



SECTION 3

CHAPTER 5

PROTECTING AGAINST BLOODBORNE PATHOGENS

Purpose

The Bloodborne Pathogens OSHA Standard (29 CFR 1910.1030) was established to eliminate or minimize infections from bloodborne pathogens in the workplace, including the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV).

The Company has developed this Bloodborne Pathogen Exposure Control Program to comply with OSHA standards.

Scope

The policy applies to all company employees who:

- render first aid; and
- have been otherwise exposed to other potentially infectious materials

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General Policy

Purpose

This document lists:

- the responsibilities of the:
 - Safety Department
 - management
 - employees
- contacts for questions
- OSHA references for additional information

Safety Department's responsibility

The Safety Department will:

- maintain a written plan for this program in the facilities' safety records
- review the plan annually or as needed
- update and change the plan as needed

Management's responsibility

Company Management will:

- implement this program
- ensure that employees follow the procedures outlined in the plan
- ensure that a copy the Exposure Control Plan is accessible to employees upon request

Employee's responsibility

Employees are required to:

- attend training on this policy
- learn the necessary measures to protect themselves against potentially infectious materials while administering first aid
- report all potential exposure incidents immediately to their supervisor

Questions

Direct questions regarding the performance of first aid or CPR to:

- immediate supervisors
- location managers
- the Safety Department

Any questions regarding the Bloodborne Pathogens program should be forwarded to the Director of Safety.



References

This policy is based on:

- Occupational Safety and Health Administration, Department of Labor, 29 CFR Part 1910.1030
 - Occupational Safety and Health Administration - Instruction CPL 2-2.44B.
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Identifying Pathogens and Exposure Situations

Purpose

This document defines:

- bloodborne pathogens
- other potentially infectious materials
- exposure incidents

Bloodborne pathogens

A bloodborne pathogen is any organism that is:

- present in human blood
- able to cause disease in persons exposed to pathogen-containing blood

Examples of bloodborne pathogens include:

- HBV
- HIV
- hepatitis C
- malaria
- syphilis
- babesiosis
- brucellosis
- leptospirosis
- arboviral infections
- relapsing fever
- Crueutzfeld-Jakob disease
- human T-lymphotropic virus type 1
- viral hemorrhagic fever



Other potentially infectious materials (OPIM)

There are three classes of other potentially infectious materials (OPIM) to watch for in exposure situations, including:

- all human body fluids
 - semen
 - vaginal secretions
 - cerebrospinal fluid
 - synovial fluid
 - pleural fluid
 - pericardial fluid
 - peritoneal fluid
 - amniotic fluid
 - saliva
 - any body fluid that is visibly contaminated with blood
 - all body fluids in situations where it is difficult or impossible to differentiate between body fluids

Other potentially infectious materials (OPIM)
continued

Employees should not handle:

- any unattached tissue or organ from a human (living or dead)
- HIV-containing cell or tissue cultures
- blood, organs, or other tissues infected with HIV or HBV

The safety department recommends that any tissue or body fluid or product be treated as a pathogen until proven otherwise.

Exposure incident

Exposure incidents are events that occur during the performance of the employee's regular job duties **and** in which blood and other potentially infectious materials come in contact with the treating employee's:

- eyes
- mouth
- nose
- other mucous membrane
- broken skin

Exposure incidents also include incidents during which the treating employee's skin or mucous membranes are broken by:

- needle sticks
- human bites
- cuts
- abrasions



Classifying Affected Employees

Purpose Jobs are classified according to their occupational exposure risk without regard for any personal protective equipment the employee may use while performing his/her duties.

This document outlines:

- occupational exposure
- personnel categories
- the employees covered by OSHA standards
- the policy for requiring employees to administer first aid and CPR
- the policy for administering first aid voluntarily
- the policy for the Good Samaritan act

Occupational exposure An employee's occupational exposure risk is the extent to which he or she may be reasonably expected to be involved in an exposure incident while performing his or her regular duties. When evaluating occupational exposure, consider the:

- probability of exposure
- potential routes of exposure

Personnel categories The following table describes the classifications of job duties according to occupational exposure. These categories are based on the OSHA standard.

Category	Affected Employees	Job Title(s)
1	Employees whose job duties routinely involve exposure to blood or body fluids.	<ul style="list-style-type: none"> • Contract physicians • Contract nurses
2	Employees whose job duties normally do not involve exposure to blood or body fluids, BUT: <ul style="list-style-type: none"> • who may be required to perform unplanned tasks consistent with Category 1 employees, AND • who are available during normal work shifts. 	First-aid trained employees required to render first aid at a specific job site or location.
3	Employees <ul style="list-style-type: none"> • whose job duties do not involve exposure to blood or bodily fluids • who are trained in first aid procedures, BUT are not required to render first aid 	<ul style="list-style-type: none"> • Administrative staff • Shop technicians • Engineers • Supervisors • Managers



	at a specific job site or location.	
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Employees affected by OSHA

Category 1 and 2 employees fall under the OSHA standard.

Requiring employees to render first aid and/or CPR

IF:

- the employee's designated job duty includes the performance of first aid **OR**
- the employee is participating in a special emergency medical response organization **OR**
- the employee voluntarily takes on first aid responsibilities as part of his/her job description,

THEN the company can require that employee to render first aid or CPR

Note: Under no circumstances will any employee be forced to perform first aid or CPR against their personal judgement, **BUT** they must ensure that the appropriate persons are notified to render help.

Administering first aid voluntarily

Category 3 employees must be informed that they are **not** required to render first aid as part of their job duties.

Any first aid rendered by Category 3 employees is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents.

Good Samaritan act

“Good Samaritan” act performed by Category 3 employees are **not** considered occupational exposures by OSHA. These acts include:

- assisting a co-worker with a nosebleed
- controlling bleeding as a result of a fall

Exposure incidents can occur during a "Good Samaritan" act. **IF** employees are exposed as a result of a “Good Samaritan” act, **THEN** they must report it to their supervisor immediately.



Providing Employee Training

Purpose	<p>This section describes:</p> <ul style="list-style-type: none">• the objectives of training• the company's responsibilities for scheduling training• the yard manager's responsibilities for providing training• the timeline for training• the topics covered in general training• additional topics covered in designated first aid provider training• universal precaution• required record-keeping
Objective	<p>Understanding the seriousness of injuries and illnesses and the associated first aid procedures will:</p> <ul style="list-style-type: none">• instill a positive attitude toward working safely• provide employees with valuable information and skills on the job• enhance the overall safety program <p>The company wants all employees to have the skills necessary to handle emergency situations whenever these situations occur and the employee chooses to respond to them.</p>
Company responsibilities	<p>The company will schedule employees for training in first aid and CPR as part of the company's ongoing safety program.</p>
Yard Manager's / Supervisors responsibility	<p>The yard manager/supervisors are required to provide and schedule training to employees in their department who have been designated as First Aid Responders.</p>
When training is provided	<p>Training will be provided to affected employees (see "Classifying Affected Employees") at the following times:</p> <ul style="list-style-type: none">• initial assignment (awareness training)• every year thereafter



Subjects covered in training

The training program for the Bloodborne Pathogen Exposure Control

Program includes:

- material covered
- sign in sheets
- test of knowledge

The training covers the:

- epidemiology and symptoms of bloodborne infectious diseases
- transmission routes of bloodborne diseases
- HBV vaccine
- exposure control plan
- recognition of exposure situations
- selection and use of the personal protective equipment
- procedures to be followed in the event of an exposure
- emergency procedures and contacts
- post-exposure evaluation and follow-up program
- explanation of signs, labels, and color-coding

Instructors will remind employees in all modules to:

- use the prevention strategy, “Universal Standard Precaution”, in which all blood and body fluids are treated as if they are, in fact, infectious
- wear gloves when handling or in contact with body fluids
- use body fluid barriers when performing first aid and/or CPR
- wash thoroughly afterward

Designated first aid provider training

Training for all designated first aid providers will cover the following subjects:

- company employees’ role in rendering first aid
- the procedure for reporting any first aid/CPR contact incident where an employee could be deemed at risk



Training records

Training records must include:

- date of the training session
- description or summary of the session
- tests of knowledge
- names of the instructors
- names and job titles of all attendees

Maintain training records for a minimum of five years. Enter the records into the training matrix to ensure proper documentation.

Training

Training will be provided to employees who may be potentially exposed to bodily fluids (in which bloodborne pathogens may be present) while performing his/her job task and/or rendering first aid procedures.

- Training will be provided during new hire orientation
- Annually thereafter

Required First Aid Supplies

Purpose

This document outlines the first aid materials required in:

- first aid kits
- first aid rooms
- employee-provided kits

First aid kit contents

First aid kits or cabinets in offices, shops, rig trailers and vehicles must contain:

- latex gloves
 - kits in offices and shops must have 2 pairs of at least 2 different sizes
 - kits in vehicles, rig trailers must have 2 pairs of at least 2 different sizes
- pocket mask (CPR protective mouth cover)
- blood spill clean up kits
- plastic bags
- antiseptic soap, wipes, and wash

Note: Combinations of clean-up kits and wall posters may be used.

Hand washing facilities

The company will provide hand-washing facilities for employees to use following exposure situations.

IF these facilities are not available or feasible, **THEN** the company will provide alternative methods, such as:

- antiseptic hand cleaners, in conjunction with clean cloths or paper towels
- antiseptic towelettes

IF an employee uses one of these alternate methods of cleaning, **THEN** they must wash their hands or other affected areas with anti-bacterial soap and running water as soon as possible.

Engineering controls

Controls that isolate or remove the bloodborne pathogen, including:

- sharps disposal containers
- self-sheathing needles



**Employee-
provided
supplies**

IF employees bring kits for insulin or other required injections to work,
THEN they must provide rigid containers for proper needle disposal.
Employees must register them with the yard manager and supply a doctor's
note.



Preventing Exposure

Purpose This document summarizes the safety precautions for preventing exposure. However, when the possibility of occupational exposure is present, the employer shall provide, at no cost to employee, appropriate personal protective equipment such as gloves, gowns, etc. The employer shall repair and/or replace PPE needed to maintain its effectiveness.

Precautions The following table outlines the required safety practices for minimizing or preventing exposure to bloodborne pathogens in the workplace.

Employees will minimize potential exposure by...	See Topic
assuming that all blood or body fluids are contaminated with pathogens when responding to exposure situations	"Responding to Exposure Situations"
washing hands after a potential exposure situation	"Responding to Exposure Situations"
using the appropriate personal protective equipment	"Using Personal Protective Equipment in Exposure Situations"
cleaning, disinfecting, sterilizing non-disposable equipment	"Cleaning, Disinfecting, and Sterilizing after Treatment"
disposing of regulated medical waste appropriately	"Handling Regulated Medical Waste"



Providing Hepatitis B Vaccinations

Purpose This document describes the policy and procedures for administering the Hepatitis B vaccine.

HBV transmission A person may be infected with a pathogen, such as the Hepatitis B or HIV virus, without knowing it.

According to the latest information available on the Hepatitis B virus, the virus can only be contracted if:

- the treating person has an opening in his/her skin **OR**
 - is exposed through the eye(s)
-

Providing the vaccine after an exposure incident Administer the Hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance to an injured employee:

- within **24** hours of an exposure incident **OR**
- upon the request of the first aid provider regardless of:
 - whether or not a specific exposure incident has occurred
 - the classification of the first aid provider

Baseline blood tests may be administered to the injured employee with his/her consent to determine whether the Hepatitis B virus is present. All test results will be kept confidential between the doctor and the employee.

An investigation and written report of the incident will be kept on file.



Responding to Exposure Situations

Purpose	<p>This document outlines the safety policies for responding to exposure situations, including:</p> <ul style="list-style-type: none">• authorized personnel• safety precautions• minimizing contamination• using needles• reporting exposure incidents
Authorized personnel	<p>When an injury occurs, only employees trained in first aid and/or CPR may attempt to administer first aid.</p>
Safety precautions	<p>For your own protection, when providing first aid treatment in a situation where blood or other body fluids are present, always assume that all blood and bodily fluids are contaminated with pathogens.</p> <p>When providing first aid or treatment in situations where blood or other body fluids are or may be present, always:</p> <ul style="list-style-type: none">• use the appropriate personal protective equipment (See Using Personal Protective Equipment in Exposure Situations)• wash hands and other body parts thoroughly with antiseptic soap• minimize the contamination
Minimizing the contamination	<p>When treating an injury, take steps to minimize the blood contamination of the area or equipment.</p> <p>IF contamination does occur, THEN:</p> <ul style="list-style-type: none">• barricade the area to keep others away from the contamination• clean up the area as soon as the injured employee has been treated• dispose of contaminated items as instructed below
Using needles	<p>All hypodermic needles and syringes used shall be disposed of in a puncture proof container. All waste shall be marked “Medical Waste / Biohazard” and disposed of as regulated medical waste.</p>



Reporting first aid incidents

Employees must report **all** incidents involving the presence of blood or OPIM to their supervisor **immediately** regardless of whether an exposure occurred.

The report must include the:

- names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used
- description of the incident, including time and date
- determination of whether or not an “exposure incident” occurred
- route(s) of exposure and the circumstances under which the exposure occurred
- identification and documentation of the source individual, unless this is not feasible **or** is prohibited by state/local law

Note: This information is required to ensure that the proper post-exposure evaluation, prophylaxis, and follow-up procedure required by Section (f)(3) of the standard are made available immediately.

The written report will **not** include findings and diagnosis unrelated to the exposure. These findings will remain confidential between the healthcare professional and the patient.

File the report in the employee’s medical records.



Using Personal Protective Equipment in Exposure Situations

Purpose This document outlines the personal protective equipment required in different medical situations, including:

- gloves
- gowns
- masks
- eyewear
- mouth shields

Activities requiring PPE The following table describes the recommended guidelines for wearing personal protective equipment (PPE):

Task/ Activity	Gloves	Gown	Mask	Eyewear	Mouth shield
Mouth-to-mouth breathing/CPR	Yes	No	No	No	Yes
Spurting blood	Yes	Yes	Yes	Yes	No
Minimal bleeding	Yes	No	No	No	No
Blood drawing	Yes	No	No	No	No
Intubation	Yes	No	Yes*	Yes	No
Handling/cleaning contaminated equipment	Yes	Yes	No	No	No
Taking blood pressure	No	No	No	No	No
Taking temperature	No	No	No	No	No
Giving injections	No	No	No	No	No

Using gloves Always wear:

- latex or vinyl gloves in potential exposure situations
- a new pair of gloves before handling another person

Gloves must be worn before first aid or medical treatment begins and until treatment is finished.



Using gowns

Gowns include:

- aprons
- surgeons' gowns
- lab coats

Gowns must be made of materials that do not allow fluids to penetrate and soak clothing, such as Tyvek or plastic.

Using masks

Masks must have a NIOSH approval for dust and mists. Acceptable masks include the 3M #8710 and the U.S. Safety Service, Inc. #AD-10B.

Note: These respirators are **not** approved by the company for other types of occupational exposures, such as asbestos.

See the chapter entitled Respiratory Protection for more information.

Using protective eye wear

Employees will use protective eyewear and/or facemasks that have been approved by the ANSI.

Using mouth shields

Employees will use a mouth shield to provide a barrier between the user and victim. The mouth shields will conform to ANSI standards.



Cleaning, Disinfecting, and Sterilizing after Treatment

Purpose

Decontamination is an important step in preventing the transmission of infectious particles. The process uses physical or chemical means to remove, inactivate, and/or destroy bloodborne pathogens on a surface or item. After decontamination, the surface or item is once again safe for handling, use, or disposal.

This document outlines the cleaning requirements following medical treatment.

Handling contaminated laundry

Handle contaminated laundry with care. **All** employees who work with contaminated laundry must wear gloves.

Place the laundry in leak-proof, labeled, and/or color-coded bags at the worksite.

IF independent contractors provide laundry services, **THEN** the company's management must review documentation to verify that the contractor's employees have had all training mandated by the Bloodborne Pathogen Standard.



Cleaning exposed surfaces

- To clean exposed surfaces after first aid is rendered:
1. remove gross material and fluids; and
 2. wipe the surface with an appropriate disinfectant/germicide

The following table describes methods of cleaning, disinfecting, and sterilizing.

Technique	Use to clean	Effect	Methods
Sterilization	Instruments or devices that penetrate the skin or contact sterile parts of the body (e.g., scalpels or needles).	Destroys all forms of microbial life.	<ul style="list-style-type: none"> • steam under pressure (autoclave) • gas (ethylene oxide) • dry heat • immersion in an EPA-approved sterilizer (6-10 hours) or according to manufacturer’s instructions. To be used only if the heat process is not available
High-level disinfection	Reusable instruments that come into contact with mucous membranes, such as: laryngoscope blades endotracheal tubes	Destroys all forms of microbial life except high numbers of microbial spores.	<ul style="list-style-type: none"> • hot water pasteurization (176-212°F for 30 minutes) • exposure to an EPA-registered chemical sterilizer for 10-45 minutes or as directed by the manufacturer
Intermediate-level disinfection	Surfaces that come into contact with intact skin and have been visibly contaminated with blood or bodily fluids, such as: <ul style="list-style-type: none"> • stethoscopes • blood pressure cuffs • splints 	Destroys mycobacterium, tuberculosis, most viruses, vegetative bacteria, and most fungi, but not bacterial spores.	<ul style="list-style-type: none"> • use of EPA-registered “hospital disinfectant” chemical germicides that claim to be tuberculoidal on the label • hard-surface germicides as indicated above • solutions containing at least 500 PPM free available chlorine (1:1000 dilution of common household bleach; i.e. 1/4 c. bleach per gallon of water) <p>Surfaces must be cleaned of visible material before disinfection.</p>
Low-level disinfection	Used for routine housekeeping or removing dirt when there is no visible blood.	Destroys some viruses, most bacteria, and some fungi, but not mycobacterium tuberculosis or bacterial spores.	Performed with EPA-registered “hospital disinfectants” with no claim on label for tuberculoidal activity.



Disposing of Regulated Medical Waste

Purpose

This document summarizes the safety regulations for:

- regulated medical waste
- required personal protective equipment
- waste handling
- waste labeling
- waste storage
- waste disposal
- documentation of waste shipments

Regulated medical waste

Medical wastes include, but are not limited to:

- needles
- disposable equipment
- soiled dressings
- sponges
- used gloves

Regulated waste includes:

- liquid or semi-liquid blood or other potentially infectious materials
- contaminated items that could release blood or infectious materials during handling
- contaminated sharps
- pathological and microbiological wastes containing blood or OPIMs

Required personal protective equipment

When appropriate, employees disposing of wastes must wear **EITHER:**

- masks **and** eye protection devices such as goggles or glasses with solid side shields **OR**
- chin-length face shields



Handling medical waste All medical wastes, blood specimens, and other body fluids must be placed in containers that:

- exhibit the biohazard symbol
- labeled
- are constructed so that they are:
 - closeable
 - leak-proof
 - puncture-resistant
 - fluorescent orange, orange-red, or red in color

Use plastic bags to dispose of:

- blood soaked bandages
- cloths
- clothes
- used gloves

Use rigid containers to dispose of needles.

Labeling medical waste Warning labels must be affixed to:

- containers of regulated waste
- medical department refrigerators and freezers containing blood or other OPIM

The label must:

- include the biohazard logo depicted in OSHA 29 CFR 1910.1030 (g) Communication of Hazards to Employees
- be fluorescent orange, orange-red, or predominantly so, with lettering or symbols in a contrasting color

Note: You do not need to label individual containers of blood or other OPIM if they are placed in a larger labeled container for storage, transport, shipment, or disposal.

Storing medical wastes Store and lock filled biohazard containers in a designated area until sent to the disposal facility.

Disposing of medical wastes Make arrangements in advance to dispose of regulated medical waste with:

- an ambulance service
- health clinic
- hospital



**Documenting
medical disposal** The company will maintain records of all waste disposal shipments indefinitely.



Following up after an Exposure Incident

Purpose	<p>This document outlines the requirements for following up on an exposure incident, including:</p> <ul style="list-style-type: none">• the company's responsibilities• the healthcare professional's responsibilities• the requirements for performing blood tests• the procedure for providing a medical opinion• the policy for documenting first aid incidents
Company's responsibilities	<p>After an exposure incident, the company will provide a confidential medical evaluation and follow-up to the injured employee and the first aid provider.</p> <p>The company will provide the healthcare professional with:</p> <ul style="list-style-type: none">• a copy of the OSHA Bloodborne Pathogen Regulations• a description of the employee's duties as they relate the exposure• the circumstances under which the exposure occurred
Responsibilities of the healthcare professional	<p>The healthcare professional will:</p> <ul style="list-style-type: none">• perform a follow-up medical exam• collect blood for any required tests• share the results of the tests with the employee• complete the necessary documentation for the Company
Required blood tests	<p>Collection and testing of blood for HBV and HIV serological status, as well as other tests as deemed necessary, will be provided to the exposed employee at no cost.</p>
Recording positive blood test results	<p>IF the blood tests are positive, THEN the company will maintain the records of the incident for the duration of the employee's tenure plus 30 years as specified by 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."</p>



**Providing
medical opinion**

Following any medical evaluation, the attending healthcare professional must provide the employee with a written opinion. This written opinion must:

- summarize the results of the medical evaluation
 - **IF** the employee has received the Hepatitis B vaccine, **THEN** indicate any limitations on the employee's ability to receive HBV booster
 - indicate that the employee has been informed of the results of the evaluation
-



Maintaining Records

Purpose This document outlines the record-keeping requirements for the Bloodborne Pathogens Exposure Program.

Company responsibilities The Yard Manager must assure that:

- provisions for a reporting procedure are implemented
- a list of incidents requiring first aid is established and readily available to all employees
- all reports of first aid care incidents are recorded on the list

Maintaining records The following chart summarizes the record-keeping requirements.

Record	Keep for	Responsibility
Training records	Three years minimum	Yard Manager
Employee medical records	Tenure of worker's employment plus 99 years	Mixed responsibility -- see Keeping Employee Medical Records
Immunization records	Tenure of the worker's employment plus 30 years	Employee HR file
Records of exposure and first aid incidents	Tenure of the worker's employment plus 30 years	Employee HR file
Records of positive blood tests for pathogens	Tenure of the worker's employment plus 30 years	Employee HR file
Waste disposal shipments	Indefinitely	Environmental Files



Keeping training records

Training records must include:

- Sign in sheet with date of the training session
- material covered
- tests of knowledge
- name of the instructors
- names of all attendees

Maintain training records for a minimum of three years. Enter the records into the applicable training matrix to ensure proper documentation.

Keeping employee medical records

All employee medical records must be kept confidential and secure at the yard/ location during the worker's employment plus one year. After this time, such records will be sent to HR to be retained for 98 years, after which time they will be destroyed.

Keeping immunization records

Keep immunization records on file for any employee in which an exposure incident occurred.

Keeping records of exposure and first aid incidents

The report must include the:

- names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used
- description of the incident, including time and date does this include an event chronology and/or summary of injuries sustained
- determination of whether or not an "exposure incident" occurred
- route(s) of exposure and the circumstances under which the exposure occurred
- identification and documentation of the source individual, unless this is not feasible **or** is prohibited by state/local law

The written report will **not** include findings and diagnosis unrelated to the exposure. These findings will remain confidential between the healthcare professional and the patient.

File the report in the employee's medical records.

Keeping records of positive blood tests

IF the blood tests are positive, **THEN** the company will maintain the records of the incident for the duration of the employee's tenure plus 30 years as specified by 29 CFR 1910.1020,



Keeping records of waste shipments The company will maintain records of all waste disposal shipments indefinitely.

Employees access to records Employees may review their medical and training records during normal business hours. Copies of their records will be provided to them or their authorized representative upon written request.

Releasing records A copy of the employee's records may be released with the employee's written consent to any person within or outside of the workplace.

These records shall be made available upon request to:

- the Assistant Secretary of Labor for OSHA
 - the Director of the National Institute for Occupational Health and Safety
 - the U.S. Department of Health and Human Services
 - their designated representatives
-