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*A Service-Disabled Veteran-Owned Small Business*

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# **Exposure Control Plan for Bloodborne Pathogens**

**NOVEMBER 2009**

**IEA PROJECT #0906018T**



**Pine City ISD #578**  
**Exposure Control Plan for Bloodborne Pathogens**

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**Annual Review Form**

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## 1.0 Purpose and Administration

Pine City is committed to providing a safe and healthy workplace for employees. We have developed and implemented the following Exposure Control Plan for Bloodborne Pathogens to reduce the potential for workplace exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other bloodborne pathogens and to comply with OSHA's 29 CFR 1910.1030 *Bloodborne Pathogens*.

### Program Management

Central to effective implementation of the Exposure Control Plan are the following major categories of responsibility:

- Exposure Control Officer
- Supervisor(s)
- Employee(s)
- Training Instructor(s)

The **Exposure Control Officer** is responsible for the overall management and support of our Bloodborne Pathogen Program. Such a designation may involve expansion of the designated person's duties to include administration of the Exposure Control Plan and other components of the standard, which may include the assistance of additional staff or a health and safety consultant.

**Supervisors** are responsible for exposure control in their work areas. Supervisors work directly with the Exposure Control Officer and their employees to accommodate proper exposure control procedures.

**Employees** have the most important role in the Exposure Control Plan, for the final success of this plan is dependent upon them. Therefore, employees are aware of tasks they perform that involve potential exposure to bloodborne pathogens, they attend bloodborne pathogen training sessions, and they conduct operations in accordance with appropriate work practices and procedures outlined in this plan to reduce exposure to blood or other body fluids.

The **Training Instructor** is responsible for providing information and training to employees who have the potential for exposure to bloodborne pathogens. The Training Instructor is knowledgeable in the subject matter as it relates to this standard. The Training Instructor may be an employee or a consultant.

### Review/Update of Plan

The Exposure Control Plan and accompanying records are public documents and available for public review (except for information protected by the Data Practices Act). Copies are made available upon request, provided we are reimbursed for costs associated with reproduction. Per OSHA recommendations, a copy of the plan is available in the High School Nurse's office.

To determine if the Exposure Control Plan is current, it is reviewed annually and amended whenever tasks are implemented that may affect occupational exposure or if other changes are necessary.

## 2.0 Exposure Assessment/Determination

### Assessment Protocol

The beginning step in implementation of the Exposure Control Plan is the assessment and exposure determination of the various job classifications, positions, and employees within our institution. Job categories are assessed based on typical job duties that have the potential for blood exposure.

### Classification 1

Employee categories where the primary job responsibility is administering first aid or healthcare are identified as Classification 1. The job categories that fall under Classification 1 for Pine City Schools are Nurse's and Health Assistants. Employees in this classification are fully covered under the Exposure Control Plan.

## Classification 2

Employees who provide or have the potential to provide first aid, healthcare, or are required to clean up blood or Other Potentially Infectious Material (OPIM) as an auxiliary component of their job responsibilities are covered under this classification. The following job categories fall under this classification and are fully covered under the Exposure Control Plan:

- Custodians
- Athletic Trainers/Coaches
- Special Education Instructors
- Paraprofessionals
- Secretaries
- Playground Attendants
- Launderers

## 3.0 Methods of Compliance

### Universal Precautions

“Universal Precautions” are practices and procedures that assist in the prevention of contact with blood and other body fluids. They are the best protection against HIV—the virus that causes AIDS, hepatitis B, and other infectious agents. Universal Precautions are implemented when dealing with blood or OPIM. According to the concept of Universal Precautions, all human blood and certain human body fluids are to be treated as if known to be infected with HIV, HBV, or other bloodborne pathogens. Although exposure to body fluids other than blood is unlikely except in healthcare settings, the following body fluids are to be treated as infectious:

- blood
- vaginal secretions
- synovial fluid
- pericardial fluid
- amniotic fluid
- blood-contaminated body fluids
- semen
- cerebrospinal fluid
- pleural fluid
- peritoneal fluid
- saliva (dental practice only)
- all body fluids where it is difficult or impossible to differentiate

Any employee encountering blood or other body fluids listed above is to treat them as being infectious, and to use necessary personal protection and work practice controls as outlined throughout this plan.

### Engineering & Work Practice Controls

Using appropriate engineering and work practice controls should eliminate or minimize employee exposure to bloodborne pathogens. The procedures and controls listed in this section are being institutionalized and will periodically be reviewed and updated as required.

The following engineering and work practice controls and policies are used:

#### A. Work Practices

- Wear disposable gloves. Do not reuse disposable gloves. Wash your hands with soap and water after removing gloves. If utility gloves are used, decontaminate them appropriately by washing with detergent and water and disinfecting according to procedure.
- Wear safety goggles if there is potential for contaminants splashing in the eyes.
- Wear a mask if there is potential for contaminants splashing in the mouth or nose.
- Use an absorbent material (paper towel/cloth) as a barrier between you and the blood source.
- In the event you become exposed to any blood or OPIM, wash the area with soap and water or flush the mucous membranes immediately and report to your supervisor and the exposure control officer.

*B. Handwashing*

- Readily accessible facilities (running water with soap and single-use towels or hot-air drying machines) are available in each building and are immediately utilized upon contact with blood or OPIM.
- Where handwashing facilities are not feasible, we provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If an alternative for an acceptable handwashing facility is used, the hands are washed as soon as feasible after use of the antiseptic towel or cleaner.
- Proper handwashing procedures include the use of warm water. Hands are wetted and soap applied to hands and wrists to reach any organisms that may have traveled above the hand. Scrub between fingers and use a nailbrush for fingernails. Scrub a minimum of 20 seconds. Air drying or single-use towels are used to dry the hands.

*C. Handling Sharps*

- Mechanical devices such as tongs or dustpan and broom are available to pick up contaminated sharps such as blood-covered broken glass, to avoid any direct contact. Contaminated glass is not picked up by hand.
- Appropriate gloves, provided by the employer, are used when handling contaminated sharps.
- Needles and other contaminated sharps are not bent, recapped, or removed. Shearing or breaking off contaminated needles is absolutely prohibited.
- Sharps are not removed or recapped unless it is demonstrated that an alternative is not feasible and approval from the exposure control officer is obtained.
- As soon as possible after use, contaminated sharps are placed in appropriately marked storage/disposal containers.

*D. Sharps Containers*

- Sharps containers are located in the Nurse's office.
- Containers are puncture-resistant, labeled or colors coded, come with leak-proof sides and bottom, and are able to be closed after each use.
- If outside contamination of container occurs, place the primary container within a secondary container that is puncture-resistant, leak-proof, and labeled or color-coded. Outside contamination may be brought about by accidental spillage or other contact with blood or OPIM.
- Sharps containers are shipped through a regulated waste transport/disposal company as necessary. Documentation is maintained at with the management plan.

*E. Blood/OPIM Clean-up*

**\*Employees shall call a custodian to clean up blood and body fluids\***

- Clean-up is conducted as soon as possible.
- Use gloves. Do not re-use disposable gloves. If utility gloves are used, decontaminate after use with soap and water and appropriate disinfectant.
- Use disposable (paper) towels and other absorbent materials to absorb materials.
- Clean area with soap and water.
- Immediately utilize proper disinfectant (registered with EPA) and follow handling procedures.
- Dispose of waste in a proper container.
- Wash hands thoroughly with warm water and soap.
- The supervisor or exposure control officer is informed and the exposure potential is evaluated.

*F. Clean-up of Objects Contaminated with Blood or OPIM (i.e., athletic equipment)*

**\*Unless specifically trained to perform blood clean-up, employees call a custodian to clean up equipment\***

- Use gloves. Do not re-use disposable gloves. Utility gloves are properly decontaminated after use.

- Discard contaminated items that cannot be cleaned into a lined container.
- Wash objects using warm water and general purpose cleaner.
- Disinfect the object using approved disinfectant solution or a bleach solution.
- If object is to be placed in mouth (e.g., mouth guard for football players) use applicable disinfectant and follow the manufacturer's directions.
- Notify supervisor or exposure control officer if an exposure potential exists.

G. *Self-Management for Incidents Requiring First Aid*

The principle of self-management is that the people whose blood or other body fluids are exposed manage, treat, clean, and dispose of the contaminated materials themselves, if possible, thereby avoiding contact by a second party.

H. *First Aid/Healthcare*

**\*Unless specifically trained to perform First Aid/CPR, employees direct first aid needs to security or a health office staff member\***

- Use gloves or other personal protective equipment (PPE).
- Use paper toweling or other absorbent material to wipe injury and, if appropriate, allow person to rinse injury with running water.
- Place soiled materials into a lined waste container.
- Soiled clothing is removed and placed into a plastic bag to take home, if possible.
- Assist in cleaning affected area; use cotton swabs to apply medicine, if appropriate.
- Follow other procedures for care in minimizing direct contact with blood or body fluids.
- Wash hands thoroughly.

I. *Eating, Drinking, Smoking*

Eating, drinking, smoking, applying cosmetics or lip balm, and contact lens handling are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Also, food and drink are not stored in close proximity to where blood or potentially infectious materials are present.

J. *Mouth Pipetting/Suctioning*

Mouth pipetting/suctioning of blood or OPIM is prohibited.

#### 4.0 Personal Protective Equipment (PPE)

Optimally, the use of engineering controls would eliminate or minimize the exposure to blood or OPIMs. When an exposure potential exists after the engineering controls are in place, PPE is utilized. There is a large range of PPE in the use of infection control, but the main consideration in choosing and using such equipment is to restrict blood or OPIM from contact with skin, mucous membranes, etc. We provide free PPE, as appropriate, to employees.

PPE is considered "appropriate" only if it does not permit blood or OPIM to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

A. **PPE** includes, but is not limited to:

- **Gloves** are used for first aid, clean-up, handling of sharps, and when in contact with any blood or OPIM. Disposable or single-use gloves, such as surgical gloves, are discarded in leak-proof bags.
  - If possible, before putting on gloves, wash your hands. After you have put the gloves on, check for proper fit and punctures. Pull them snug to enable a good fit.
  - To remove gloves, they are rolled or pulled from the wrist to the fingers so that the glove is inside out. This minimizes contamination. Disposable gloves are discarded immediately in a lined container and never reused.

- Utility gloves used for blood clean-up must be cleaned and decontaminated after use. They must be inspected prior to each use and discarded if they have deteriorated or the integrity is compromised.
  - Face shields/masks are used during a serious accident and clean-up to prevent the splashing of fluids, thereby protecting the mucous membranes from exposure.
  - Eye protection is used where the potential for exposure to eyes or mucous membranes from blood splashing exists.
  - Mouth pieces are used to avoid direct contact with blood or saliva during resuscitation.
  - Other PPE, if appropriate.
- B. **Use**--We will document that employees use appropriate PPE. Under rare and extraordinary circumstances, an employee may decline to use PPE; these cases are investigated and documented.
- C. **Accessibility**--We will document that appropriate PPE is readily accessible at the work site or issued to employees covered under the Standard. Employees are informed of the location and accessibility of PPE. We base our decision regarding proper PPE issuance on the results of the employee category assessment found at the beginning of the Exposure Control Plan for Bloodborne Pathogens.
- D. **Upkeep**--We repair, replace, clean, and dispose of PPE at no cost to employees. Hypoallergenic gloves or appropriate substitutes are provided to employees who are allergic to the gloves normally provided. Our policy dictates that employees inform the exposure control officer of faulty, worn, dirty, or other problematic PPE.

### **Housekeeping**

Clean and sanitary conditions are maintained in the worksite.

- Contaminated equipment and working surfaces are cleaned and decontaminated after contact with blood or OPIM. Decontamination involves the clean-up of material using paper toweling or other absorbent material, water and soap, and final disinfection with an EPA-approved disinfectant.
- Broken glassware that may be contaminated is not picked up directly with the hands. Tongs, forceps, or brush and dust pan are used and the material is disposed of in a sharps container. This equipment is cleaned and disinfected after contact with blood. Cleaning and disinfecting procedures described in the above paragraph are used.
- Waste generated by Pine City Schools is disposed of in the regular waste stream. In the event of an emergency, regulated waste may be generated (i.e., dripping towels) – these wastes would most likely be taken by the ambulance service. If Pine City Schools becomes responsible for disposing of regulated materials, we will follow federal and state regulations regarding disposal.
- In the event that clothing and/or other washable materials are contaminated with blood or OPIM, the following conditions are applicable:
  - Contaminated laundry is handled as little as possible.
  - Gloves are utilized throughout handling.
  - Contaminated laundry is bagged immediately. The items are sent home with the injured person.

### **New/Transferred Employees**

When a new employee is hired, or an employee changes jobs within the facility, the following process takes place to accommodate assessments and, if necessary, the employee is trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures he/she will perform are evaluated by classifications and task lists which have been identified in our Exposure Control Plan.
- If the employee is transferring from one job to another within the facility, the job classifications and tasks/procedures pertaining to the previous position are also checked against these lists.



- Based on this cross-checking, the job classifications and/or tasks and procedures that will bring the employee into occupational exposure situations are identified and documented. The employee is then trained by a qualified instructor regarding any work practice controls with which the employee is not experienced.
- If the new employee is in Classification 1 and that employee receives the hepatitis B vaccination upon being hired, that employee has an antibody titer one to two months after completion of the three-dose vaccination series. If the employee did not respond to the primary vaccination series, they are re-vaccinated with an additional three-dose series and re-tested. Medical evaluation is required if they do not respond to the second series.

## 5.0 Communication of Hazards

Labels and signs are required for identifying regulated contaminated materials. Outside of sharps containers, regulated waste is typically not generated at Pine City Schools.

- Warning labels are affixed to containers of regulated waste or contaminated equipment (if generated) that is transported and cannot be completely decontaminated prior to transport.
- Labels include the biohazard legend, are fluorescent orange or orange-red with contrasting lettering or symbols, and are affixed as close as possible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal.

## Information and Training

Free information and training is provided to identified employees during work hours. If training can not be provided during work hours, employees are compensated for their extra time. Training is provided at the time of initial assignment and annually thereafter. Additional training is provided when changes such as modification or addition of tasks or procedures affect employee's occupational exposure. Material covered applies to educational level, literacy, and language of employees being addressed. The contents of the training program include:

- Access to 29 CFR 1910.1030 *Bloodborne Pathogens*.
- Explanation of the epidemiology and symptoms of bloodborne diseases
- Explanation of the modes of transmission of bloodborne pathogens
- Explanation of our Exposure Control Plan, its location, and means by which an employee may obtain a copy
- Assessment of tasks that may involve exposure
- Methods for preventing or reducing exposure (engineering controls and work practices)
- Information on types, proper use, location, removal, handling, decontamination, and disposal of PPE
- Explanation of selection of PPE
- Information on the HBV vaccine, including efficacy, safety, administration, and benefits, as well as the location and procedure for receiving the cost-free vaccination
- Information on appropriate action to take and persons to contact in emergencies involving exposure
- Explanation of procedures to follow when an exposure incident occurs, including reporting methods and medical follow-up
- Information on the post-exposure evaluation and follow-up
- Explanation of signs, labels, and color coding system
- Opportunity for a question and answer period
  - The person conducting the training is knowledgeable in the material covered during the training course as it relates to the workplace.
  - Training records are maintained for a period of three years and include name, occupation, name of person performing the training (with qualifications), and a brief overview of agenda.
  - Training curriculum—A copy of this curriculum is maintained and made available for review by employees or OSHA.

## 6.0 Hepatitis B Vaccination and Post-Exposure Evaluation Policy

### Hepatitis B Vaccination Policy

The hepatitis B vaccine is available to employees who have the potential for occupational exposure. It is:

- *Provided at no cost to the employee.* We do not have a reimbursement program, nor do we require an employee to use healthcare insurance to pay for the vaccination if there is any co-pay for insurance or procedure. No “out-of-pocket” costs are incurred by the employee.
- *Made available to the employee at a reasonable time and place.*
- *Performed by a licensed physician or licensed healthcare professional* following appropriate healthcare professional procedures.

The hepatitis B vaccination is made available after the employee receives the required training and within ten days of initial assignment to employees who have the potential for occupational exposure.

**Classification 1 Employees** are tested for antibodies to the hepatitis B surface antigen one to two months after the completion of the three-dose series. If the classification 1 employee does not respond to the primary vaccination series, he/she is re-vaccinated with a second three-dose vaccine series and re-tested. Non-responders are then medically evaluated. Exemptions include:

- Employees who have received the vaccine series previously
- Antibody testing has revealed that employees are immune
- Those with medical reasons

An employee may decline the HBV vaccination, in which case the employee signs a declination statement. The employee may, at a later date, request the vaccine; The employee’s request will be granted at that time.

### Post-Exposure Evaluation and Follow-up Protocol

The School Nurse is responsible for evaluating an exposure incident (e.g., blood contact with mucous membranes, non-intact skin, or piercing the skin or mucous membrane by needle stick, cut, bite). In the event of an exposure incident, it is imperative that we, and the employee, follow the appropriate protocol. Time is important in providing the most comprehensive and protective treatment. The exposure control officer refers the exposed individual to our designated clinic or the employee may go to the healthcare professional of their choice. Any employee who has an exposure incident follows the post-exposure protocol. It is our responsibility to provide a confidential medical evaluation and follow-up after an exposure incident has been reported. The following protocols are followed:

#### *Exposed Employee*

- Immediately washes exposed area or flushes mucous membrane with running water
- Contacts the supervisor and exposure control officer

#### *Exposure Control Officer*

- Documents the exposure incident, along with routes of entry and circumstances of exposure (see Exposure Incident Report Form in Post-Exposure Packet)
- If the exposure was from a contaminated sharp, the incident is entered on the Sharps Injury Log and reported no later than ten working days after the end of the calendar month in which it occurred.
- Identifies and documents the source individual (unless prohibited by law) This is done to determine HBV or HIV status of the source
- The source individual’s blood is tested as soon as feasible, if consent from the source or source’s parent (if source is under 18 years of age) is obtained. If consent is not obtained, this is documented.
- If the source individual is already known to be infected, status testing will not be repeated.
- Informs the employee of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual
- The exposed employee’s blood is collected as soon as feasible and tested after consent is obtained.

- If the employee consents to baseline blood collection, but does not give consent for testing, samples are held for 90 days. In this time period, the employee may decide to have a blood sample tested.
- Makes available the post-exposure evaluation/treatment provided by the healthcare professional, including counseling and evaluation of reported illness by the healthcare professional

### **Post Exposure Documentation**

- Copy of 29 CFR 1910.1030 *Bloodborne Pathogens*
- Copy of the Exposure Incident Report
- Testing Consent/Declination of Source - If consent is obtained, results will be transmitted by the healthcare professional directly to the healthcare professional of the exposed employee.
- Testing Consent/Declination of Exposed Employee - Results are transmitted directly to employee.
- Employee's medical records relevant to the incident (i.e., previous exposure or hepatitis B vaccination status)
- Healthcare Professional's Written Opinion Form (or use form provided by healthcare professional)

We obtain the healthcare professional's written opinion (which does not include testing results or other protected information) and provide the affected employee with a copy within 15 days of completion of evaluation. The healthcare professional's written opinion must contain whether the HBV vaccination is indicated for the employee and, if the employee has received such vaccination, a statement that the employee was informed of evaluation results and any medical conditions resulting from exposure. All other findings are confidential and maintained with the healthcare professional.

### **Recordkeeping**

Medical records are confidential and maintained in accordance with 29 CFR 1910.1020 *Access to Employee Exposure and Medical Records*. Medical records are maintained at the District Office and include the following:

- Employee's name
- Employee's HBV vaccination status
- If exposure incident occurs:
  - Archive results of exams, medical testing, and follow-up procedures. It is recommended that medical information outside of the written opinion be maintained with the healthcare professional.
  - Archive our copy of the healthcare professional's written opinion.
  - Archive a copy of information provided to healthcare professional, including a description of the exposed employee's duties as they relate to the exposure incident, documentation of routes of exposure, circumstances under which the exposure occurred, and results of the source individual's blood test, if available.
  - If the exposure incident involved a contaminated sharp, log the incident in the Sharps Injury Form (see the forms section of this plan) or be sure to include the type and brand of device involved in the incident, if known, the location of the incident, and a description of the incident on the First Report of Injury/OSHA 300 Log.
  - Contaminated sharps injuries are recordable under OSHA's recordkeeping standard and are to be handled as a privacy case (names are not to be included on the 300 Log).
- These records are kept confidential and are not disclosed or reported without the employee's express written consent.
- We maintain records for the duration of employment plus thirty years.

Upon request, Pine City Schools will make employee records available under 29 CFR 1910.1020 to the Assistant Secretary of Labor for OSHA and the Director of NIOSH. Records are also available to the subject employee for examination and copying. Transfer of records complies with 29 CFR 1910.1020(h). If we cease to do business, and there is no successor employer to receive and retain above records, the Director of NIOSH is notified three months prior to their disposal. Further action may be taken at such time.

# Appendix A

*29 CFR 1910.1030*

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

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

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|                           |  |
|---------------------------|--|
| ● <b>Part Number:</b>     | 1910                                     |
| ● <b>Part Title:</b>      | Occupational Safety and Health Standards |
| ● <b>Subpart:</b>         | Z  |
| ● <b>Subpart Title:</b>   | Toxic and Hazardous Substances           |
| ● <b>Standard Number:</b> | <u><a href="#">1910.1030</a></u>         |
| ● <b>Title:</b>           | Bloodborne pathogens.                    |
| ● <b>Appendix:</b>        | <u><a href="#">A</a></u>                 |

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### [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.

**Needleless 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)

#### **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)**

##### **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)**

##### **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)

**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)

**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)

#### **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)

#### **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)**

**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)

**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)

**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)

**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)

**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)**

**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)**

**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)**

**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)**

**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)**

**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)**

**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).

**1910.1030(f)**

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

**..1910.1030(f)(1)**

**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)

**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)

**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)**

**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)**

**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)**

**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)**

**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)**

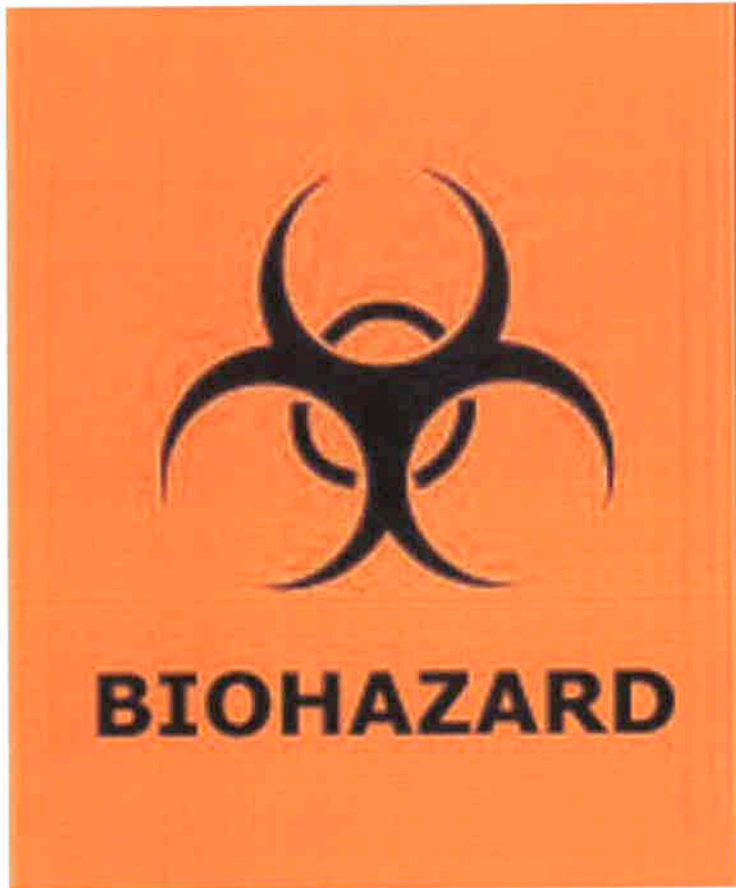
Regulated waste that has been decontaminated need not be labeled or color-coded.

**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)**

**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)**

Within 90 days after the effective date of the standard; and

**1910.1030(g)(2)(ii)(C)**

At least annually thereafter.

**1910.1030(g)(2)(iii)**

For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

**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)**

**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)**

**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)

**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)

**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)**

**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)**

**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)**

**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]

# Appendix B

## *Assessment Tool*

# Bloodborne Pathogens Job Classification Assessment Tool

Department: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

- Job category:**
- |  |   |
|--|---|
| <input type="checkbox"/> Nurses                          | <input type="checkbox"/> Special Needs Staff      |
| <input type="checkbox"/> Lifeguards                      | <input type="checkbox"/> Playground Supervisors   |
| <input type="checkbox"/> Healthcare Aides                | <input type="checkbox"/> Preschool/Daycare Staff  |
| <input type="checkbox"/> Coach/Trainers (contact sports) | <input type="checkbox"/> Physical Education Staff |
| <input type="checkbox"/> Bus Drivers                     | <input type="checkbox"/> Custodians               |
| <input type="checkbox"/> First Aid Providers             | <input type="checkbox"/> Other:                   |

1. Is first aid/healthcare the primary component of the position/job description?  Yes  No
2. Is first aid an auxiliary component (required or expected) of the position/job description?  Yes  No
3. Is there potential for other occupational exposure\* to Bloodborne pathogens, such as blood clean-up, restraining aggressive/biting behavior, etc.?  Yes  No

\* Occupational Exposure is contact of blood or other potentially infectious materials (OPIM) with mucous membranes (eyes, nose, mouth) or skin or the piercing of the mucous membranes of the skin barrier through such events as needle sticks, bites, cuts, abrasions, etc.

If you answered "yes" to any of the above questions, please fill out the rest of this form. If you answered "no" to all of the questions above, you do not need to continue. Please date and fill out above information and place in your recordkeeping system.

4. If you answered "yes" to Question #1, please check Classification 1.

- Classification 1** - Employees who provide first aid or healthcare as a primary component of their position are potentially exposed to blood or OPIM. It is required that employees in this classification receive a pre-exposure vaccination and comply with all components of the regulation. All employees in this job classification are covered under this regulation.

5. If you answered "yes" to Question #2 or #3, then please check Classification 2.

- Classification 2** - Employees who provide first aid, healthcare, or are required to clean up blood or OPIM as one component of their position are potentially exposed to blood or OPIM. It is required that employees in this classification receive a pre-exposure vaccination and comply with all components of the regulation. Identify specific employees in this job classification and the tasks they perform where potential exposure to blood or OPIM occurs.

**Optional** - OSHA allows an employer to determine whether designation of "first aid provider," whose primary job responsibility is not the provision of first aid, necessitates a pre-exposure vaccination. However, all other components of the regulation do take effect. Administrators must be aware that the decision not to provide pre-exposure vaccination will require additional tasks including maintenance of a first aid log requiring all first aid incidents to be recorded as well as the provision of the hepatitis B vaccine within 24 hours of first aid incident.

**6. What are the types of activities involved in this position that may involve exposure to bloodborne pathogens?**

- |   |  |
|---|--|
| <input type="checkbox"/> Sharps – needles/lancets                       | <input type="checkbox"/> First Aid                                 |
| <input type="checkbox"/> Resuscitation/CPR                              | <input type="checkbox"/> Respiratory care                          |
| <input type="checkbox"/> Suctioning                                     | <input type="checkbox"/> Diapering or other personal hygiene       |
| <input type="checkbox"/> Changing of dressings                          | <input type="checkbox"/> Dealing with aggressive behavior (biting) |
| <input type="checkbox"/> Speech therapy (involving mouth contact)       | <input type="checkbox"/> Handling infectious waste                 |
| <input type="checkbox"/> Feeding or tube activity                       | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Clean-up of blood spills and other body fluids | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Handling contaminated laundry (blood-soaked)   | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Healthcare                                     | <input type="checkbox"/> Other                                     |

**7. What type of body fluids are dealt with?**

- Blood
- Blood contaminated vomit, urine, feces, or fluids
- Saliva (dental procedures only)
- Other regulated fluid:

**8. Types of work practices required or suggested for these activities:**

- Proper handling of sharps (syringes, needles, lancets, scalpels, knives, broken glass, etc.)
- Proper cleaning/disinfection practices
- Proper disposal practices
- Proper hand washing practices
- Other

**9. Types of personal protective equipment required or suggested for these activities:**

- Latex gloves
- Utility gloves
- Masks
- Eye protective wear (goggles, face shields etc.)
- Aprons
- Laboratory coats
- Other:

**10. Engineering controls required or suggested for use with these activities:**

- Sharps disposal containers
- Proper biohazard containers
- Handwashing facilities or proper substitute
- Self-sheathing needles
- Other

**11. Are appropriate handwashing facilities readily accessible?**  Yes  No  
If no, substitute cleansers are required.

**12. Are any sharps (needles, lancets etc.) ever reused, recapped, or sheared?**  Yes  No

**13. Is equipment used in any of the above activities that cannot be easily decontaminated?**  Yes  No  
If yes, special steps will be required.

## Appendix C

### *Classification 1*





# Appendix D

## *Classification 2*



# Appendix E

## *Compliance Audit*

# Bloodborne Pathogen Compliance Audit

|  | Initial Compliance |         | Annual Review |         | Periodic Review |         | Comments/Location |
|--|--------------------|---------|---------------|---------|-----------------|---------|-------------------|
|  | Date               | Initial | Date          | Initial | Date            | Initial |                   |
| <b>1. EXPOSURE ASSESSMENT (see assessment tool)</b>  |                    |         |               |         |                 |         |                   |
| a) Identify employee positions where potential for occupational exposure may exist. Example: Nurses, lifeguards, special education staff, coaches.   |                    |         |               |         |                 |         |                   |
| b) Identify employee position where <u>all</u> employees have occupational exposure, i.e. nurses, health aids (Classification 1).  |                    |         |               |         |                 |         |                   |
| c) Identify employee position in which <u>some</u> of the employees have occupational exposure. Example: coaches, bus drivers, playground supervisors, special education staff (Classification 2). |                    |         |               |         |                 |         |                   |
| d) List the tasks/procedures where occupational exposure may occur for employees in Classification 2, i.e. first aid, changing of dressing, restraining aggressive behavior, blood clean-up, etc.  |                    |         |               |         |                 |         |                   |
| e) List of names and positions of employees with occupational exposure (Classification 1 & 2).   |                    |         |               |         |                 |         |                   |
| f) Location of exposure determination process.   |                    |         |               |         |                 |         |                   |
| <b>2. METHODS OF COMPLIANCE</b>  |                    |         |               |         |                 |         |                   |
| a) Universal precautions have been implemented and are documented in policy.   |                    |         |               |         |                 |         |                   |
| • Periodically monitored.  |                    |         |               |         |                 |         |                   |
| b) Engineering and work practice controls have been implemented.   |                    |         |               |         |                 |         |                   |
| • Handwashing facility or appropriate hand cleaners are provided.  |                    |         |               |         |                 |         |                   |
| • Proper handwashing procedures are communicated and monitored.  |                    |         |               |         |                 |         |                   |
| • Needles and other sharps are handled appropriately per regulation and are disposed of in appropriate container.  |                    |         |               |         |                 |         |                   |
| • Eating, drinking, food storage, personal hygiene do not occur where blood or other potentially infectious material are present.  |                    |         |               |         |                 |         |                   |
| c) Procedures are performed to minimize exposure potential.  |                    |         |               |         |                 |         |                   |
| • Contaminated equipment is examined and disinfected prior to services or tagged to notify repair person.  |                    |         |               |         |                 |         |                   |
| • Engineering controls and work practices are examined or monitored periodically to ensure compliance and effectiveness.   |                    |         |               |         |                 |         |                   |
| • Non-managerial employees are involved in the evaluation and selection of effective engineering controls (including safer medical devices).   |                    |         |               |         |                 |         |                   |
| <b>3. PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>  |                    |         |               |         |                 |         |                   |
| a) Appropriate personal protective equipment has been provided to identified personnel.  |                    |         |               |         |                 |         |                   |
| b) Personal protective equipment is: used appropriately, accessible, and repaired/replaced when necessary. Any cleaning, laundering or disposal is conducted according to regulation.              |                    |         |               |         |                 |         |                   |
| c) Disposable, single-use gloves are provided and appropriate use monitored.   |                    |         |               |         |                 |         |                   |
| d) Utility gloves are decontaminated and examined for integrity.   |                    |         |               |         |                 |         |                   |

|   | Initial Compliance |         | Annual Review |         | Periodic Review |         | Comments/Location |
|---|--------------------|---------|---------------|---------|-----------------|---------|-------------------|
|   | Date               | Initial | Date          | Initial | Date            | Initial |                   |
| <b>4. HOUSEKEEPING</b>  |                    |         |               |         |                 |         |                   |
| a) All equipment and surfaces which come into contact with blood or other potentially infectious material are cleaned and disinfected according to established protocol.  |                    |         |               |         |                 |         |                   |
| b) Regulated waste (sharps containers) is in compliance with regulation and disposed of appropriately. <i>(If any other regulated waste is produced - labeling, storage and disposal procedures are followed).</i>  |                    |         |               |         |                 |         |                   |
| <b>5. LAUNDRY</b>   |                    |         |               |         |                 |         |                   |
| a) The facility has evaluated its laundry procedures to determine if blood contaminated laundry is produced. If so, laundry staff use universal precautions in handling all laundry.  |                    |         |               |         |                 |         |                   |
| b) Personal protective equipment is provided to laundry staff.  |                    |         |               |         |                 |         |                   |
| c) If laundry is shipped outside: <ul style="list-style-type: none"> <li>• Determine if facility uses universal precautions.</li> <li>• If they do not, laundry must be labeled or color coded per regulation.</li> </ul>   |                    |         |               |         |                 |         |                   |
| <b>6. HEPATITIS B VACCINATION</b>   |                    |         |               |         |                 |         |                   |
| a) Vaccination offered after training and within 10 days of initial work assignment to all employees identified in Classification 1 & 2. If not: <ul style="list-style-type: none"> <li>• Implementation of OSHA optional classification for secondary first aid providers.</li> <li>• First aid log maintained.</li> <li>• Hepatitis B vaccination offered within 24 hours of a first aid incident.</li> </ul> |                    |         |               |         |                 |         |                   |
| b) Employee Declination signed.   |                    |         |               |         |                 |         |                   |
| c) Vaccination series completed; document in medical file.  |                    |         |               |         |                 |         |                   |
| d) New Classification 1 Employees who have received the hepatitis B vaccine upon being hired have had the titer.  |                    |         |               |         |                 |         |                   |
| <b>7. TRAINING</b>  |                    |         |               |         |                 |         |                   |
| a) All employees identified in Classification 1 & 2 participated in initial training.   |                    |         |               |         |                 |         |                   |
| b) Training (initial and annual) contained all required topics:   |                    |         |               |         |                 |         |                   |
| c) Annual training (provided within 1 year of initial training).  |                    |         |               |         |                 |         |                   |
| d) Additional training provided for new tasks or procedures change.   |                    |         |               |         |                 |         |                   |
| e) New employees or previously unidentified employees with occupational exposures have been provided training at the time of initial assignment.  |                    |         |               |         |                 |         |                   |
| <b>8. TRAINING PARTICIPATION DOCUMENT</b>   |                    |         |               |         |                 |         |                   |
| a) Names and job titles of employees.   |                    |         |               |         |                 |         |                   |
| b) Date of training.  |                    |         |               |         |                 |         |                   |
| c) Contents of program.   |                    |         |               |         |                 |         |                   |
| d) Name/qualifications of training instructor.  |                    |         |               |         |                 |         |                   |
| e) Records maintained for 3 years.  |                    |         |               |         |                 |         |                   |

|   | Initial Compliance |         | Annual Review |         | Periodic Review |         | Comments/Location |
|---|--------------------|---------|---------------|---------|-----------------|---------|-------------------|
|   | Date               | Initial | Date          | Initial | Date            | Initial |                   |
| <b>9. POST-EXPOSURE EVALUATION &amp; FOLLOWUP</b>   |                    |         |               |         |                 |         |                   |
| a) Procedures documented in ECP to evaluate an exposure incident.                                       |                    |         |               |         |                 |         |                   |
| b) Medical evaluation and follow-up referral provided.  |                    |         |               |         |                 |         |                   |
| c) Information regarding incident documented and provided to HCP, including:                            |                    |         |               |         |                 |         |                   |
| • Exposure circumstances.   |                    |         |               |         |                 |         |                   |
| • Source identification and testing request/ information.   |                    |         |               |         |                 |         |                   |
| • Employees' hepatitis B vaccination status.  |                    |         |               |         |                 |         |                   |
| • Copy of regulation.   |                    |         |               |         |                 |         |                   |
| d) Health care providers written opinion obtained and provided to employee within 15 days.              |                    |         |               |         |                 |         |                   |
| <b>10. MEDICAL RECORDS</b>  |                    |         |               |         |                 |         |                   |
| a) System established to maintain confidential medical records:   |                    |         |               |         |                 |         |                   |
| • On-site location.   |                    |         |               |         |                 |         |                   |
| • Off-site location.  |                    |         |               |         |                 |         |                   |
| b) Medical records contain:   |                    |         |               |         |                 |         |                   |
| • Hepatitis B vaccination information.  |                    |         |               |         |                 |         |                   |
| • Post-exposure information.  |                    |         |               |         |                 |         |                   |
| c) Records maintained for duration of employment plus 30 years.   |                    |         |               |         |                 |         |                   |
| <b>11. EXPOSURE CONTROL PLAN CONTAINS:</b>  |                    |         |               |         |                 |         |                   |
| a) Exposure determination procedures.   |                    |         |               |         |                 |         |                   |
| b) Schedule and method of implementation for components of regulation.                                  |                    |         |               |         |                 |         |                   |
| c) Exposure incident procedures.  |                    |         |               |         |                 |         |                   |
| <b>12. EXPOSURE CONTROL PLAN IS:</b>  |                    |         |               |         |                 |         |                   |
| a) Accessible to employees.   |                    |         |               |         |                 |         |                   |
| b) Updated annually and whenever necessary to reflect new or modified tasks and new employee positions. |                    |         |               |         |                 |         |                   |
| <b>13. BLOODBORNE PATHOGEN LAW (MS 182.6555)</b>  |                    |         |               |         |                 |         |                   |
| a) Reviewed task/procedures for possible sharps injuries (vaccinations, medication administration).     |                    |         |               |         |                 |         |                   |
| b) Reviewed exposure incident records for needle-stick injuries.  |                    |         |               |         |                 |         |                   |
| c) Involve employees directly affected in reviewing engineering controls.                               |                    |         |               |         |                 |         |                   |
| d) Reviewed and documented possible engineering control changes.  |                    |         |               |         |                 |         |                   |
| e) Reviewed annually.   |                    |         |               |         |                 |         |                   |
| f) Recorded exposure incident information.  |                    |         |               |         |                 |         |                   |

## Appendix F

### *PPE Locations*





## Appendix G

### *Employee Hepatitis B Vaccination Status*



## Appendix H

### *Post-Exposure Booklet*

**Pine City Public Schools ISD# 578**

**Bloodborne Pathogens**

**Post-Exposure Incident Packet**



**An Informational Guide**

# Bloodborne Pathogens

## Post-Exposure Incident Packet

This packet has been developed as an informational guide on what to do when an employee is actually (or potentially) exposed to blood or other potentially infectious materials. This packet contains the following important documents:

1. BBP Exposure "Employee Self-Assessment and Immediate Response Process"
2. Additional Post-Exposure Instructions and Response Actions
3. Post-Exposure Forms Routing Process
4. Forms:
  - BBP1: Supervisor's Report of Employee's Exposure to Blood or Other Potentially Infectious Materials
  - BBP2: Exposed Employee Declination of Medical Evaluation
  - BBP3: Transmittal Letter to Healthcare Professional
  - BBP4: Exposed Employees Consent/Declination for Blood Testing
  - BBP5: Source Individual Consent/Declination for Blood Testing
  - BBP6: Healthcare Professional Written Opinion
  - BBP7: Cleaning and Disinfection Procedures for Blood and Body Fluids

***The injured employee will begin to use this packet by reading and working through the BBP Exposure Self-Assessment and Response Process.***

**For assistance with this packet or process, please seek help from the school's health services. Contact numbers are as follows:**

Glenda Christianson School Nurse: 320-629-4215  
320-629-4116

EMPLOYEE NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

## BBP Exposure Self-Assessment & Response Process

**\*\* ATTENTION INJURED EMPLOYEE \*\***

### Please follow the steps listed below:

1. **Immediately flush the affected area with water and if possible wash with warm water and soap.**
2. Seek immediate first aid from health services, if required.
3. Answer the following questions to determine if the incident you've been involved in should be considered an "exposure" to bloodborne pathogens or other potentially infectious materials (OPIMs). **Any YES answer means an "exposure" has most likely occurred.** Initial your answers. *Make sure to ask for clarification if you're not sure of any answer!*

4. **Questions:** Did the contact with blood OR other potentially infectious materials (OPIMs) include any of the following:

|   | YES                      | NO                       | Initials             |
|---|--------------------------|--------------------------|----------------------|
| Blood or OPIMs in your eyes, nose, or mouth?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Blood or OPIMs in contact with your broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of your skin in a bite? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Penetration of your skin by a blood or OPIM contaminated sharp (needle, lancet, glass, teeth, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

4. **If you answered NO to ALL of the questions above, an exposure did not occur and medical attention for exposure to blood or OPIMs is not required. Other medical attention may still be appropriate. You may stop here and give this form to your supervisor. Please report other injuries or concerns involved in this event, as applicable. Please ask for help from health services if you're not sure of this result or what to do next.**
5. **If you answered YES to any of the above questions, do the following:**
  - 1) Report the incident to your supervisor immediately.
  - 2) Complete a "Supervisor's Report of Employee Exposure to Blood" form (**Form BBP1**) with your supervisor. Send the form to the Exposure Control Officer as soon as possible (within 24 hrs.).
  - 3) **You are encouraged to obtain medical care within 24 hours of the exposure.** Take all forms indicated in the routing directions on page 5 of this booklet (or bring the entire packet if you're not sure).
  - 4) Call your physician (phone numbers on next page) to notify them that you will be coming in for medical care right away (or as very soon as possible). Ask the clinic for travel directions.
  - 5) If you choose to decline medical services at this time, you must sign the Exposed Employee Declination of Medical Services (Form BBP2), found on page 7 of this booklet. Send the signed form to the School Nurse. Keep a copy for your records.
  - 6) Ensure that all documentation related to the event is given to the School Nurse or Human Resources ASAP.
  - 7) **GO TO THE NEXT PAGE FOR ADDITIONAL DIRECTIONS AND INFORMATION. ADDITIONAL ACTIONS MAY NEED TO BE TAKEN.**

## **Additional Post-Exposure Instructions and Response Actions**

Pine City Public School employees who experience a work-related exposure to blood or any other potentially infectious agent (OPIM) are encouraged to seek medical care immediately. The purpose of medical care is to discuss the event with a qualified health care provider and obtain baseline blood antibody levels for Hepatitis B and HIV. Both the exposed employee and source individual will be given an opportunity to accept or decline having their blood drawn and tested, or drawn and held for future testing. In addition, the exposed employee could be offered and provided with a hepatitis vaccine and/or gamma globulin to prevent development of hepatitis. Employees may go to their own healthcare provider or to one provided by the district.

### **General Instructions:**

- 1) Review and work through the "[BBP Exposure Self-Assessment & Response Process](#)" form with the assistance of your supervisor or district nurse. The process continues only if you have experienced an "exposure" (indicated by one or more YES answers).
- 2) Complete the "[Supervisor's Report of Employee's Exposure to Blood or OPIMs](#)" form (BBP1) with your district nurse. This should be done as soon after the incident as possible, but in every case, it must be done within 24 hours of the incident.

#### **NOTE**

- If you choose not to seek a medical evaluation, complete the "[Exposed Employee Declination of Medical Evaluation](#)" form (BBP2) with the assistance of your supervisor, district health services, and/or the district safety consultant. Send the original to Human Resources and keep a copy of the form for your records.
  - If you chose not to seek a medical evaluation and have signed the form, you may stop this process.
- 3) Complete the "[Transmittal Letter to Healthcare Professional](#)" form (BBP3) with the assistance of your supervisor, district health services, and/or the district safety consultant. Take this form to the medical care provider of your choice. Give the form directly to the doctor or nurse and ask that they process the form, as indicated.
  - 4) Complete the "[Exposed Individual – Consent/Declination for Blood Testing](#)" form (BBP4) with the assistance of your supervisor, district health services – OR TAKE TO CLINIC TO COMPLETE THERE.
  - 5) Complete the "[Source Individual – Consent/Declination for Blood Testing](#)" form (BBP5) with the assistance of your supervisor, district health services – OR TAKE TO CLINIC TO COMPLETE. The consent form should go with the source individual and be given to the medical provider administering the test. *If a minor child is involved or you are unable to get the adult source individual to sign this form, involve the school principal or vice principal.*
  - 6) Obtain medical care within 24 hours. You may go to your usual provider of health care for this exam or to an occupational health clinic, as indicated above. Take this booklet with you when seeking care from any medical provider not listed below. Give the medical provider a copy of the "[Health Care Professional Written Opinion](#)" form (BBP6) to complete, as appropriate. The provider is asked to send the completed form back to the district.
  - 7) Provide copies of all event-related documents to the School Nurse and Human Resources. Communicate with your supervisor regarding job restrictions, return-to-work date, or other appropriate information.

## Forms and Routing Directions

- All forms will be ultimately submitted to the School Nurse.
- Take the forms indicated below to your physician with the enclosed copy of the OSHA regulation - 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens. (Or, complete the forms and copy and/or route them as indicated below and simply take this booklet to your physician.)
- **Medical Provider:** Send copies of completed forms (BBP3, BBP4, BBP5, BBP6) to the School Nurse Glenda Christianson: 1400 Main St S. Pine City, MN 55063
- Complete Forms (BBP2) only if the employee does not want medical attention. Forward the forms to the School Nurse.

| Form #      | Routing  |                          | Form Title   |
|-------------|--|--------------------------|--|
|             | Take with you to the medical provider (as indicated) | Send to the School Nurse |  |
| <b>BBP1</b> | copy   | original                 | Supervisor's Report of Employee's Exposure to Blood or OPIMs |
| <b>BBP2</b> | Not Applicable                                       | original                 | Exposed Employee Declination of Medical Evaluation           |
| <b>BBP3</b> | original   | original                 | Transmittal Letter to Healthcare Professional                |
| <b>BBP4</b> | original   | copy                     | Exposed Individual – Consent/Declination for Blood Testing   |
| <b>BBP5</b> | original   | copy                     | Source Individual – Consent/Declination for Blood Testing    |
| <b>BBP6</b> | original   | original                 | Health Care Professional Written Opinion                     |
| <b>BBP7</b> | Not Applicable                                       | Not Applicable           | Cleaning and Disinfection Procedures for Blood & Body Fluids |

Please contact your building's school nurse or health aide for additional information or assistance.



## Supervisor's Report of Employee's Exposure to Blood or OPIMs

(to be filled out with the Licensed School Nurse)

| EMPLOYEE INFORMATION          |                   |
|-------------------------------|-------------------|
| Employee Name: _____          | Birth Date: _____ |
| Social Security Number: _____ | Job Title: _____  |
| Work Location: _____          | Work Phone: _____ |

| INCIDENT REPORT  |   |
|--|---|
| Date of Exposure: _____  | Time of Exposure: _____ A.M. _____ P.M. |
| Location / Building: _____   | Room # (or location): _____             |
| Describe what happened: _____<br>_____   |   |
| Was a needle, lancet, glass or other sharp object involved? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Type of body fluid involved: _____ Blood _____ Other body fluid _____  |   |
| What part of employee's body was involved: _____ Eyes _____ Nose _____ Mouth _____ Cut less than 24 hours old        |   |

The following information was obtained to assist in a medical evaluation of the incident:

Severity of exposure:

- Precutaneous (skin piercing): Depth of injury: \_\_\_\_\_ Was source fluid present at site of injury?       Yes       No
- Mucous Membranes: Area Affected: \_\_\_\_\_ Length of time of exposure: \_\_\_\_\_
- Condition of non Intact skin:       Fresh Cuts (<24 hours)       Dermatitis       Chapped       Other \_\_\_\_\_

Was personal protective equipment utilized? (If so, what type, e.g. gloves, face shield, etc.)       Yes       No

Was the integrity of the personal protective equipment compromised (e.g. gloves pierced)?       Yes       No

Was clothing contaminated? Did appropriate disposal/laundrying procedures occur?       Yes       No

Did hand-washing and/or flushing of mucous membrane occur as soon as possible?       Yes       No

Employee has been referred to a healthcare professional for medical evaluation and follow-up.       Yes       No

Name and Location of Professional Clinic: \_\_\_\_\_

| SOURCE INFORMATION                      |                |              |              |
|---|----------------|--------------|--------------|
| (Person whose blood contacted employee) |                |              |              |
| Name: _____                             | Student: _____ | Staff: _____ | Other: _____ |

It was explained to the employee that he/she was involved in an incident that could place him/her at risk for HBV (Hepatitis B Virus) or HIV (Human Immunodeficiency Virus).

The employee was informed of his/her rights to obtain post-exposure medical care including an examination and blood testing for HBV and HIV. The employee was also offered the opportunity to have a blood sample drawn and preserved for 90 days in the event that he/she might choose to have that sample tested.

It was explained to the employee that this examination may be obtained at no cost to the employee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Supervisor)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

**Post Exposure  
Exposed Employee Declination of Medical Evaluation**

The exposed employee must complete this form if she/he chooses not to receive medical care for a work-related exposure involving blood or OPIMs.

|                               |                                 |
|-------------------------------|---------------------------------|
| <hr/> <p>Employee Name</p>    | <hr/> <p>Job Title</p>          |
| <hr/> <p>Date of Exposure</p> | <hr/> <p>School or Building</p> |

I understand that I have been involved in a workplace encounter with blood or body fluids that may place me at risk for HBV (hepatitis B virus - a virus which causes liver disease) or HIV (human immunodeficiency virus - the virus which causes AIDS).

I have been given the opportunity for a post-exposure follow-up examination, including testing of my blood for HBV and HIV.

I understand that I may obtain this examination through the physician of my choice.

Medical services will be provided at no cost to me for work-related incidents involving exposure to blood or other potentially infectious materials. I understand that I am eligible for this examination even if I have been previously vaccinated against HBV.

I have been offered the opportunity to have a sample of my blood drawn and preserved for 90 days in the event that I might choose to have that sample tested at some point within the 90 days.

Understanding the information written above, I decline any post-exposure medical evaluation, blood sampling, blood testing, or follow-up examination at this time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Post Exposure  
Transmittal Letter to Healthcare Professional**

Today's Date: \_\_\_\_\_ Date of Exposure Incident: \_\_\_\_\_

Exposed Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The identified employee has been exposed to blood or other potentially infectious body fluids, and requires a medical evaluation, as determined in OSHA Regulation 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

To assist in conducting the medical evaluation, we have attached the following information and forms:

- Copy of the OSHA standard 29 CFR 1910.1030.
- Supervisor's Report of Employee's Exposure to Blood or OPIMs (BBP1)
- Exposed Individual – Consent/Declination for Blood Testing (BBP4)  
(results to be transmitted directly)
- Source Individual – Consent/Declination for Blood Testing (BBP5)  
(results to be transmitted directly)
- Healthcare Professional Written Opinion Form (BBP6)

We request that you complete a confidential medical evaluation for the employee, including all appropriate treatments, counseling and evaluation of illnesses. Your written opinion must be provided to the Pine City Public School District, including the limited information requested on the attached form BBP6. All other medical information is maintained by your facility. You may utilize the attached form BBP6 or an alternative form that contains the required information. Please return the written opinion within 12 days for timely distribution to the employee, ATTN: Glenda Christianson.

Thank you for your assistance. Should you have any questions, please contact the employer's representative at the location listed below.

Sincerely,

\_\_\_\_\_  
Pine City Public School Representative (printed name)

\_\_\_\_\_  
Pine City Public School Representative (signature)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

## **Instructions for FORMS BBP4 and BBP5**

### **"EXPOSED INDIVIDUAL CONSENT OR DECLINATION FOR BLOOD TESTING"**

### **"SOURCE INDIVIDUAL CONSENT OR DECLINATION FOR BLOOD TESTING"**

Forms BBP4 and BBP5 ask for permission to test the exposed and/or source individual's blood. The exposed and/or source individual may have their blood drawn and tested by a medical provider of their choice. Forms BBP3 and BBP6 should go with the exposed and/or source individuals and be given to the medical provider administering the test.

If the source individuals decline to sign permission to have their blood tested, send form BBP5 to the medical provider incomplete. The district will review and assist in obtaining permission, as appropriate.

**Post Exposure**  
**Exposed Individual – Consent/Declination for Blood Testing**  
(Review instructions prior to using this form)

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

On the above date, an exposure incident as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source of the exposure and the exposed employee to determine if any infectious diseases (hepatitis B and HIV) are present.

We are requesting to have your blood drawn and tested for HBV and HIV in order to provide appropriate medical direction. If you are a minor, consent to have your blood drawn and tested must be given by your parent or guardian. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by either the hepatitis B virus (HBV) or the human immunodeficiency virus (HIV) or advise or counsel you on appropriate steps to take as a result of such infection.

Please read the following and, if you consent, sign and date the form. Directions will be provided on the location for the test and the cost, if not covered, will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV or HIV and can provide medical records or documentation, no blood test is necessary.

1. I authorize and consent to testing of a sample of my blood for the following (check only one):
  - Human immunodeficiency virus (HIV)
  - Hepatitis B virus (HBV)
  - Both the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV)
2. I understand that a positive HIV test does not necessarily mean a person has AIDS; testing can assist healthcare personnel in medical management and infectious disease control of the virus.
3. I understand that I should rely on my physician for information regarding the nature and purpose of the HIV/HBV test and the meaning and significance of the result of the test.
4. I understand that HIV/HBV testing is not always 100% accurate and that results may be "false negative" (negative results when the virus is actually present) or "false positive" (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.

Form BBP4 - continued

5. I understand the results of the test will be confidential and will not be disclosed unless necessary for Pine City Public Schools to comply with the provisions of OSHA's Bloodborne Pathogen Regulation (29 CFR 1910.1030). If you are a source individual, disclosure will be made to the exposed employee through their healthcare professional.
6. I understand I can personally make arrangements to have my blood drawn, as authorized, or that arrangements will be made for me, with the assistance of district personnel or other designated parties.
6. I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give this informed consent/declination.

**CONSENT**

- I consent to have my blood drawn and tested at this time.
- I consent to have my blood drawn and stored for up to 90 days for possible future testing upon my written consent.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time

**DECLINE**

- I decline to have my blood drawn and tested or drawn and stored for up to 90 days for future testing. I have read the information contained in this form and have had a chance to ask questions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time

## Post Exposure

### Source Individual – Consent/Declination for Blood Testing

(Read form completely prior to completing)

Name of Source Individual: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

On the above date, an exposure incident as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source of the exposure and the exposed employee to determine if any infectious diseases (hepatitis B and HIV - human immunodeficiency virus) are present.

We are requesting to have your blood drawn and tested for HBV and HIV in order to provide appropriate medical direction. If you are a minor, consent to have your blood drawn and tested must be given by your parent or guardian. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by either the hepatitis B virus (HBV) or the human immunodeficiency virus (HIV) or advise or counsel you on appropriate steps to take as a result of such infection.

Please read the following and, if you consent, sign and date the form. Directions will be provided on the location for the test and the cost, if not covered, will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV or HIV and can provide medical records or documentation, no blood test is necessary.

1. I authorize and consent to testing of a sample of my blood for the following:  
(check only one)
  - Human immunodeficiency virus (HIV)
  - Hepatitis B virus (HBV)
  - Both the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV)
2. I understand that a positive HIV test does not necessarily mean a person has AIDS; testing can assist healthcare personnel in medical management and infectious disease control of the virus.
3. I understand that I should rely on my physician for information regarding the nature and purpose of the HIV/HBV test and the meaning and significance of the result of the test.
4. I understand that HIV/HBV testing is not always 100% accurate and that results may be "false negative" (negative results when the virus is actually present) or "false positive" (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.

Form BBP5 - continued

5. I understand the results of the test will be confidential and will not be disclosed unless necessary for Pine City Public Schools to comply with the provisions of OSHA's Bloodborne Pathogen Regulation (29 CFR 1910.1030). If you are a source individual, disclosure will be made to the exposed employee through their healthcare professional.
6. I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give this informed consent/declination.

**CONSENT**

I consent to have my blood drawn and tested at this time.

I consent to have my blood drawn and stored for up to 90 days for possible future testing upon my written consent.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time

**DECLINE**

I decline to have my blood drawn and tested or drawn and stored for up to 90 days for future testing. I have read the information contained in this form and have had a chance to ask questions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time



**Form BBP6**  
**Post Exposure**  
**Healthcare Professional Written Opinion**

Date: \_\_\_\_\_ Exposed Employee: \_\_\_\_\_

The above individual received a medical evaluation on \_\_\_\_\_ (insert date)

- For an occupational exposure to blood or other potentially infectious material
- As source individual involved in a potential BBP exposure incident

Please indicate the following:

- Hepatitis B vaccine was provided
- Hepatitis B vaccine was not provided

Notes: \_\_\_\_\_  
\_\_\_\_\_

- The above individual was informed as to the results of the evaluation.
- The individual was informed about medical conditions resulting from the exposure that may require further evaluation or treatment.

Notes: \_\_\_\_\_  
\_\_\_\_\_

All other medical information is maintained at the healthcare professional's facility.

**Please forward this form or similar form to the School Nurse as soon as possible.**

\_\_\_\_\_  
Name of Healthcare Professional

\_\_\_\_\_  
Name of Healthcare Clinic/Hospital

\_\_\_\_\_  
Signature of Healthcare Professional

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent/Guardian (if applicable)

\_\_\_\_\_  
Date sent to Pine City Public Schools

## Cleaning & Disinfecting Procedures for Blood and Body Fluids

### Materials Needed

- "Caution Wet Floor" or "Do Not Enter" signs.
- Disposable vinyl or nitrile gloves.
- Disposable cloth or paper towels or absorbent granules and disposable cardboard pieces.
- Pail containing soap & water (or spray bottle of general cleaner).
- Pail (or spray bottle) of rinse water.
- EPA approved disinfectant (tuberculocidal disinfectant) or fresh bleach & water solution.
- Plastic trash bag.

### 1 PROTECT YOURSELF AND THE AREA

- ✓ Secure the area with "Wet Floor" or "Do Not Enter" signs.
- ✓ Put on the disposable gloves.

### 2 REMOVE BODY FLUIDS SAFELY

- ✓ Soak up liquids with absorbent, disposable towels.
- ✓ If there is a large volume, use absorbing granules. Pick up debris with cardboard pieces.
- ✓ For carpet, vacuum granular remains if necessary.
- ✓ Place debris and disposable materials used in plastic bag.

### 3 CLEAN AND DISINFECT THE AREA

- CLEAN** the area with soap and water or general cleaning agent. Use disposable towels.
- RINSE** with clear water. Use disposable towels.
- APPLY DISINFECTANT\*\*** and allow to air dry (at least 10 minutes).
- CARPET** Use the same process as above. Extra agitation, cleaning agent, and water may be necessary. Repeat wash until blood or body fluids are gone. Rinse and apply disinfectant. Allow to air dry.

#### \*\* AN APPROPRIATE DISINFECTANT IS:

- EPA approved (Environmental Protection Agency Approved as "sterilant") or
- Tuberculocidal (lists on the bottle that it is capable of killing tuberculosis) or
- Bleach & Water Solution

To prepare bleach solution, mix 2 teaspoonfuls bleach to one-quart water.

BLEACH SOLUTION MUST BE MIXED DAILY.

DO NOT MIX BLEACH WITH ANY OTHER CHEMICALS OR PRODUCTS.

LABEL BLEACH SOLUTIONS AND KEEP OUT OF REACH OF CHILDREN.

### 4 FINISHING

Clean and disinfect any mops, brooms, brushes, dust pans, etc. used in the cleaning process. Remove your gloves and dispose of in plastic trash bag and seal. Discard in regular trash.

**WASH YOUR HANDS COMPLETELY.**

## Appendix I

### *Hepatitis B Consent/Declination Form General Information*

## HEPATITIS B VACCINE CONSENT/DECLINATION FORM

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_

I understand the benefits and risks involved with receiving the hepatitis B vaccine. I understand that three doses of the vaccine are necessary for immunity. The second and third doses are administered at one and six months after the initial dose. I understand that I may discontinue the vaccinations at any time but that I may not have developed immunity at that point. There is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. If I decline the hepatitis B vaccination at this time, I understand that 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me. I understand that if I have previously received the vaccine, I do not need to repeat the doses. I have had the opportunity to ask questions about the disease and vaccine. I know where to go if I have questions in the future.

**Please check off the appropriate box below:**

- I have already been vaccinated with the full or partial series of the hepatitis B vaccine.  
Date(s) of Shot(s): \_\_\_\_\_  
Place where shot(s) were received: \_\_\_\_\_
- I understand the above information and **do not** wish to receive the hepatitis B vaccination series.
- I understand the above information and wish to receive/complete the hepatitis B vaccination series. A copy of the immunization record and consent form will be sent to the district.

**Please sign and date:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Appendix J

### *Sharps Injury Log*

## SHARPS INJURY LOG

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Engineering controls in use at the time of the incident: \_\_\_\_\_

\_\_\_\_\_

Work practices followed: \_\_\_\_\_

\_\_\_\_\_

Description and brand name of the device in use: \_\_\_\_\_

\_\_\_\_\_

Protective equipment or clothing that was used at the time of the exposure incident: \_\_\_\_\_

\_\_\_\_\_

Procedure being performed when the incident occurred: \_\_\_\_\_

\_\_\_\_\_

Employee training: \_\_\_\_\_

The injured employee's opinion about whether any other engineering, administrative, or work practice controls could have prevented the injury and the basis for that opinion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_