauthorized contact with the biohazardous medical waste.
 6. A person who transports biohazardous medical waste between multiple properties separated by a public thoroughfare and which is owned or operated by the same owner or governmental entity is exempt from the requirements of R18-13-1409 if the person complies with R18-13-1403(B)(5)(a) through (e).
 7. A hospital that chooses to accept medical sharps from staff physicians who generate medical sharps in a private practice is exempt from the requirement to obtain facility plan approval as long as the hospital collects medical sharps for off-site treatment or disposal.
 - C. The following are exempt from some of the requirements of this Article:
 1. A generator who treats biohazardous medical waste on site and who accepts for treatment medical waste described in R18-13-1403(A)(4) is exempt from the requirement to obtain solid waste facility plan approval prescribed in R18-13-1410.
 2. A generator who self-hauls biohazardous medical waste to a Department-approved medical waste treatment, storage, transfer, or disposal facility is exempt from the requirements of R18-13-1409 if the generator complies with R18-13-1403(B)(5)(a) through (e).
- R18-13-1405. Biohazardous Medical Waste Treated On Site**
- A.** A person who treats biohazardous medical waste on site shall use incineration, autoclaving, or an alternative medical waste treatment method that meets the treatment standards prescribed in R18-13-1415. **B.** A generator who uses:
1. Incineration shall follow the requirements of subsections (C), (F), (G), and (H),
 2. Autoclaving shall follow the requirements of subsections (D), (F), (G) and (H), or
 3. An alternative treatment method shall follow the requirements of subsections (E), (F), (G), and (H).
- C.** A generator who incinerates biohazardous medical waste on site shall comply with all of the following requirements:
1. Obtain a permit if required by the local or state air quality agency having jurisdiction.
 2. Reduce the biohazardous medical waste, excluding metallic items, into carbonized or mineralized ash.
 3. Determine whether incinerator ash is hazardous waste as required by hazardous waste rules promulgated under A.R.S. Title 49, Chapter 5.
 4. Dispose of the non-hazardous waste incinerator ash at a Department-approved municipal solid waste landfill.
- D.** A generator who autoclaves biohazardous medical waste

on site shall comply with all of the following requirements:

1. Further process by grinding, shredding, or any other process, any recognizable animals and human tissue, organs, or body parts, to render such waste non-recognizable and ensure effective treatment.
 2. Operate the autoclave at the manufacturer's specifications appropriate for the quantity and density of the load.
 3. Keep records of operational performance levels for six months after each treatment cycle. Operational performance level recordkeeping includes all of the following:
 - a. Duration of time for each treatment cycle.
 - b. The temperature and pressure maintained in the treatment unit during each cycle.
 - c. The method used to determine treatment parameters in the manufacturer's specifications.
 - d. The method in manufacturer's specifications used to confirm microbial inactivation and the test results.
 - e. Any other operating parameters in the manufacturer's specifications for each treatment cycle.
 4. Keep records of equipment maintenance for the duration of equipment use that include the date and result of all equipment calibration and maintenance.
- E.** A generator who uses an alternative treatment

method on site shall comply with all of the following requirements:

1. Use only alternative treatment methods registered under R18-13-1414.
2. Further process by grinding, shredding, or any other process, any recognizable animals and human tissue, organs, or body parts, to render this waste non-recognizable and ensure effective treatment.
3. Follow the manufacturer's specifications for equipment operation.
4. Supply upon request all of the following:
 - a. The Departmental registration number for the alternative medical waste treatment technology and the type of biohazardous medical waste that the equipment is registered to treat.
 - b. The equipment specifications that include all of the following:
 - i. The operating procedures for the equipment that enable the treater to comply with the treatment standards described in this Article for the type of waste treated.
 - ii. The instructions for equipment maintenance, testing, and calibration that enable the treater to comply with the treatment standards described in this Article for the type of waste treated.
5. Maintain a training manual regarding the proper operation of the equipment.
6. Maintain a treatment record consisting of a log of the volume of medical waste treated and a schedule of calibration and maintenance performed under the

manufacturer's specifications.

7. Maintain treatment records for six months after the treatment date for each load treated.
 8. Maintain the equipment specifications for the duration of equipment use.
- F.** A generator shall do all of the following:
1. Package the treated medical waste according to the waste collection agency's requirements;
 2. Attach to the package or container a label, placard, or tag with the following words: "This medical waste has been treated as required by the Arizona Department of Environmental Quality standards" before placing the treated medical waste out for collection as a general solid waste. The generator shall ensure that the treated medical waste meets the standards of R18-13-1415.
 3. Upon request of the solid waste collection agency or municipal solid waste landfill, provide a certification that the treated medical waste meets the standards of R18-13-1415.
 4. Make treatment records available for Departmental inspection upon request.
- G.** A generator of medical sharps shall handle medical sharps as prescribed in R18-13-1419.
- H.** A generator of chemotherapy waste, cultures and stocks, or animal waste shall handle that waste as prescribed in R18-13-1420.

R18-13-1406. Biohazardous Medical Waste Transported Off Site for Treatment

- A.** A generator of biohazardous medical waste shall package the waste as prescribed in R18-13-1407 before self-hauling or before setting the waste out for collection by a transporter.
- B.** A generator shall obtain a copy of the tracking document signed by the transporter signifying acceptance of the biohazardous medical waste. A generator shall keep a copy of the tracking document for one year from the date of acceptance by the transporter. The tracking document shall contain all of the following information:
1. Name and address of the generator, transporter, and medical waste treatment, storage, transfer, or disposal facility, as applicable.
 2. Quantity of biohazardous medical waste collected by weight, volume, or number of containers.
 3. Identification number attached to bags or containers.
 4. Date the biohazardous medical waste is collected.
- C.** A generator of chemotherapy waste, cultures and stocks, or animal waste shall handle the waste as prescribed in R18-131420.
- D.** A generator of medical sharps shall handle the waste as prescribed in R18-13-1419.

R18-13-1407. Packaging

- A.** A generator who sets biohazardous medical waste out for collection for off-site treatment or disposal shall package the biohazardous medical waste in either of the following:
1. A red disposable plastic bag that is:
 - a. Leak resistant,
 - b. Impervious to moisture,
 - c. Of sufficient strength to prevent tearing or bursting under normal conditions of use and handling,
 - d. Sealed to prevent leakage during transport,
 - e. Puncture resistant for sharps, and
 - f. Placed in a secondary container. This container shall be constructed of materials that will prevent breakage of the bag in storage and handling during collection and transportation and bear the universal biohazard symbol. The secondary container may be either disposable or reusable.
 2. A reusable container that bears the universal biohazard symbol and that is:
 - a. Leak-proof on all sides and bottom, closed with a fitted lid, and constructed of smooth, easily cleanable materials that are impervious to liquids and resistant to corrosion by disinfection agents and hot water, and
 - b. Used for the storage or transport of biohazardous medical waste and cleaned after each use unless the inner surfaces of the container have been protected by disposable liners, bags, or other devices removed with the

waste. "Cleaning" means agitation to remove visible particles combined with one of the following:

- i. Exposure to hot water at a temperature of at least 180 degrees Fahrenheit for a minimum of 15 seconds.
- ii. Exposure to an EPA-approved chemical disinfectant used under established protocols and regulations.
- iii. Any other method that the Department determines is acceptable, if the determination of acceptability is made in advance of the cleaning.

- B.** A generator shall handle any container used for the storage or transport of biohazardous medical waste that is not capable of being cleaned as described in subsection (A)(2)(b), or that is disposable packaging, as biohazardous medical waste.
- C.** A generator shall not use reusable containers described in subsection (A)(2) for any purpose other than the storage of biohazardous medical waste.
- D.** A generator shall not reuse disposable packaging and liners and shall manage such items as biohazardous medical waste.

R18-13-1408. Storage

- A.** A generator may place a container of biohazardous medical waste alongside a container of solid waste if the biohazardous medical waste is identified and not

allowed to co-mingle with the solid waste. The storage area shall not be used to store substances for human consumption or for medical supplies.

B. Once biohazardous medical waste has been packaged for shipment off site, a generator shall provide a storage area for biohazardous medical waste until the waste is collected and shall comply with both of the following requirements:

1. Secure the storage area in a manner that restricts access to, or contact with the biohazardous medical waste to authorized persons.
2. Display the universal biohazard symbol and post warning signs worded as follows for medical waste storage areas: (in English) “CAUTION -- BIOHAZARDOUS MEDICAL WASTE STORAGE AREA -- UNAUTHORIZED PERSONS KEEP OUT” and (in Spanish) “PRECAUCION -- ZONA DE ALMACENAMIENTO DE DESPERDICIOS BIOLOGICOS PELIGROSOS - PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS.”

C. Beginning at the time the waste is set out for collection, a generator who stores biohazardous medical waste shall comply with all of the following requirements:

1. Keep putrescible biohazardous medical waste unrefrigerated if it does not create a nuisance. However, refrigerate at

40° F. or less putrescible biohazardous medical waste kept more than seven days.

2. Store biohazardous medical waste for 90 days or less unless the generator has obtained facility plan approval under A.R.S. § 49-762.04 and is in compliance with the design and operational requirements prescribed in R1813-1412.
3. Keep the storage area free of visible contamination.
4. Protect biohazardous medical waste from contact with water, precipitation, wind, or animals. A generator shall ensure that the waste does not provide a breeding place or a food source for insects or rodents.
5. Handle spills by re-packaging the biohazardous medical waste, re-labeling the containers and cleaning any soiled surface as prescribed in R18-13-1407(A)(2)(b).
6. Notwithstanding subsection (C)(1), if odors become a problem, a generator shall minimize objectionable odors and the off-site migration of odors. If the Department determines that a generator has not acted or adequately addressed the problem, the Department shall require the waste to be removed or refrigerated at 40° F or less.

R18-13-1411. Storage and Transfer Facilities; Design and Operation

An operator of a storage facility or transfer facility shall comply with all of the following design and operation requirements:

1. Design the facility so that biohazardous medical waste is always handled and stored separately from other types of solid waste if accepted at the facility.
2. Display prominently the universal biohazard symbol as prescribed in R18-13-1401.
3. Construct the storage area from smooth, easily cleanable non-porous material that is impervious to liquids and resistant to corrosion by disinfecting agents and hot water.
4. Protect biohazardous medical waste from contact with water, precipitation, wind, or animals.
5. Specify in the application for facility plan approval the maximum storage time that biohazardous medical waste will remain at the facility. If the biohazardous medical waste will be stored for more than 24 hours, the operator shall equip the facility with a refrigerator to refrigerate the biohazardous medical waste. The operator of the facility shall maintain the temperature in the refrigerator at 40° F. or less.
6. Accept biohazardous medical waste only if it is accompanied by the tracking form. The operator shall sign the tracking form and keep a copy of the acceptance documentation for one year;

7. Accept biohazardous medical waste if it is packaged as described in R18-13-1407. If a biohazardous medical waste container is damaged or leaking, improperly labeled, or otherwise unacceptable, a transfer facility operator shall do one of the following:
 - a. Reject the waste and return it to the transporter.
 - b. Accept the waste and immediately repackage it as prescribed in R18-13-1407(A).
8. Clean the storage area daily as prescribed in R18-131407(A)(2).

R18-13-1416. Recycled Materials

- A. Once a generator places biohazardous medical waste in a red bag as required in R18-13-1407, a person shall not remove any of the biohazardous medical waste from the bag until the biohazardous medical waste has been treated as required in R1813-1415.
- B. A generator of biohazardous medical waste intending to recycle any portion of the biohazardous medical waste shall segregate that portion of biohazardous medical waste from the portion of biohazardous medical waste that will not be recycled. The generator shall do either of the following:
 1. Treat the biohazardous medical waste intended for recycling as required in R18-13-1415 before sending the treated

2. Follow the requirements in R18-13-1406, R18-13-1407, and R18-13-1408, before either contracting with a transporter to haul or self-hauling the biohazardous medical waste to a treatment facility for treatment. After treatment, the treated medical waste may be sent to a recycler.

R18-13-1417. Disposal Facilities: Operation

An operator of a municipal solid waste landfill that accepts untreated biohazardous medical waste shall comply with all the following in design and operational requirements:

1. Accept biohazardous medical waste only if packaged according to R18-13-1407.
2. Keep the biohazardous medical waste disposal area separate from the general purpose disposal area.
3. Clearly label the biohazardous medical waste disposal area, informing persons that the disposal area contains untreated medical waste.
4. Not drive directly over deposited medical waste. The operator shall achieve compaction by first spreading a layer of soil that is sufficiently thick to prevent compaction equipment from coming into direct contact with the waste, or dragging waste over the area.
5. Cover the biohazardous medical waste with 6 inches of compacted soil at the end of the working day or more often as

necessary to prevent vector breeding and odors.

6. Not allow salvaging of untreated biohazardous medical waste from the landfill.

R18-13-1418. Discarded Drugs

- A. A generator of discarded drugs not returned to the manufacturer shall destroy the drugs on site prior to placing the waste out for collection. A generator shall destroy the discarded drugs by any method that prevents the drug's use. If federal or state law prescribes a specific method for destruction of discarded drugs, the generator shall comply with that law.
- B. A generator of discarded drugs may flush them down a sanitary sewer if allowed by the wastewater treatment authority.

R18-13-1419. Medical Sharps

Medical sharps shall be handled as follows:

1. A generator who treats biohazardous medical waste on site shall place medical sharps in a sharps container after rendering them incapable of creating a stick hazard by using an encapsulation agent or any other process that prevents a stick hazard. Medical sharps encapsulated or processed in this manner are considered to be solid waste.
2. A generator who ships biohazardous medical waste off site for treatment shall either:

- a. Place medical sharps in a medical sharps container and follow the requirements of R18-13-1406, or
- b. Package and send medical sharps to a treatment facility via a mail-back system as prescribed by the instructions provided by the mail-back system operator. An Arizona treatment facility shall render medical sharps incapable of creating a stick hazard by using an encapsulation agent or any other process that prevents a stick hazard.
- 3. A person operating a treatment facility who accepts medical sharps for treatment shall either:
 - a. Encapsulate medical sharps to prevent stick hazard, or
 - b. Use any other process that prevents a stick hazard.

R18-13-1420. Additional Handling Requirements for Certain Wastes

- A. A person who treats the following biohazardous medical waste categories

- shall meet the following additional requirements:
- 1. Cultures and stocks shall be incinerated, autoclaved, or treated by an alternative medical waste treatment method that meets the treatment standards set forth in R18-131415(A) and packaged inside a watertight primary container with absorbent packing materials if shipped off site for treatment or disposal. The primary container shall be placed inside a secondary inner container that is then placed inside an outer container. If federal or state law prescribes specific requirements for packaging and transporting this waste, the treater shall comply with that law.
 - 2. Chemotherapy waste shall be incinerated or disposed of in either an approved solid waste or hazardous waste disposal facility.
 - 3. Experimental or research animal waste shall be handled as follows:
 - a. Autoclave bedding on site or package as described in

- R18-13-1407 for off-site treatment or landfilling.
- b. Incinerate animal carcasses on site, or if taken off site for treatment, comply with one of the following requirements:
 - i. Package the waste in a leakproof, covered container, label the contents and send to an incinerator or a Department-approved landfill, or
 - ii. If treated by a method other than incineration, pre-process by grinding, then treat by a method that achieves the standards of R18-13-1415(A).
 - B. If a treater uses grinding in combination with another treatment method described in this Article, the treater shall conduct it in a closed system to prevent humans from being exposed to the release of the waste into the environment. If grinding is used for medical sharps, the grinding shall render the medical sharps incapable of creating a stick hazard.

Hazard Communication Plan

Please contact ADOSH and/or refer to Federal OSHA guidelines for additional information.

Bloodborne Pathogens

Please contact ADOSH and/or refer to Federal OSHA guidelines for additional information.

Post Exposure Process

R20-5-164. Human Immunodeficiency Virus,

Hepatitis C, Methicillin-resistant *Staphylococcus*

***Aureus*, Spinal Meningitis and Tuberculosis;**

**Significant Exposure;
Employee Notification;
Reporting; Documentation;
Forms**

A. An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled “Work Exposure to Bodily Fluids” and “Work Exposure to methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)” in a conspicuous place immediately next to the “Notice to Employees” notice required under A.R.S. § 23-906(D).

B. Properly posted “Work Exposure to Bodily Fluids” and “Work Exposure to Methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)” notices constitute sufficient notice to employees of the requirements of a prima facie case under A.R.S. §§ 1043.02(B), 231043.03(B), and 23-1043.04(B).

C. An employer’s insurance carrier, claims processor, or workers’ compensation pool shall provide the notices specified in subsection (A) to the employer. These notices are also available from the Commission upon request.

D. An employer shall make readily available to its employees the Commission form

described in R20-5-106 titled “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material.” An employer’s insurance carrier, claims processor, or workers’ compensation pool shall provide the “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” to the employer. This form is also available from the Commission upon request.

E. If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” form. The employee or employee’s authorized representative shall give to the employer the completed, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee’s authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.

F. If an employee submits a written report of a significant exposure to an employer, but does not use the Commission form titled “Report of Significant Work Exposure to Bodily Fluids or Other Infectious

Material,” the employer shall provide the employee the Commission form within five calendar days after receiving the employee’s initial written report.

G. The date of the receipt by the employer or its authorized representative of the employee’s initial report is the date used to compute the time period prescribed in A.R.S. §§ 231043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:

1. The initial report contains the information required in the “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” form, or
2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee’s receipt of the Commission form.

H. Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 231043.04(B).

I. In investigating the circumstances and facts surrounding an employee’s report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 231043.04(C), the

employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant *Staphylococcus aureus*, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:

1. Direct an agent to investigate the employee's report of significant exposure, and
2. Communicate with the investigating agent about the conduct and results of the investigation.

J. As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 231043.02.

23-1043.02. Human immunodeficiency virus; establishing exposure; definition

A. A claim for a condition, infection, disease or disability involving or related to the human immunodeficiency virus or acquired immune deficiency syndrome shall

include the occurrence of a significant exposure as defined in this section and, except as provided in subsection B of this section, shall be processed and determined under the provisions of this chapter and applicable principles of law.

B. Notwithstanding any other law, an employee who satisfies the following conditions presents a prima facie claim for a condition, infection, disease or disability involving or related to the human immunodeficiency virus or acquired immune deficiency syndrome if the medical evidence shows to a reasonable degree of medical probability that the employee sustained a significant exposure within the meaning of this section:

1. The employee's regular course of employment involves handling or exposure to blood or body fluids, other than tears, saliva or perspiration, including health care providers as defined in title 36, chapter 6, article 4, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.
2. Within ten calendar days after a possible significant exposure which arises out of and in the course of his employment, the employee reports in writing to the employer the details of the exposure. The employer shall notify its insurance carrier or claims processor of the report. Failure of the employer to notify the insurance carrier is not a defense to a claim by the employee.

3. The employee has blood drawn within ten days after the possible significant exposure, the blood is tested for the human immunodeficiency virus by antibody testing within thirty days after the exposure and the test results are negative.

4. The employee is tested or diagnosed, according to clinical standards established by the centers for disease control of the United States public health service, as positive for the presence of the human immunodeficiency virus within eighteen months after the date of the possible significant exposure.

C. On presentation or showing of a prima facie claim under this section, the employer may produce specific, relevant and probative evidence to dispute the underlying facts, to contest whether the exposure was significant as defined in this section, or to establish an alternative significant exposure involving the presence of the human immunodeficiency virus.

D. A person alleged to be a source of a significant exposure shall not be compelled by subpoena or other court order to release confidential human immunodeficiency virus related information either by document or by oral testimony. Evidence of the alleged source's human immunodeficiency virus status may be introduced by either party if the alleged source knowingly and willingly consents to the release of that information.

E. Notwithstanding title 36, chapter 6, article 4, medical information regarding the employee obtained by a physician or surgeon is subject to the provisions of section 23-908, subsection D.

F. The commission by rule shall prescribe requirements and forms regarding employee notification of the requirements of this section and the proper documentation of a significant exposure.

G. For the purposes of this section, "significant exposure" means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood or body fluids, other than tears, saliva or perspiration, of a magnitude that the centers for disease control have epidemiologically demonstrated can result in transmission of the human immunodeficiency virus. For purposes of filing a claim under this section, significant exposure does not include sexual activity or illegal drug use.

23-1043.03. Hepatitis C; establishing exposure; definition

A. A claim for a condition, infection, disease or disability involving or related to hepatitis C shall include the occurrence of a significant exposure as defined in this section and, except as provided in subsection B of this section, shall be processed and determined under this chapter and applicable principles of law.

B. Notwithstanding any other law, an employee who satisfies the following conditions

presents a prima facie claim for a condition, infection, disease or disability involving or related to hepatitis C if the medical evidence shows to a reasonable degree of medical probability that the employee sustained a significant exposure within the meaning of this section:

1. The employee's regular course of employment involves handling of or exposure to blood or body fluids, other than tears, saliva or perspiration, including health care providers as defined in section 36-661, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.

2. Within ten calendar days after a possible significant exposure that arises out of and in the course of his employment, the employee reports in writing to the employer the details of the exposure. The employer shall notify its insurance carrier or claims processor of the report. Failure of the employer to notify the insurance carrier is not a defense to a claim by the employee.

3. The employee has blood drawn within ten days after the possible significant exposure, the blood is tested for hepatitis C by antibody testing within thirty days after the exposure and the test results are negative.

4. The employee is tested or diagnosed, according to clinical standards established by the centers for disease control of the United States public health service, as positive for the presence of

hepatitis C within seven months after the date of the possible significant exposure.

C. On presentation or showing of a prima facie claim under this section, the employer may produce specific, relevant and probative evidence to dispute the underlying facts, to contest whether the exposure was significant as defined in this section, or to establish an alternative significant exposure involving the presence of hepatitis C.

D. A person alleged to be a source of a significant exposure shall not be compelled by subpoena or other court order to release confidential hepatitis C related information either by document or by oral testimony. Evidence of the alleged source's hepatitis C status may be introduced by either party if the alleged source knowingly and willingly consents to the release of that information.

E. Notwithstanding title 36, chapter 6, article 4, medical information regarding the employee obtained by a physician or surgeon is subject to section 23-908, subsection D.

F. The commission by rule shall prescribe requirements and forms regarding employee notification of the requirements of this section and the proper documentation of a significant exposure.

G. For the purposes of this section, "significant exposure" means contact of an employee's ruptured or broken skin or mucous membrane or other significant unbroken surface area with a person's

blood or body fluids, other than tears, saliva or perspiration, of a magnitude that the centers for disease control have epidemiologically demonstrated can result in transmission of hepatitis C. For purposes of filing a claim under this section, significant exposure does not include sexual activity or illegal drug use.

23-1043.04. Methicillin-resistant staphylococcus aureus; spinal meningitis; tuberculosis; establishing exposure; definitions

A. A claim for a condition, infection, disease or disability involving or related to methicillin-resistant staphylococcus aureus, spinal meningitis or tuberculosis shall include the occurrence of a significant exposure as defined in this section and, except as provided in subsection B of this section, shall be processed and determined under this chapter and applicable principles of law.

B. Notwithstanding any other law, an employee who satisfies the following criteria presents a prima facie claim for a condition, infection, disease or disability involving or related to methicillin-resistant staphylococcus aureus, spinal meningitis or tuberculosis if the medical evidence shows to a reasonable degree of medical probability that the employee sustained a significant exposure within the meaning of this section:

1. The employee's regular course of employment involves handling of or exposure to methicillin-resistant staphylococcus

aureus, spinal meningitis or tuberculosis.

2. Within thirty calendar days after a possible significant exposure that arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure. The employer shall notify its insurance carrier or claims processor of the report. Failure of the employer to notify the insurance carrier is not a defense to a claim by the employee.

3. For a claim involving methicillin-resistant staphylococcus aureus, the employee must be diagnosed with methicillin-resistant staphylococcus aureus within fifteen days after the employee reports pursuant to paragraph 2 of this subsection.

4. For a claim involving spinal meningitis, the employee is diagnosed with spinal meningitis within two to eighteen days of the possible significant exposure.

5. For a claim involving tuberculosis, the employee is diagnosed with tuberculosis within twelve weeks of the possible significant exposure.

C. On presentation or showing of a prima facie claim under this section, the employer may produce specific, relevant and probative evidence to dispute the underlying facts, to contest whether the exposure was significant as defined in this section or to establish an alternative significant exposure involving the presence of methicillin-resistant staphylococcus aureus, spinal meningitis or tuberculosis.

D. A person alleged to be a source of a significant exposure shall not be compelled by subpoena or other court order to release confidential information relating to methicillin-resistant staphylococcus aureus, spinal meningitis or tuberculosis either by document or by oral testimony. Evidence of the alleged source's methicillin-resistant staphylococcus aureus, spinal meningitis or tuberculosis status may be introduced by either party if the alleged source knowingly and willingly consents to the release of that information.

E. Notwithstanding title 36, chapter 6, article 4, medical information regarding the employee obtained by a physician or surgeon is subject to section 23-908, subsection D.

F. The commission by rule shall prescribe requirements and forms regarding employee notification of the requirements of this section and the proper documentation of a significant exposure.

G. Notwithstanding any other law, expenses for postexposure evaluation and follow-up, including reasonably required prophylactic treatment, for spinal meningitis or tuberculosis, shall be a medical benefit under section 23-1061 or 23-1062 for any significant exposure that arises out of and in the course of employment if the employee files a claim under this article for the significant exposure or the employee reports in writing to the employer the details of the exposure. Providing postexposure evaluation and

follow-up, including prophylactic treatment, does not constitute acceptance of a claim for a condition, infection, disease or disability involving or related to the significant exposure.

H. For the purposes of this section:

1. "Employee" means firefighters, law enforcement officers, corrections officers, probation officers, emergency medical technicians and paramedics who are not employed by a health care institution as defined in section 36-401.

2. "Significant exposure" means exposure in the course of employment to aerosolized bacteria for claims under this section relating to methicillin-resistant staphylococcus aureus, spinal meningitis or

tuberculosis. Significant exposure includes exposure in the course of employment to bodily fluids or skin for claims under this section relating to methicillin-resistant staphylococcus aureus.

36-663. HIV-related testing; restrictions; exceptions

3. If testing is requested by a health care provider or first responder who has had an occupational significant exposure risk to the patient's blood or bodily fluid. HIV-related testing under this paragraph may be performed under a general consent to receive treatment, except in an emergency when consent may be implied. Such testing may be performed under this paragraph only on receipt of a written request from a health

care provider or first responder who documents the occurrence and information regarding the nature of the occupational significant exposure risk and the report is reviewed and confirmed by a health care provider who is both licensed pursuant to title 32, chapter 13, 15 or 17 and competent to determine a significant exposure risk. A patient may not be forced to provide a blood sample for the purposes of this paragraph. When an HIV-related test is ordered, a health care provider shall provide the patient with the test results and information that explains HIV infection and the meaning of a positive or negative test result and that indicates that the patient may ask questions.

Infection Control

Dental CE requirements:

R4-11-1203. Dentists and Dental Consultants

Dentists and dental consultants shall complete 72 hours of recognized continuing dental education in each renewal period as follows:

At least three credit hours in infectious diseases or infectious disease control

R4-11-1204. Dental Hygienists

A. A dental hygienist shall complete 54 credit hours of recognized continuing dental education in each renewal period as follows:

At least three credit hours in infectious diseases or infectious disease control

R4-11-1205. Denturists (one who makes dentures)

Denturists shall complete 36 credit hours of recognized continuing dental education in each renewal period as follows:

At least three credit hours in infectious diseases or infectious disease control

Required Posters

Arizona law requires employers to post a number of notices, or "posters," and each notice must be posted in a conspicuous place where employees will see it. Required posters under the jurisdiction of the ICA are described below:

*Arizona Minimum Wage
Notice to Employees (Workers' Compensation)*

Employers must post the following two forms immediately next to the Notice to Employees shown immediately above:

*Work Exposure To Bodily Fluids (HIV, AIDS, Hepatitis "C")
Work Exposure to MRSA, Spinal Meningitis, or Tuberculosis (TB)*

The "Employee Safety and Health Protection" poster must be printed on 8½ x 14 inch paper.

Employee Safety and Health Protection Poster (Bilingual)

There are other notices or posters published by the Industrial Commission of Arizona that an employer may want to post but that are not required under Arizona law.

References

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