



***Exposure Control Plan For Compliance
With OSHA Standard
For Bloodborne Pathogens***

March, 2006

Bloodborne Pathogens Exposure Control Plan

Table of Contents

Preface

- I. Exposure Determination
 - A. Job Classifications
 - B. Tasks and Procedures
- II. Schedule and Method of Implementation
 - A. Methods of Compliance
 - 1. Universal precautions
 - 2. Engineering and work practice controls
 - 3. Personal protective equipment
- III. Hepatitis B Vaccination
 - A. Hepatitis B Vaccine Availability
 - 1. Employees who are primary first aid providers
 - 2. Employees who are not primary first aid providers
- IV. Post-Exposure Evaluation and Follow-up
 - A. Exposure Incident Follow-up
 - B. Medical Follow-up
 - C. Information for Healthcare Professional
 - D. Follow-up Information for Employee
- V. Communication of Hazards to Employees
 - A. Labeling and Color-coding
 - B. Information and Training
- VI. Recordkeeping
 - A. Medical Records
 - B. Training Records
 - C. Availability of Records

Appendices:

- Appendix A OSHA Bloodborne Pathogens Standard
- Appendix B Hepatitis B Vaccine Availability Addendum to Standard
- Appendix C Definitions for Purposes of Exposure Control Plan
- Appendix D Tasks and Procedures Form
- Appendix E Exposure Incident Investigation Form
- Appendix F Handling Contaminated Laundry In a School Setting
- Appendix G Hepatitis B Vaccination Record or Declination Form
- Appendix I Employee Medical Record Checklist Form
- Appendix J Training Record Form
- Appendix K Consent to Determine HBV and HIV Infectivity
- Appendix L Consent to Disclose HBV and HIV Infectivity

PREFACE

The Bloodborne Pathogens Exposure Control Plan in this document has been prepared to assist the school district in complying with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030.

The Plan's format follows the key provisions of the OSHA Standard. The School district will need to complete the following tasks in conjunction with implementing their own Exposure Control Plan:

1. Identification, in writing, of job classifications and of those tasks/activities/procedures within a job classification where occupational exposure to bloodborne pathogens might occur.
2. Development of written procedures for cleaning, for handling potentially contaminated materials, and for disposing of potentially hazardous waste within all buildings and facilities in a district.
3. Provision of appropriate personal protective equipment that is readily accessible to identified employees.
4. Provision (at no cost to the employee) of hepatitis B vaccine under specific circumstances as defined by exposure determination, and medical follow-up for exposure incidents.
5. Provision of warning labels or color-coded containers for use with potentially hazardous waste.
6. Provision by a qualified trainer that training contains content as specified by the Standard.
7. Development of written procedures for meeting requirements for medical record keeping.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN for
ADRIAN PUBLIC SCHOOL DISTRICT

Date of School Board of Education adoption: _____

Person(s) responsible for implementation and review of the Exposure Control Plan: Superintendent of Schools/Associate

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 (see Appendices A and B), the following exposure control plan has been developed. Definitions relating to the exposure control plan are found in Appendix C.

1. EXPOSURE DETERMINATION

Employees in the Adrian Public School District including full time, part time, and temporary have been identified into two categories: 1) designated first aid providers, those whose primary job assignment would include rendering first aid; and 2) those employees who might render first aid only as a collateral duty.

A. Category 1 includes employees whose job related tasks or responsibilities involve an inherent potential of mucous membrane or skin contact with blood, body fluids, or tissues, or potential for spills or splashes on them. Use of appropriate protective measure will be required for employees engaged in Category 1 tasks which include: Performance of first aid and health care procedures on students, cleaning, decontamination, repair and other building housekeeping custodial or maintenance services.

1. Employees defined as Category 1:
 - a. Custodians/maintenance personnel who handle clean up of body fluids
 - b. Special education teachers, and paraprofessional aides who work with identified students who are prone to biting, scratching, and other actions that can cause bleeding
 - c. Teachers in industrial education
 - d. Bus drivers who drive a designated special education bus
 - e. Aides who provide health care services to children
 - f. A designated coach on each interscholastic sports team who would care for an injured student during practice or competition
 - g. Other members of the school staff who have been designated to provide first aid on a regular basis:
 - (1) Building administrators
 - (2) Front office building secretaries
 - (3) Elementary playground aides and supervisors
 - (4) Physical education teachers
 - (5) Trainers

- B. Category 2 includes employees whose normal work routine does not involve exposure to blood, body fluids, or tissues, but exposure or potential exposure may occur. Whenever possible, potential exposure situations, should be referred to employees in Category 1.

1. Employees identified as Category 2:
 - a. All other employees not identified in Category 1 are considered to be classified in Category 2.
 - b. Any category 2 employee may appeal to the Director of Human Resources for re-determination of risk.

C. Tasks and Procedures

A list of tasks and procedures performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur is included. This exposure determination shall be made without regard to the use of personal protective equipment. (Appendix D is the Task/Procedure Record that may be used to document this requirement}. Tasks/procedures may include, but not be limited to, the following examples:

1. minor injuries that occur within a school setting, i.e., bloody nose, scrape, minor cut;
2. initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;
3. care of students with medical needs, i.e., tracheostomy, colostomy, injections;
4. care of students who need assistance in daily living skills, such as toileting, dressing, handwashing, feeding, menstrual needs;
5. care of students who exhibit behaviors that may injure themselves or others, i.e., biting, hitting, scratching;
6. care of an injured person in laboratory setting, vocational education setting, or art class;
7. care of injured person during a sport activity;
8. cleaning tasks associated with body fluid spills.

II. SCHEDULE AND METHOD OF IMPLEMENTATION

A. Methods of Compliance:

1. Universal Precautions:

In this district universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstance in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

2. Engineering and Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in this district and at least annually.

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needlesticks.

An exposure incident investigation form shall be completed each time an incident occurs. (See Appendix E)

a. Handwashing:

- (1) This district shall provide handwashing facilities which are readily accessible to employees, or when provision for handwashing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- (2) Employees shall wash hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- (3) Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

b. Housekeeping and Waste Procedures:

- (1) This district shall ensure that the worksite is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed. (See Appendix F)
- (2) All equipment, materials, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - (a) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion of procedures/task/therapy, or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the school day if the surface may have become contaminated since the last cleaning.
 - (b) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.
- (3) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- (4) Materials such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In this district bags designated as biohazard (containing blood or OPIM contaminated materials) shall be red in color or affixed with a biohazard label) and shall be located in the custodial room and other areas so designated by the building Administrator.
- (5) The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately.

- (6) In this district, there shall be a marked biohazard container in the custodial area for the containment of all individual biohazard designated bags. Appropriate disposal of the contents of this container is as follows:

The building Head Custodian will contact the Director of Facilities to make arrangements for disposal of container.

- (7) In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.
- (8) Broken glass shall NOT be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Broken glass shall be containerized. The custodian shall be notified immediately OR through verbal or written notification before scheduled cleaning.
- (9) CONTAMINATED sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers. In this district the sharps containers shall be closable, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, i.e., art department, classrooms where dissections occur. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.
- (a) Reusable sharps that are contaminated with blood or other potentially infectious materials shall NOT be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed. Sharps should be washed in soapy water with a long handled brush, rinsed and air dried.
- (b) In this district, the employee shall notify the Head Custodian when sharp containers become three/quarters full so that they can be disposed of properly.
- (c) Contaminated needles shall not be bent, recapped, removed, sheared or purposely broken.
- (10) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

- (11) Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses where there is a reasonable likelihood of exposure to bloodborne pathogens.
- (12) Employees shall NOT share water bottles, make-up, reeds from wind instruments, or allow students to do so. Employees should be warned against putting toothpicks, pens, pencils or other potentially contaminated sharp items in their mouths.
- (13) Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, counter-tops or benchtops where blood or other potentially infectious materials are present.
- (14) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited: i.e. sucking out snake bites.
- (15) Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazard symbol or are red in color.
- (16) Equipment which may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.
- (17) Contaminated laundry shall be handled as little as possible with a minimum of agitation. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard labeled or colored red. In this district, laundry shall be washed at Drager Middle School, Springbrook Middle School, Sr. High School or Bixby Medical Center.

- (18) Refer to Standard 1910.1030, Personal Protective Equipment (Page 16B).

3. Personal Protective Equipment

- a. Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protection equipment available in this district are gloves masks, gowns and aprons.
- (1) Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.
 - (2) Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when the ability to function as a barrier is compromised. Disposable Gloves shall NOT be washed or decontaminated for re-use.
 - (3) Hypoallergenic gloves, glove liners, powerless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
 - (4) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
 - (5) Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infections materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated, i.e., custodian cleaning a clogged toilet, aides that are performing suctioning or tube feedings.
 - (6) Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or other similar outer garments shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.
- b. This district shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to the employees. Personal protective equipment is available at all building sites and Race Street. Personal protective equipment shall be given to all employees who may have contact with blood and potentially infectious

materials.

- (1) This district shall clean, launder and dispose of personal protective equipment, at no cost to the employee.
 - (2) This district shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- c. All personal protective equipment shall be removed prior to leaving the area. When personal protective equipment/supplies are removed they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. This container shall be labeled with a red biohazard symbol.
 - d. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible.
 - e. This district shall ensure that employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in that particular instance it would have posed an increased hazard to the employee or others, this district shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. (See Appendix E)

III. HEPATITIS B VACCINATION

A. Hepatitis B Vaccine Availability (See Appendix G)

- 1. Hepatitis B vaccine for employees whose designated job assignment includes the rendering of first aid or who have occupational exposure to blood or OPIM on a regular basis. (Category 1 employees)
 - a) This district shall make the hepatitis B vaccination series available to all employees who have occupational exposure. The vaccine/vaccination and information shall be offered free of charge to the employee by the Lenawee County Health Department or other accredited Health Facility/medical individual.
 - b) This district shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
 - c) The hepatitis B vaccination series shall be made available to the employee at a reasonable time and place, under the supervision of a

licensed healthcare professional according to the most current recommendations of the U.S. Public Health Service. This district assures that the laboratory tests are then conducted by an accredited laboratory.

- d) This district shall not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.
- e) If an employee initially declines the hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, this district shall make available the hepatitis B vaccine at that time.
- f) This district shall assure that employees who decline to accept the hepatitis B vaccine offered by this district sign a declination statement. (See Appendix G)
- g) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no charge to the employee.
- h) Records regarding HBV vaccinations or declinations are to be kept by the Human Resources Office.
- i) This district shall ensure that the healthcare professional responsible for employee's hepatitis B vaccination is provided with a copy of this regulation.

2. Hepatitis B vaccine for employees (non-category 1) whose primary job assignment is NOT the rendering of first aid. Any first aid rendered by such person is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

- a) This district shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid ONLY in the case that they render assistance in any situation involving the presence of blood or OPIM.
- b) ALL significant first aid incidents involving the presence of blood or OPIM shall be reported to this the Facilities Director by the end of the work day on which the incident occurred.
- c) The district's exposure incident investigation form (see Appendix E) must be used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident," as defined by the standard, occurred.

- d) This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard (see Appendix I).
- e) The full hepatitis B vaccination series shall be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident", as defined by the standard, has occurred.
- f) The hepatitis B vaccination record or declination statement shall be completed (see Appendix G). All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.
- g) This investigation form shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Assistant Secretary upon request.
- h) This reporting procedure shall be included in the training program.

IV. POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. The employee shall immediately report any exposure incident to his or her administrative supervisor. An exposure incident involves the contact with blood or other potentially infectious materials on the employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needle sticks, human bites, cuts and abrasions. Following a report of an exposure incident, this district shall make immediately available to the exposed employee a confidential medical examination and follow-up, including at least the following elements (see Appendix E for exposure incident investigation form):
 - 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - 2. Identification and documentation of the source individual, unless this district can establish that identification is infeasible or prohibited by state or local law;
 - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - b. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need

not be repeated. The District will attempt to obtain the source individual's written consent to disclose to the exposed employee the source individual's infected status. (Appendix K). Only with such consent may the District disclose an individual's infection status. The exposed employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

If consent cannot be obtained to disclose to the exposed employee the source individual's infected status, the exposed employee shall be advised that the District was unable to obtain the legally required consent to determine HBV or HIV infectivity.

- c. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible;
- 4. Post-exposure prophylaxis, (i.e., immune globulin) when medically indicated, as recommended by the U.S. Public Health Service;
- 5. Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis;
- 6. There shall be an evaluation of reported illnesses.
- B. This district shall ensure that all medical evaluations and procedures, including prophylaxis are made available at no cost, and at a reasonable time and place to the employee. All medical evaluations and procedures shall be conducted by licensed personnel and laboratory tests shall be conducted in accredited laboratories.
- C. Information provided to the healthcare professional who evaluates the employee shall include:
 - 1. a copy of the OSHA regulations;
 - 2. a description of the employee's duties as they relate to the exposure incident;
 - 3. documentation of the route of exposure and circumstances under which exposure occurred;
 - 4. results of the source individual's blood testing, if available;

5. all medical records relevant to the appropriate treatment of the employee, including vaccination status which are this district's responsibility to maintain.
- D. This district shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
1. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 2. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. that this employee has been informed of the results of the evaluation; and
 - b. that this employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation al treatment.
 3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

V. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

- A. Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Exception: Red bags or red containers may be substituted for labels.
1. Labels required by this section shall include the following legend:



Figure 1. BIOHAZARD Symbol

2. These labels shall be fluorescent orange or orange-red or predominately so, with lettering or symbols in a contrasting color.
3. These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
4. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

B. Information and Training

1. This district shall ensure that all employees with occupational exposure participate in a training program.
 - a. This training program shall be of no cost to employees and, offered during working hours.
2. Training shall be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.
 - a. For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were NOT included need be provided.
 - b. Annual training for all employees with occupational exposure shall be provided within one year of their previous training.
3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employees occupational exposure. The additional training may be limited to addressing the new exposures created.
4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. (Appendix J contains the required minimum content for trainings)
5. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace.

VI. RECORDKEEPING

A. Medical Records (See Appendix I)

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:
 - a. name of employee;
 - b. copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to Hepatitis B;
 - c. if exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures;
 - d. if exposure incident(s) have occurred, then this district's copy of the healthcare professional's written opinion;

- e. if exposure incident(s) have occurred, then this district's copy of information provided to the healthcare professional: i.e., exposure incident investigation form and results of the source individual's blood testing, if available.
- 2. This district shall ensure that the employees medical records are kept confidential and are NOT disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.
- 3. These medical records shall be maintained for the duration of employment plus 30 years.

B. Training Records (See Appendix J)

- 1. Training records shall include:
 - a. the date of the training session;
 - b. the contents or a summary of the training sessions;
 - c. the names and qualifications of persons conducting the training;
 - d. the name and job titles of all persons attending the training session.
- 2. Training records shall be maintained for three years from the date the training occurred.

C. Availability of Records

- 1. This district shall ensure that all records required to be maintained by this standard shall be made available upon request to the Assistant Secretary and the Director (or their designee) for examination and copying.
- 2. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.
- 3. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary.
- 4. This district shall comply with the requirements involving the transfer of records set forth in this standard.



U.S. Department of Labor
Occupational Safety & Health Administration

www.osha.gov

[MyOSHA](#)

Search

[Advanced Search](#) | [A-Z Index](#)



Regulations (Standards - 29 CFR)
Bloodborne pathogens. - 1910.1030

[← Regulations \(Standards - 29 CFR\) - Table of Contents](#)

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1030
- **Title:** Bloodborne pathogens.
- **Appendix:** A

1910.1030(a)

Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b)

Definitions. For purposes of this section, the following shall apply: **Assistant Secretary** means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. **Director** means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results

from the performance of an employee's duties. **Handwashing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f)

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus. **Needless systems** means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other

procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. **Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not

considered to be personal protective equipment. **Production Facility** means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes

containing blood or other potentially infectious materials. **Research Laboratory** means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

1910.1030(c)

Exposure Control --

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

1910.1030(c)(1)(ii)

The Exposure Control Plan shall contain at least the following elements:

1910.1030(c)(1)(ii)(A)

The exposure determination required by paragraph (c)(2),

1910.1030(c)(1)(ii)(B)

The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

1910.1030(c)(1)(ii)(C)

The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

1910.1030(c)(1)(iii)

Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

1910.1030(c)(1)(iv)

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

1910.1030(c)(1)(iv)(A)

Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

1910.1030(c)(1)(iv)(B)

Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

1910.1030(c)(1)(v)

An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

1910.1030(c)(1)(vi)

The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

1910.1030(c)(2)

Exposure Determination.

1910.1030(c)(2)(i)

Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1910.1030(c)(2)(i)(A)

A list of all job classifications in which all employees in those job classifications have occupational exposure;

1910.1030(c)(2)(i)(B)

A list of job classifications in which some employees have occupational exposure, and

1910.1030(c)(2)(i)(C)

A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

1910.1030(c)(2)(ii)

This exposure determination shall be made without regard to the use of personal protective equipment.

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

1910.1030(d)(2)(ii)

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1910.1030(d)(2)(iii)

Employers shall provide handwashing facilities which are readily accessible to employees.

1910.1030(d)(2)(iv)

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

1910.1030(d)(2)(v)

Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

1910.1030(d)(2)(vi)

Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

1910.1030(d)(2)(vii)

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

1910.1030(d)(2)(vii)(A)

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

1910.1030(d)(2)(vii)(B)

Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

1910.1030(d)(2)(viii)

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

1910.1030(d)(2)(viii)(A)

Puncture resistant;

1910.1030(d)(2)(viii)(B)

Labeled or color-coded in accordance with this standard;

1910.1030(d)(2)(viii)(C)

Leakproof on the sides and bottom; and

1910.1030(d)(2)(viii)(D)

In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

1910.1030(d)(2)(ix)

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

1910.1030(d)(2)(x)

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

1910.1030(d)(2)(xi)

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

1910.1030(d)(2)(xii)

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

1910.1030(d)(2)(xiii)

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1910.1030(d)(2)(xiii)(A)

The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

1910.1030(d)(2)(xiii)(B)

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

1910.1030(d)(2)(xiii)(C)

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

1910.1030(d)(2)(xiv)

Equipment which may become contaminated with blood or other potentially infectious

materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

1910.1030(d)(2)(xiv)(A)

A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

1910.1030(d)(2)(xiv)(B)

The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

1910.1030(d)(3)

Personal Protective Equipment --

1910.1030(d)(3)(i)

Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

1910.1030(d)(3)(ii)

Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

1910.1030(d)(3)(iv)

Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

1910.1030(d)(3)(v)

Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

1910.1030(d)(3)(vi)

If a garment(s) is penetrated by blood or other potentially infectious materials, the

garment(s) shall be removed immediately or as soon as feasible.

1910.1030(d)(3)(vii)

All personal protective equipment shall be removed prior to leaving the work area.

1910.1030(d)(3)(viii)

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

1910.1030(d)(3)(ix)

Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

1910.1030(d)(3)(ix)(A)

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

1910.1030(d)(3)(ix)(B)

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

1910.1030(d)(3)(ix)(C)

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

1910.1030(d)(3)(ix)(D)

If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

1910.1030(d)(3)(ix)(D)(1)

Periodically reevaluate this policy;

1910.1030(d)(3)(ix)(D)(2)

Make gloves available to all employees who wish to use them for phlebotomy;

1910.1030(d)(3)(ix)(D)(3)

Not discourage the use of gloves for phlebotomy; and

1910.1030(d)(3)(ix)(D)(4)

Require that gloves be used for phlebotomy in the following circumstances:

1910.1030(d)(3)(ix)(D)(4)(i)

When the employee has cuts, scratches, or other breaks in his or her skin;

1910.1030(d)(3)(ix)(D)(4)(ii)

When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

1910.1030(d)(3)(ix)(D)(4)(iii)

When the employee is receiving training in phlebotomy.

1910.1030(d)(3)(x)

Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

1910.1030(d)(3)(xi)

Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

1910.1030(d)(3)(xii)

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

1910.1030(d)(4)

Housekeeping --

1910.1030(d)(4)(i)

General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

1910.1030(d)(4)(ii)

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

1910.1030(d)(4)(ii)(A)

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

1910.1030(d)(4)(ii)(B)

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

1910.1030(d)(4)(ii)(C)

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

1910.1030(d)(4)(ii)(D)

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

1910.1030(d)(4)(ii)(E)

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

1910.1030(d)(4)(iii)

Regulated Waste --

1910.1030(d)(4)(iii)(A)

Contaminated Sharps Discarding and Containment.

1910.1030(d)(4)(iii)(A)(1)

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

1910.1030(d)(4)(iii)(A)(1)(i)

Closable;

1910.1030(d)(4)(iii)(A)(1)(ii)

Puncture resistant;

1910.1030(d)(4)(iii)(A)(1)(iii)

Leakproof on sides and bottom; and

1910.1030(d)(4)(iii)(A)(1)(iv)

Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

1910.1030(d)(4)(iii)(A)(2)

During use, containers for contaminated sharps shall be:

1910.1030(d)(4)(iii)(A)(2)(i)

Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

1910.1030(d)(4)(iii)(A)(2)(ii)

Maintained upright throughout use; and

1910.1030(d)(4)(iii)(A)(2)(iii)

Replaced routinely and not be allowed to overfill.

1910.1030(d)(4)(iii)(A)(3)

When moving containers of contaminated sharps from the area of use, the containers shall be:

1910.1030(d)(4)(iii)(A)(3)(i)

Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

1910.1030(d)(4)(iii)(A)(3)(ii)

Placed in a secondary container if leakage is possible. The second container shall be:

1910.1030(d)(4)(iii)(A)(3)(ii)(A)

Closable;

1910.1030(d)(4)(iii)(A)(3)(ii)(B)

Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

1910.1030(d)(4)(iii)(A)(3)(ii)(C)

Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

1910.1030(d)(4)(iii)(A)(4)

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

1910.1030(d)(4)(iii)(B)

Other Regulated Waste Containment --

1910.1030(d)(4)(iii)(B)(1)

Regulated waste shall be placed in containers which are:

1910.1030(d)(4)(iii)(B)(1)(i)

Closable;

1910.1030(d)(4)(iii)(B)(1)(ii)

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

1910.1030(d)(4)(iii)(B)(1)(iii)

Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

1910.1030(d)(4)(iii)(B)(1)(iv)

Closed prior to removal to prevent spillage or protrusion of contents during handling,

storage, transport, or shipping.

1910.1030(d)(4)(iii)(B)(2)

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

1910.1030(d)(4)(iii)(B)(2)(i)

Closable;

1910.1030(d)(4)(iii)(B)(2)(ii)

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

1910.1030(d)(4)(iii)(B)(2)(iii)

Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

1910.1030(d)(4)(iii)(B)(2)(iv)

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

1910.1030(d)(4)(iii)(C)

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

1910.1030(d)(4)(iv)

Laundry.

1910.1030(d)(4)(iv)(A)

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

1910.1030(d)(4)(iv)(A)(1)

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

1910.1030(d)(4)(iv)(A)(2)

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

1910.1030(d)(4)(iv)(A)(3)

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

1910.1030(d)(4)(iv)(B)

The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

1910.1030(d)(4)(iv)(C)

When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(I)

Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2)(ii)

Special Practices.

1910.1030(e)(2)(ii)(A)

Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

1910.1030(e)(2)(ii)(B)

Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

1910.1030(e)(2)(ii)(C)

Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

1910.1030(e)(2)(ii)(D)

When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

1910.1030(e)(2)(ii)(E)

All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

1910.1030(e)(2)(ii)(F)

Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

1910.1030(e)(2)(ii)(G)

Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

1910.1030(e)(2)(ii)(H)

Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2)(ii)(I)

Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

1910.1030(e)(2)(ii)(J)

Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

1910.1030(e)(2)(ii)(K)

All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

1910.1030(e)(2)(ii)(L)

A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

1910.1030(e)(2)(ii)(M)

A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

1910.1030(e)(2)(iii)

Containment Equipment.

1910.1030(e)(2)(iii)(A)

Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

1910.1030(e)(2)(iii)(B)

Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i)

Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

1910.1030(e)(4)(ii)

The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

1910.1030(e)(4)(iii)

Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

1910.1030(e)(4)(iv)

Access doors to the work area or containment module shall be self-closing.

1910.1030(e)(4)(v)

An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

1910.1030(e)(4)(vi)

A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

1910.1030(e)(5)

Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

**1910.10
30(f)**

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up --

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

1910.1030(f)(1)(ii)

The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1910.1030(f)(1)(ii)(A)

Made available at no cost to the employee;

1910.1030(f)(1)(ii)(B)

Made available to the employee at a reasonable time and place;

1910.1030(f)(1)(ii)(C)

Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

1910.1030(f)(1)(ii)(D)

Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

1910.1030(f)(1)(iii)

The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

1910.1030(f)(2)

Hepatitis B Vaccination.

1910.1030(f)(2)(i)

Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

1910.1030(f)(2)(ii)

The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

1910.1030(f)(2)(iii)

If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

1910.1030(f)(2)(iv)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

1910.1030(f)(2)(v)

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

1910.1030(f)(3)

Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1910.1030(f)(3)(i)

Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

1910.1030(f)(3)(ii)

Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1910.1030(f)(3)(ii)(A)

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

1910.1030(f)(3)(ii)(B)

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

1910.1030(f)(3)(ii)(C)

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

1910.1030(f)(3)(iii)

Collection and testing of blood for HBV and HIV serological status;

1910.1030(f)(3)(iii)(A)

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

1910.1030(f)(3)(iii)(B)

If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

1910.1030(f)(3)(iv)

Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

1910.1030(f)(4)

Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)

The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

1910.1030(f)(4)(ii)

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1910.1030(f)(4)(ii)(A)

A copy of this regulation;

1910.1030(f)(4)(ii)(B)

A description of the exposed employee's duties as they relate to the exposure incident;

1910.1030(f)(4)(ii)(C)

Documentation of the route(s) of exposure and circumstances under which exposure occurred;

1910.1030(f)(4)(ii)(D)

Results of the source individual's blood testing, if available; and

1910.1030(f)(4)(ii)(E)

All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

1910.1030(f)(5)

Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

1910.1030(f)(5)(i)

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

1910.1030(f)(5)(ii)

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1910.1030(f)(5)(ii)(A)

That the employee has been informed of the results of the evaluation; and

1910.1030(f)(5)(ii)(B)

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

1910.1030(f)(5)(iii)

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

1910.1030(f)(6)

Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

1910.1030(g)

Communication of Hazards to Employees --

1910.1030(g)(1)

Labels and Signs --

1910.1030(g)(1)(i)

Labels.

1910.1030(g)(1)(i)(A)

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

1910.1030(g)(1)(i)(B)

Labels required by this section shall include the following legend:



1910.1030(g)(1)(i)(C)

These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

1910.1030(g)(1)(i)(D)

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

1910.1030(g)(1)(i)(E)

Red bags or red containers may be substituted for labels.

1910.1030(g)(1)(i)(F)

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

1910.1030(g)(1)(i)(G)

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

1910.1030(g)(1)(i)(H)

Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

1910.1030(g)(1)(i)(I)

Regulated waste that has been decontaminated need not be labeled or color-coded.

1910.1030(g)(1)(ii)

Signs.

1910.1030(g)(1)(ii)(A)

The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



(Name of the Infectious Agent) (Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

1910.1030(g)(1)(ii)(B)

These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

1910.1030(g)(2)(ii)

Training shall be provided as follows:

1910.1030(g)(2)(ii)(A)

At the time of initial assignment to tasks where occupational exposure may take place;

1910.1030(g)(2)(ii)(B)

At least annually thereafter.

1910.1030(g)(2)(iii)

[Reserved]

1910.1030(g)(2)(iv)

Annual training for all employees shall be provided within one year of their previous training.

1910.1030(g)(2)(v)

Employers shall provide additional training when changes such as modification of tasks or

procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

1910.1030(g)(2)(vi)

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

1910.1030(g)(2)(vii)

The training program shall contain at a minimum the following elements:

1910.1030(g)(2)(vii)(A)

An accessible copy of the regulatory text of this standard and an explanation of its contents;

1910.1030(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of bloodborne diseases;

1910.1030(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;

1910.1030(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

1910.1030(g)(2)(vii)(E)

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

1910.1030(g)(2)(vii)(F)

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

1910.1030(g)(2)(vii)(G)

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

1910.1030(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;

1910.1030(g)(2)(vii)(I)

Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

1910.1030(g)(2)(vii)(J)

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

1910.1030(g)(2)(vii)(K)

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;

1910.1030(g)(2)(vii)(L)

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

1910.1030(g)(2)(vii)(M)

An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

1910.1030(g)(2)(vii)(N)

An opportunity for interactive questions and answers with the person conducting the training session.

1910.1030(g)(2)(viii)

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

1910.1030(g)(2)(ix)

Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

1910.1030(g)(2)(ix)(A)

The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

1910.1030(g)(2)(ix)(B)

The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

1910.1030(g)(2)(ix)(C)

The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

1910.1030(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

1910.1030(h)(1)(ii)

This record shall include:

1910.1030(h)(1)(ii)(A)

The name and social security number of the employee;

1910.1030(h)(1)(ii)(B)

A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

1910.1030(h)(1)(ii)(C)

A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

1910.1030(h)(1)(ii)(D)

The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

1910.1030(h)(1)(ii)(E)

A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

1910.1030(h)(1)(iii)

Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

1910.1030(h)(1)(iii)(A)

Kept confidential; and

1910.1030(h)(1)(iii)(B)

Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

1910.1030(h)(1)(iv)

The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

1910.1030(h)(2)(i)(A)

The dates of the training sessions;

1910.1030(h)(2)(i)(B)

The contents or a summary of the training sessions;

1910.1030(h)(2)(i)(C)

The names and qualifications of persons conducting the training; and

1910.1030(h)(2)(i)(D)

The names and job titles of all persons attending the training sessions.

1910.1030(h)(2)(ii)

Training records shall be maintained for 3 years from the date on which the training occurred.

1910.1030(h)(3)

Availability.

1910.1030(h)(3)(i)

The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

1910.1030(h)(3)(ii)

Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

1910.1030(h)(3)(iii)

Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

1910.1030(h)(4)

Transfer of Records.

1910.1030(h)(4)(i)

The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

1910.1030(h)(4)(ii)

If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

1910.1030(h)(5)(i)(A)

The type and brand of device involved in the incident,

1910.1030(h)(5)(i)(B)

The department or work area where the exposure incident occurred, and

1910.1030(h)(5)(i)(C)

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

1910.1030(h)(5)(iii)

The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

1910.1030(i)

Dates --

1910.1030(i)(1)

Effective Date. The standard shall become effective on March 6, 1992.

1910.1030(i)(2)

The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.


1910.1030(i)(3)

Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

1910.1030(i)(4)

Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001; 71 FR 16672 and 16673, April 3, 2006]

 [Next Standard \(1910.1030 App A\)](#)

 [Regulations \(Standards - 29 CFR\) - Table of Contents](#)

 [Back to Top](#)

www.osha.gov

www.dol.gov

[Contact Us](#) | [Freedom of Information Act](#) | [Customer Survey](#)
[Privacy and Security Statement](#) | [Disclaimers](#)

Occupational Safety & Health Administration
200 Constitution Avenue, NW
Washington, DC 20210



U.S. Department of Labor

Occupational Safety & Health Administration

www.osha.gov[MyOSHA](#)[Search](#)[Advanced Search](#) | [A-Z Index](#)

Regulations (Standards - 29 CFR)

Hepatitis B Vaccine Declination (Mandatory) - 1910.1030 App A

[← Regulations \(Standards - 29 CFR\) - Table of Contents](#)

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1030 App A
- **Title:** 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.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

[← Next Standard \(1910.1043\)](#)[← Regulations \(Standards - 29 CFR\) - Table of Contents](#)[▲ Back to Top](#)www.osha.govwww.dol.gov[Contact Us](#) | [Freedom of Information Act](#) | [Customer Survey](#)[Privacy and Security Statement](#) | [Disclaimers](#)

Occupational Safety & Health Administration
200 Constitution Avenue, NW
Washington, DC 20210

The following text is proposed to be added to OSHA Instruction CPL 2-2.44C, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030 (Add as subparagraph (6) to X.6.b)

- (6) Under section (f) (2) of the standard, hepatitis B vaccination must be offered to all employees who have occupational exposure to blood or other potentially infectious materials (OPIM). However, as a matter of public policy violations will be considered de minimis and citations will not be issued when designated first aid providers who have occupational exposure are not offered pre-exposure hepatitis B vaccine if the following conditions exist:
- A. The primary job assignment of such designated first aid providers is not the rendering of first aid.
 - 1. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
 - 2. This provision does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, nor does it apply to any health care, emergency, or public safety personnel who are expected to render first aid in the course of their work.
 - B. The employer's Exposure Control Plan specifically addresses the provision of Hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual "exposure incident" as defined by the standard occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-up for those employees who experience an "exposure incident" including:
 - 1. Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.
 - a. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.
 - The description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident" as defined by the standard, occurred.
 - This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by section (f) (3) of the standard are made available immediately if there has been an "exposure incident" as defined by the standard.

- b. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Assistant Secretary upon request.
 - 2. Provision for the bloodborne pathogens training program for designated first aiders to include the specifics of this reporting procedure.
 - 3. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.
- C. The employer must implement a procedure to ensure that all of the provisions of paragraph 2 are complied with if pre-exposure hepatitis B vaccine is not to be given to employees meeting the conditions of paragraph 1.

NOTE: All other requirements of the standard continue to apply.

(See Note #2, subparagraph M.2.)

DEFINITIONS FOR THE PURPOSES OF THIS EXPOSURE CONTROL PLAN

Antibody	a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
Amniotic Fluid	the fluid surrounding the embryo in the mother's womb.
Antigen	any substance which stimulates the formation of an antibody.
Assistant Secretary	the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
Biohazard Label	a label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Cerebrospinal Fluid	a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
Clinical Laboratory	a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
Contaminated	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
Contaminated Sharp	any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.

Decontamination	the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
Director	the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
Employee	an individual employed or permitted to work in a healthcare, industrial or other facility or operation who may be exposed to bloodborne pathogens in the course of their assignments.
Engineering Controls	controls (i.e., sharps disposal containers, selfsheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Control Plan	a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.
Exposure Determination	how and when occupational exposure occurs and which job classifications are at risk of exposure without regard to the use of personal protective equipment.
Exposure Incident	a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Handwashing Facilities	a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
HBV	Hepatitis B Virus.
HIV	Human Immunodeficiency Virus.
Licensed Healthcare Professional	a person whose legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: Hepatitis B Vaccination and Post exposure Evaluation and Follow-up.
Medical Consultation	a consultation which takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

Mucus	a thick liquid secreted by mucous glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
Mucous Membranes	a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
Occupational Exposure	a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
OSHA	the Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
Other Potentially Infectious Materials (OPIM)	(1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	piercing the mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
Pathogen	a bacteria or virus capable of causing infection or disease.
Pericardial Fluid	fluid from around the heart.
Pericardium	the sheath of tissue encasing the heart.
Peritoneal Fluid	the clear straw-colored serous fluid secreted by the cells of the peritoneum.
Peritoneum	the lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells.
Personal Protective Equipment	specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, and mouthpieces, resuscitation bags, pocket masks, or other ventilation

devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Phlebotomy	Bloodletting
Pleural	the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
Pleural Fluid	fluid from the pleural cavity.
Production Facility	a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
Prophylaxis	the measures carried out to prevent diseases.
Regulated Waste	liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are <u>capable of releasing these materials during handling</u> ; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Research Laboratory	a laboratory producing or using research-laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
Serious Fluids	liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
Source Individual	any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	the clear amber fluid usually present in small quantities in the joint of the body (i.e., knee, elbow).
Universal Precautions	an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Vascular

pertaining to or composed of blood vessels.

Work Practice Control

controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

Adrian Public Schools Tasks and Procedures Record

Protective Barriers Use When Performing Procedures	Eyewear					
	Mask					
	Gown/Apron					
	Waste Disposal					
	Gloves					
	Hand Washing					
Probability of Exposure	High					
	Moderate					
	Low					
Volume	Large					
	Moderate					
	Small					
Type of Bodily Fluid/Substance To Which Exposure is Likely	Feces					
	Mucus					
	Urine					
	Saliva					
	Vomit					
	Nonintact Skin					
	Menstrual Fluid					
	Vaginal Secretions					
	Semen					
	Blood					
Task/Procedure						

ADRIAN PUBLIC SCHOOLS
INJURY/ILLNESS REPORT
EXPOSURE INCIDENT FORM

NAME: _____ Phone: _____

Address and/or School: _____

Association to APS: ☐ Student ☐ Employee ☐ Visitor

Date: _____ Time: _____ (of incident/exposure)

CHECK ONE: ☐ Injured ☐ Illness

TREATMENT:

Who was responsible for, and/or assisted in treatment of, injury/illness? _____

NOTIFICATION OF INJURY/ILLNESS:

☐ Spouse ☐ Parent ☐ Guardian ☐ Other _____

1. Did injury/illness occur on APS property? ☐ Yes ☐ No

Where exactly did injury/illness happen? _____

2. Describe, in detail, the injury/illness and the event which caused the injury/illness _____

3. Was injured/ill person given First Aid? ☐ Yes ☐ No

If yes, describe in detail the First Aid given and by whom: _____

4. Did injured/ill person go to a doctor/hospital? ☐ Yes ☐ No

Name of doctor/hospital: _____

Ambulance: ☐ Yes ☐ No

5. Were there any witnesses to the injury/illness? ☐ Yes ☐ No

Name (s): _____

6. Was person able to return to class/assignment?

☐ Yes

☐ No

Potentially Infectious Materials involved during treatment: (more than one may apply):

☐ Saliva

☐ Urine

☐ Blood

☐ Feces

☐ Tears

☐ Semen

☐ Sweat

☐ Vaginal Secretions

Personal protective equipment used at time injury/illness occurred: (more than one may apply):

☐ Rubber Gloves (latex)

☐ Face Mask

☐ Goggles/Safety Glasses

☐ Full Cover Gown, Boot Covers

☐ CPR Mast With Check Valve

☐ Other _____

Actions taken:

☐ Report Filed

☐ Clean Up *

☐ Decontamination *

*(To be completed by Facilities Director)

Recommendations to avoid repeating incident: _____

Signature of Person Filling Out Report

Date: _____

Signature of Injured/Ill Person (If over the age of 18)

Date: _____

HANDLING CONTAMINATED LAUNDRY IN A SCHOOL SETTING

SOILED LAUNDRY - ALL DEPARTMENTS

1. Personnel handling contaminated laundry will wear gloves.
2. All soiled linens will be immediately placed in a red plastic bag and securely tied. All soiled linen bags will be placed in plastic lined linen carts in various work units.
3. Classroom personnel will be responsible for transporting soiled linen bags to the laundry cart location.
4. Bags containing linen heavily soiled with blood, feces or other highly contaminated material will be labeled as such. If it is felt that the outside of the red bag may be contaminated, that bag should be "double bagged" into another red bag.

See Model Plan, Page 3, b. Housekeeping and Waste Procedures for explanation of Standard requirements for cleaning and decontamination of work surfaces, waste containers, contaminated equipment and sharps, as well as laundry.

HEPATITIS B VACCINATION RECORD OR DECLINATION STATEMENT

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 information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

OPTION 1

I, _____ have completed the following inoculations using:

☐ Recombivax-HB Vaccine

OR

☐ Enerix-B Vaccine

--Inoculation 1 Date: _____

Given at: _____

--Inoculation 2 Date: _____

Given at: _____

--Inoculation 3 Date: _____

Given at: _____

OR

☐ See attached medical form for additional information.

OPTION 2

I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. I decline the 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.

I have been informed about Hepatitis B and the vaccine and at this time I am choosing:

☐ to complete the vaccination series (option 1).

☐ to decline the vaccination series at this time (option 2).

Employee Name (please print) _____

Employee Signature _____

Date: _____

EMPLOYEE MEDICAL RECORD CHECKLIST

NAME: _____

BUILDING: _____

JOB CLASSIFICATION: _____

_____ Copy of employee's hepatitis B vaccination record or declination form (see Appendix G).
 Attach any additional medical records relative to Hepatitis B.

_____ Brief Description of Exposure Incident _____

_____ Date: _____
 Log and attach all results of examinations, medical testing, and follow-up procedures:

_____ Log and attach this district's copy of information provided to the healthcare professional:

_____ Accident Report (see Appendix E)

_____ Results of the source individual's blood testing, if available

_____ Log and attach this district's copy of the healthcare professional's written opinion.

_____ Brief Description of Exposure Incident _____

_____ Date: _____
 Log and attach all results of examinations, medical testing, and follow-up procedures:

_____ Log and attach this district's copy of information provided to the healthcare professional:

_____ Accident Report (see Appendix E)

_____ Results of the source individual's blood testing, if available

_____ Log and attach this district's copy of the healthcare professional's written opinion.

INFORMATION AND TRAINING OF EMPLOYEES
WITH
POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

Date(s) of Training: _____

Trainer(s) Name and Qualifications: _____

Names and Job Titles of All Employees Attending This Training: _____
(Attached)

Agenda and/or Materials Presented to Training Participants Include:

- ☐ An accessible copy of the text of the OSHA Standard
- ☐ A general explanation of the epidemiology and symptoms of bloodborne diseases.
- ☐ An explanation of the modes of transmission of bloodborne pathogens. An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
- ☐ An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- ☐ An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e., engineering controls, work practices, and personal protective equipment. .
- ☐ Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- ☐ An explanation of the basis for selection of personal protective equipment.
- ☐ Information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- ☐ Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- ☐ An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- ☐ Information on the post-exposure evaluation and follow-up that is provided.
- ☐ An explanation of the signs, symbols, and color-coding of biohazards. A question and answer session between the trainer(s) and employee(s). Provision of a list of contacts with the school districts and the health community that can be resources to the employees if they have questions after training.

Signature of Training Coordinator: _____

CONSENT TO DETERMINE HBV AND HIV INFECTIVITY

I understand that on _____, _____
(date) (source individual)

was involved in an exposure incident. I do hereby GRANT consent to conduct a blood test in order to determine hepatitis B virus (HBV) and human immunodeficiency virus (HIV) infectivity.

(student or legal guardian's signature)

(date)

NO CONSENT TO DETERMINE HBV AND HIV INFECTIVITY

I understand that on _____, _____
(date) (source individual)

was involved in an exposure incident. I do hereby DENY consent to conduct a blood test in order to determine hepatitis B virus (HBV) and human immunodeficiency virus (HIV) infectivity.

(student or legal guardian's signature)

(date)

CONSENT TO DISCLOSE HBV AND HIV INFECTIVITY

I understand that on _____, _____ was
(date) (source individual)

involved in an exposure incident. I do hereby authorize the District to disclose to the following
individual(s): _____

the human immunodeficiency virus infection status of _____
(source individual)

I understand that disclosure of "infection status" includes disclosure of evidence of the human
immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome, acquired
immunodeficiency syndrome related complex and hepatitis B virus (HBV) infectivity.

I also understand that these individuals shall be informed of applicable laws and regulations concerning
disclosure of the identity and infectious status of the source individual.

(student or legal guardian's signature)

(date)

NO CONSENT TO DISCLOSE HBV AND HIV INFECTIVITY

I have read this form and I do hereby DENY the District consent to disclose the infection status of

_____.
(source individual)

(student or legal guardian's signature)

(date)

Legal Source: MCL § 333.5131