

Exposure Control Plan  
for  
Vestal Central School District

2024-2025

# TABLE OF CONTENTS

INTRODUCTION .....	1
PLAN .....	2
PROGRAM ADMINISTRATION .....	2
EMPLOYEE EXPOSURE DETERMINATION .....	3
EFFECTIVE DATES .....	4
EXPOSURE CONTROL PLAN .....	5
Universal Precautions .....	5
Exposure Control Plan .....	5
Engineering Controls and Work Practices .....	5
Personal Protective Equipment .....	7
TRAINING .....	10
HEPATITIS B VACCINATION .....	11
POST EXPOSURE EVALUATION .....	11
HEALTH CARE PROFESSIONALS .....	13
HOUSEKEEPING .....	13
Cleaning Schedule .....	13
Disinfection Directions .....	14
Additional Housekeeping Recommendations .....	14
Laundry .....	15
Transporting Uniforms .....	16
LABELING .....	16
RECORD KEEPING .....	17
Training Records .....	17
Transfer of Records .....	18
Sharps Injury Log .....	18
FIRST AID PROVIDERS .....	18
APPENDIX .....	19
Occupations at Risk .....	19
Definitions .....	19
Vaccination Procedures Form .....	22
Declination Form for Hepatitis B Vaccination .....	23
Blood and Body Fluids Incident Form .....	24
29 CFR Part 1910.1030 Blood-Borne Pathogens .....	26

## INTRODUCTION

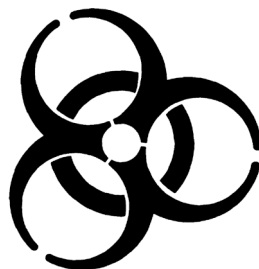
Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B and Hepatitis C (HCV) warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain blood borne pathogens. It is estimated that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented a regulation [Blood borne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect workers from these health hazards.

The major intent of this regulation is to prevent the transmission of blood-borne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the Human Immuno-deficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HVC) and other blood-borne diseases. The Occupational Safety and Health Administration (OSHA) estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV, HBV and HCV. Each employer must determine the application of universal precautions by performing an employee-exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and record keeping.

In 2020 Covid-19 started infecting people in the United States and quickly became a pandemic in New York State and the United States. Covid-19 is not a blood borne pathogen but OSHA and PESH have required that Covid-19 information be added to the Blood Borne Pathogen Exposure Control Plan and shared with staff.

For Public Sector Employers, you may contact the following State Labor Department Public Employee Safety and Health District Office:

Albany	(518) 457-5508
Binghamton	(607) 721-8211
Syracuse	(315) 479-3212



## **PLAN**

The Vestal Central School District is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood-borne pathogens in accordance with OSHA Blood-borne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030 and to eliminate or minimize occupational exposure to Covid-19 in accordance with NYS Reopening Plans for Schools.

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

### **This ECP includes:**

- I. Employee exposure determination
- II. The procedures for evaluating the circumstances surrounding an exposure incident, and
- III. The schedule and method for implementing the specific sections of the standard, including:
  - Methods of compliance
  - Hepatitis B vaccination and post-exposure follow-up
  - Training and communication of hazards to employees
  - Record keeping

## **PROGRAM ADMINISTRATION**

- The Director of Special Services is responsible for the implementation of the ECP. The Director of Special Services and the BOCES Health and Safety will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials, and Covid-19 are required to comply with the procedures and work practices outlined in this ECP.
- The Director of Facilities and Operations will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased for bloodborne and Covid-19 pathogens.
- The Director of Special Services will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.
- The Director of Special Services and the BOCES Health and Safety will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.
- The Director of Special Services will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels, and red bags as required by the standard. The Director of Special Services will ensure that adequate supplies of the aforementioned equipment are available.

## EMPLOYEE EXPOSURE DETERMINATION

### I. Employee Exposure Determination

1. As part of the exposure determination section of our ECP, the following is a list of all job classifications at our establishment in which all employees have occupational exposure:

School Nurses	* Coaches
Health Aides	* Trainers
Custodian	* Physical Education Teachers
Head Custodian	
Cleaner	* = <i>Collateral duty</i>
Laundry Worker	

2. The following are job classifications in which some employees at our establishment have occupational exposure.

Certain Special Education Teachers and  
Teacher Aides

3. As part of the exposure determination for Covid-19 there is an opportunity for staff to have exposure, however there are three (3) different vaccines available at this time. In September 2021 the FDA determined that there was an opportunity for immunocompromised staff and staff at risk to have a third shot for the Moderna or Pfizer covid vaccine after six (6) to eight (8) months to have a booster injection for the Moderna or Pfizer vaccine or to mix and match vaccines. October 21, 2021 the FDA approved the Johnson & Johnson Janssen Covid single dose vaccine to have a single booster injection after at least two (2) months of either the Johnson & Johnson booster vaccine, the Pfizer or the Moderna booster vaccines for certain higher risk populations of anyone over age 18.

All exposure determinations for 1-3 were made without regard to the use of Personal Protective Equipment (PPE)

## **EFFECTIVE DATES**

### **II. EFFECTIVE DATES-CODE OF FEDERAL REGULATIONS**

- Blood-borne Pathogens Standard  
(Including Universal Precautions)  
March 6, 1992
- Exposure Control Plan  
May 5, 1992
- Record-keeping  
June 4, 1992
- Information and Training  
June 4, 1992
- Methods of Compliance (Except Universal Precautions)  
July 6, 1992
- Hepatitis B Vaccination and Post-Exposure Evaluation and  
Follow-Up  
July 6, 1992
- Labels and Signs July 6, 1992
- Blood-borne Pathogen Standard Revised Occupational Exposure to Bloodborne  
Pathogens, Needle stick and other Sharp Injuries;
- Final Rule – January 18, 2001  
Effective date of revisions – April 18, 2001

Effective Dates for NYS Executive Order Pertaining to Covid-19

#### **Effective Date of NYS Executive Order pertaining to Covid-19:**

Executive Order 202.14, Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York is amended by renaming Part 66 and adding a new Subpart 66-3, to be effective upon filing with the Secretary of State, to read as follows: The title of Part 66 is amended as follows: Immunizations and Communicable Diseases regarding any state disaster/emergency.

## **EXPOSURE CONTROL PLAN**

### **III. METHODS OF IMPLEMENTATION AND CONTROL**

#### **1.0 Universal Precautions for Bloodborne Pathogens**

**1.1** As of March 6, 1992, all employees will utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV, HCV and other Blood-borne pathogens (see Appendix A) and must be treated accordingly.

#### **2.0 Exposure Control Plan (ECP)**

**2.1** Employees covered by the Blood borne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting the Director of Special Services. Employees seeking copies of the Plan may contact the Director of Special Services. A copy of the Plan will be made available free of charge and within 15 days of the request.

**2.2** All employees will be covered by the Exposure Control portion of the plan dealing with Covid-19 responses will receive training when necessary. Training will be provided to staff at their annual refresher training or at their initial training session when appropriate.

**2.3** The Director of Special Services and the BOCES Health and Safety will also be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

#### **3.0 Engineering Controls and Work Practices for Bloodborne Pathogens**

**3.1** Engineering controls and work practice controls will be used to prevent or minimize exposure to Bloodborne pathogens. The specific engineering controls and work practice controls we will use and where they will be used are listed below:

- # Puncture-resistant sharps containers
- # Self-sheathing needles where possible
- # Retractable lancets where possible
- # Ventilation – Mouth-to-Mouth contact avoidance – One-Way valves
- # Red Bags
- # Yellow Laundry Bags
- # Providing readily-accessible, hand-washing facilities
- # Washing hands immediately or as soon as feasible after removal of gloves
- # Providing packets including antiseptic towelettes and paper towels for use until hand-washing facilities are available
- # Washing body parts as soon as possible after skin contact with blood or other PIM
- # Prohibiting the recapping of needles
- # Labeling
- # Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling

contact lenses in health offices and in work areas where there is a likelihood of occupational exposure

- # Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials
- # Requiring that all procedures involving blood or other potentially Infectious materials shall be performed in such a manner as to minimize splashing, spattering, and generation of droplets of these substances
- # Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated

New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts. Our engineering controls (e.g., sharps containers, etc.) will be inspected and maintained or replaced by the health office nurses every year.

BOCES Health and Safety has Red Bags and medical waste boxes to be used for large quantity medical waste disposal. Athletic Director has Yellow Bags to be used for the transport of athletic uniforms stained with blood.

### **3.2 Engineering Controls and work place practices for Covid-19**

- Follow hand washing & hand etiquette protocols, social/physical distancing, other work place and instructional protocols for Covid-19 recommendations/requirements for PPE when appropriate.

#### **Additionally Social Distancing for Covid-19**

As of July 9, 2020 all staff, students and visitors will utilize social/physical distancing for Covid-19 when necessary. The social/physical distancing separation between all individuals will be determined by the latest information provided by the Center for Disease Control (CDC) and AAP. Face coverings as permitted by NYS will be worn by all staff, students and visitors unless the person is unable to wear due to a medical situation or is younger than 2 years of age.



## 4.0 Personal Protective Equipment (PPE)

### 4.1 Personal Protective Equipment for Bloodborne Pathogens

Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by the BOCES Health and Safety in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task:

#### PPE can be obtained:

TASK	EQUIPMENT
Handling any materials contaminated with Blood or OPIM or rendering medical assistance	Gloves – non-latex preferred
Handling any materials contaminated with blood or OPIM that have the potential for spatter or splashing	Face Shield/Masks/Splash-proof Goggles, Protective-barrier Aprons, Gowns, or Lab Coats
Handling any materials contaminated with blood or OPIM that have the potential for gross contamination	Shoe Protection
Rendering mouth-to-mouth resuscitation	One-way Valve Mouthpieces

The custodial staff can obtain PPE from the Director of Facilities and Operations.

The nursing staff can obtain PPE from the Director of Special Services Office.

Special Education staff can obtain PPE from the Health Office.

Coaches, trainees and physical education staff can obtain PPE from the Director of Athletics.

Responders can obtain PPE from inside every Automated External Defibrillator Kit.

#### PPE items include:

- # gloves
- # gowns
- # laboratory coats
- # face shields
- # masks
- # eye protection (splash-proof goggles, safety glasses with side shields)
- # resuscitation bags and mouthpieces
- #

#### 4.2 As a general rule, all employees using PPE must observe the following precautions:

- # Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- # Remove protective equipment before leaving the work area and after a garment

becomes contaminated.

- # Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded
- # Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- # Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
- # Never wash or decontaminate disposable gloves for reuse or before disposal.
- # Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- # If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible.
- # Repair and/or replacement of PPE will be at no cost to employees.

### 4.3 Personal Protective Equipment for Covid-19

Personal protective equipment must also be used for various tasks for any tasks related to Covid-19 at the school district or transportation to the district. The Safety Coordinator, Superintendent of Buildings and Grounds and/or **BT BOCES Health and Safety** will provide training in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task:

<b>TASK - Transportation</b>	<b>PERSONAL PROTECTIVE EQUIPMENT</b>
Cleaning and Disinfection of Vehicles with rider(s) with Covid-19	Gloves, face covering, face shield, apron/gown, booties
Driving/Monitoring of Students in School Vehicles	Gloves, face covering, face shield
Temperature taking of students	Gloves, face covering, face shield
<b>TASK - Custodial/Maintenance</b>	<b>PERSONAL PROTECTIVE EQUIPMENT</b>
Cleaning and Disinfection of Facilities and/or Equipment with a Covid-19 user of facilities	Gloves, face covering, face shield, apron/gown, booties
<b>TASK - Nursing Station - without Covid symptoms</b>	<b>PERSONAL PROTECTIVE EQUIPMENT</b>
Treatment of patient	Gloves, face covering/ face shield
<b>TASK - Nursing Station - with Covid symptoms</b>	<b>PERSONAL PROTECTIVE EQUIPMENT</b>
Treatment of patient with Covid symptoms	Gloves, face covering, face shield, apron/gown, booties
<b>TASK - Speech, Special Education</b>	<b>PERSONAL PROTECTIVE EQUIPMENT</b>
Working with students with disruptive behaviors - spitting, etc.	Gloves, face covering, face shield, apron/gown

## TRAINING

### 5.0 Training

5.1 All employees who have or are reasonably anticipated to have occupational exposure to Blood-borne pathogens will receive training conducted by the BOCES Health and Safety.

The Vestal Central School District Exposure Control Plan will be used to inform employees of the epidemiology, symptoms, and transmission of blood-borne diseases. In addition, the training program will cover, at a minimum, the following elements:

- # A copy and explanation of the standard
- # Epidemiology and symptoms of blood-borne pathogens

- # Modes of transmission
- # Our Exposure Control Plan and how to obtain a copy
- # Methods to recognize exposure tasks and other activities that may involve exposure to blood
- # Use and limitations of Engineering Controls, Work Practices, and PPE
- # PPE - types, use, location, removal, handling, decontamination, and disposal
- # PPE - the basis for selection
- # Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration
- # Emergency procedures - for blood and other potentially infectious materials
- # Exposure incident procedures.
- # Post-exposure evaluation and follow-up.
- # Signs and labels and/or color coding.
- # Questions and answer session.

**5.2** Training for Covid-19 will cover at a minimum when necessary:

- Symptoms of Covid-19
- Modes of transmission in the workplace
- Work tasks and other activities that may involve exposure to Covid-19
- Use and limitations of PPE
- PPE - types, use, location, removal, handling, decontamination, and disposal
- Exposure incident procedures
- Questions and answer session

An Employee Education and Training Record will be completed for each employee upon completion of training. This document will be kept with the employee's records at the district office.

## HEPATITIS B VACCINATION

### 6.0 Hepatitis B Vaccination

6.1 The BOCES Health and Safety will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. The Hepatitis B vaccination series will be made available at no cost within ten days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

- # the employee has previously received the series
- # antibody testing reveals that employee is immune
- # medical reasons prevent taking the vaccination: or
- # the employee chooses not to participate

All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination will be kept in the Personnel Office with the employees other medical records.

## POST EXPOSURE EVALUATION

### 7.0 Post Exposure Evaluation and Follow-up and Procedures for Reporting, Documenting and Evaluating the Exposure

7.1 Should an exposure incident occur contact the closest Health Office immediately. Each exposure must be documented by the employee on a "Blood and Body Fluids Incident Form." The nurse will add any additional information as needed. The exposed employee should take a copy of this form.

The Personnel Office will arrange for an immediately available confidential medical evaluation and follow-up conducted by United Occupational Medicine.

If the Health Office is closed, contact your administrator; if it is a weekday, the Personnel Office will arrange for the United Occupational Medicine appointment. If it is not a first-shift week day, then contact your administrator. Immediately proceed to a medical facility or your own physician, informing them of your VCSD work-related exposure to blood.

The following elements will be performed:

- # Document the routes of exposure and how exposure occurred.
- # Identify and document the source individual unless the employer can establish that identification is infeasible or prohibited by State or local law
- # Obtain consent and test source individual's blood as soon as possible to determine HIV,

HBV and HCV infectiousness and document the source's blood test results.

- # If the source individual is known to be infected with either HIV, HBV or HCV, testing need not be repeated to determine the known infectiousness.
- # Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- # After obtaining consent, collect exposed employees blood as soon as feasible after the exposure incident and test blood for HIV, HBV and HCV serological status.
- # If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.
- # Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- # Counseling.
- # Evaluation of reported illnesses.

The "Blood and Body Fluids Incident Report" will be provided to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these documents will be maintained with employee's medical records.

The Director of Special Services and the BOCES Health and Safety will review the circumstances of the exposure incident to determine if procedures, protocols and or training need to be revised

## HEALTH CARE PROFESSIONALS

### 8.0 Health Care Professionals

8.1 The Director of Special Services will ensure that health care professionals responsible for employee's HB vaccination and post-exposure evaluation and follow-up be given a copy of the OSHA Blood borne Standard. The building nurse and the Director of Special Services will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

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

### 8.2 Healthcare Professional's Written Opinion

United Occupational Medicine will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnoses must remain confidential and not be included in the written report to our firm.

## HOUSEKEEPING

### 9.0 Housekeeping

9.1 The Director of Facilities and Operations has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

#### Cleaning Schedule

Area	Scheduled Cleaning (Day/Time)	Cleaners and Disinfectants Used
Health Office *	Monday – Friday, 2 <sup>nd</sup> Shift	Expose II
The rest of the school building	When needed as indicated below	Expose II

\* **Health office's sinks, toilets, counters, student chairs, cots and pillows**

The nursing staff cleans and disinfects its work counters, tools, etc., as needed throughout the day.

Disinfectants, mops, rags, paper toweling, trash bags can all be found in custodial closets. Disposable mops, rags or paper toweling is recommended.

## **Disinfection Directions**

### **Expose II**

Blood must be cleaned from surfaces before the disinfection process can begin, do not reuse mop or rag used for cleaning to disinfect the surface. Dilute ½ ounce Expose II concentrate to 1 gallon of water. To disinfect: Using a spray, clean mop or rag apply Expose II, making sure all surfaces are wetted thoroughly. Allow surfaces to remain wet for 10 minutes, rinse with clean water and dry.

### **Bleach**

Blood must be cleaned from surfaces before the disinfection process can begin, do not reuse a mop or rag used for cleaning to disinfect the surface. To disinfect: make fresh daily; dilute 1 part bleach to 9 parts water. Using a spray, clean mop or rag apply the bleach solution, making sure all surfaces are wetted thoroughly. Allow surfaces to remain wet for **5** minutes. Rinse with clean water and dry.

## **9.2 Additional Housekeeping Recommendations**

- Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
- Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
- Store or process reusable sharps in a way that ensures safe handling.
- Place regulated waste in closeable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
- When discarding contaminated sharps, place them in containers that are closeable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
- Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.



- Never manually open, empty, or clean reusable contaminated sharps disposal containers.
- Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. **NOTE: Contact BOCES Health and Safety for disposal (607-427-2998).**

### 9.3 Laundry

The following contaminated articles will be laundered:

- Uniforms
- Mops
- Rags
- Linens

Laundering will be performed by the laundress at the high school.

The following requirements must be met, with respect to contaminated laundry:

- Handle contaminated laundry as little as possible and with a minimum of agitation.
- Use appropriate personal protective equipment when handling contaminated laundry.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
- Bag contaminated laundry at its location of use.
- Never sort or rinse contaminated laundry in areas of its use.
- Use yellow bags labeled as “Infectious Linen” or red bags marked with the bio-hazard symbol.
- When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (e.g., aprons, mask, eye protection) shall be worn.
- Items soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, items should be washed with detergent in water at least 140 degree F- I 60F for 25 minutes. If low-temperature (<140 degree F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

#### **9.4 Coaches Transporting Uniforms**

If a uniform has blood on it, the coach while wearing gloves, is to segregate the bloody uniform into a yellow “Infectious Linen” bag, and deliver to the laundress per usual procedures.

#### **9.5 Students Transporting Uniforms**

If a student chooses to wash their own uniforms (i.e. cheerleading, tennis, field hockey, etc.) they may do so. However, students should be directed to use a bag to transport a blood stained uniform.

### **LABELING**

#### **10.0 Labeling**

**10.1** The following labeling method(s) will be used at our facility.

- Fluorescent orange or orange-red warning label
- Bio-hazard symbol (see below)
- The word BIO-HAZARD in a contrasting color

The BOCES Health and Safety and the Director of Special Services will ensure warning labels are affixed or red/yellow bags are used as required. Employees are to notify the BOCES Health and Safety if they discover unlabeled regulated waste containers.

The standard requires that fluorescent orange or orange-red warning labels be attached to:

- (1) containers of regulated waste;
- (2) refrigerators and freezers containing blood and other potentially infectious materials;
- (3) sharps disposal containers;
- (4) laundry bags and containers;
- (5) contaminated equipment for repair (portion contaminated); and
- (6) other containers used to store, transport, or ship blood or other potentially infectious materials.

These labels are not required when:

- (1) red bags or red containers are used;
- (2) containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use; and
- (3) individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal.

#### **BIO-HAZARD SYMBOL**



## **RECORD-KEEPING**

### **11.0 RECORD KEEPING**

#### **11.1 Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20.

The Director of Special Services and the building nurse are responsible for maintenance of the required medical records and they are kept at the Personnel Office

In addition to the requirements of 29 CFR 1910.20, the medical record will include:

- the name and social security number of employee;
- a copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- a copy of all results of examinations, medical testing, and follow-up procedures as required by the standard;
- a copy of all healthcare professional's written opinion(s) as required by the standard.

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

#### **11.2 Training Records**

Blood-borne pathogen training records will be maintained by the Director of Special Services at the District Office.

The training record shall include:

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

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the employees authorized representative within 15 working days.

### **11.3 Transfer of Records**

If the Vestal Central School District ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the director.

### **11.4 Sharps Injury Log**

A Sharps Injury Log is maintained in the Personnel Office. Percutaneous injuries occurring from contaminated sharps must be reported to the Director of Special Services. The Employee Injury Report forwarded to personnel must include information about the injury, the type and brand name of device, the department or work area where the exposure occurred, and an explanation of how the incident occurred.

The log will aid in the evaluation of devices, identify problem devices or procedures requiring additional attention or review.

### **FIRST AID PROVIDERS:**

- Our facility has decided to offer the Hepatitis B vaccination to the first-aid provider after a first-aid incident.
- In the event of a first-aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance is (are) instructed to report to the Building Nurse immediately. NOTE: See Post Exposure Evaluation 7.0 for more instruction.
- The Building Nurse will maintain a report which describes name of the first aider, date, time and description of incident.
- The Director of Special Services will ensure that any first aider that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty four hours after the incident.
- The BOCES Health and Safety will train first aid providers on the specifics of the reporting procedures, in addition to all the training required in Section 5.0. Training.
- Good Samaritan acts are still not covered by the Standard.

# APPENDIX

# APPENDIX A

## OCCUPATIONS AT RISK

Occupations that may involve risk from occupational exposure to blood or other potentially infectious material:

- Physician
- Physicians Assistant
- Nurse
- Phlebotomist
- Medical Examiner
- Emergency Medical Technician (EMT)
- Supervisor (performing first-aid)
- Dentist
- Dental Hygienist
- Medical Technologist
- Regulated Waste Handler
- Some laundry and housekeeping employees
- Industrial Medical Center Personnel
- Lab Workers
- Life Guards
- Public Safety Workers

## DEFINITIONS

Before beginning a discussion of the standard there are several definitions that should be explained which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

- A. **Blood** - human blood, human blood components, and products made from human blood.
- B. **Blood-borne Pathogens** - pathogenic micro-organisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency virus (HIV).
- C. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. **Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- E. **Occupational Exposure** - 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

**F. Other Potentially Infectious Materials (OPIM)**

1. The following human body fluids:
  - a. semen
  - b. vaginal secretions
  - c. cerebrospinal fluid
  - d. synovial fluid
  - e. pleural fluid
  - f. pericardial fluid
  - g. peritoneal fluid
  - h. amniotic fluid
  - i. saliva in dental procedures
  - j. any body fluid visibly contaminated with blood
  - k. 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)
3. HP/-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and
4. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.

**G. Regulated Waste**

1. Liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
4. Contaminated sharps; and
5. Pathological and microbiological wastes containing blood or other potentially infectious materials.

**VESTAL CENTRAL SCHOOL DISTRICT  
Administrative Office  
201 Main Street  
Vestal, New York 13850**

(607) 757-2317  
FAX (607) 757-2266

**VACCINATION PROCEDURES**

**Name:** \_\_\_\_\_

**Job Title/Description:** \_\_\_\_\_

**School:** \_\_\_\_\_

I request that the Vestal Central School District provide the Hepatitis B vaccination for me. I understand the benefits and risks of the vaccination. I understand that I must receive at least three intramuscular doses of vaccine in the arm over a six-month period to confer immunity.

Signature\_\_\_\_\_

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

Date\_\_\_\_\_



**VESTAL CENTRAL SCHOOL DISTRICT  
Administrative Office  
201 Main Street  
Vestal, New York 13850**

(607) 757-2317  
FAX (607) 757-2266

**DECLINATION FORM FOR HEPATITIS B  
VACCINATION**

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the Hepatitis B virus, 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.

(Appendix A to 29 CFR PART 1910.1030)

---

Date

Signature

---

Print Name

# BLOOD AND BODY FLUIDS INCIDENT FORM

Employee Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_

Position \_\_\_\_\_  
Supvr./School Nurse/  
School Nurse Teacher

## DESCRIPTION OF INCIDENT

A. Briefly describe what happened: (attach a sheet of paper if necessary)

\_\_\_\_\_

B. Complete the following section:

1. Wounds

- a. Did the incident involve a wound? ( ) yes ( ) no
- b. Did the wound result in visible bleeding? ( ) yes ( ) no
- c. Was the wound caused by ( ) needle ( ) human bite  
( ) other sharp instrument (specify) \_\_\_\_\_  
( ) other (specify) \_\_\_\_\_

2. Blood/Body fluid exposure to mucous membranes

- a. Did the individual's blood/body fluids come in contact with your body? ( ) yes ( ) no
- b. What was the substance to which you were exposed?  
( ) N/A, I was not exposed ( ) blood ( ) feces ( ) urine  
( ) emesis (vomit) ( ) sputum ( ) sexual fluids
- c. If the substance was anything other than blood, was there any blood visible in the fluid? ( ) N/A ( ) yes ( ) no ( ) unknown
- d. What part of your body was exposed to the substance? (Check all that apply) ( ) mouth ( ) eyes ( ) nose ( ) ears  
( ) skin (specify locations) \_\_\_\_\_  
( ) none ( ) other (specify) \_\_\_\_\_

- C. How long was your body part in contact with the substance?
1. If the exposure was to your skin, was your skin bruised in any other way? ( ) yes ( ) no
  2. What was the nature of your skin abrasion?
    - ( ) acne ( ) dermatitis ( ) cracks due to dry skin
    - ( ) unhealed cuts/scratches ( ) no skin abrasions
    - ( ) other (specify)\_\_\_\_\_
- D. Which of the following procedures were being used at the time of the incident? Check all that apply.
- ( ) cuts/open wounds covered with bandages ( ) mask (vinyl/latex)
  - ( ) pocket ventilator/ambu bag ( ) goggles/glasses
  - ( ) other (specify)\_\_\_\_\_
- E. First line intervention - after exposure, what did you do?
- ( ) washed hands/exposed area ( ) changed clothes
  - ( ) flushed eyes/rinsed mouth ( ) showered
  - ( ) other (specify)\_\_\_\_\_
- F. The supervisor/school nurse was notified as follows:
- Date: \_\_\_\_\_ Time: \_\_\_\_\_
- G. Medical Intervention - in the event of contact with blood and/or other body fluid, it is suggested that you discuss with the school nurse:
1. HBV antibody or previous vaccination status for HBV
  2. HIV/HBV antibody testing
  3. Notifying your physician or health care provider of the exposure to blood or body fluids immediately
- H. Return this completed form to the school nurse/school nurse teacher.
- I. In case of incident or injury to the school nurse/health professional:
1. Report incident to supervisor
  2. Complete form

# OSHA – Occupational Safety & Health Administration

## U.S. Department of Labor

Regulations (Standards - 29 CFR)  
Bloodborne pathogens - 1910.1030  
Regulations (Standards - 29 CFR) Table of Contents

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

### 1910.1030(a)

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

### 1910.1030(b)

**Definitions.** For purposes of this section, the following shall apply:

**Assistant Secretary** means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

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

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

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

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

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

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

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Director** means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

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

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Handwashing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows hire 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 FIBV.

**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 semiliquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semiliquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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

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

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

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

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

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in

which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

#### **1910.1030(c)**

##### **Exposure Control -**

#### **1910.1030(c)(1)**

##### **Exposure Control Plan.**

#### **1910.1030(c)(1)(i)**

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

#### **1910.1030(c)(1)(ii)**

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

#### **1910.1030(c)(1)(ii)(A)**

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

#### **1910.1030(c)(1)(ii)(B)**

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

#### **1910.1030(c)(1)(ii)(C)**

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

#### **1910.1030(c)(1)(iii)**

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

#### **1910.1030(c)(1)(iv)**

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

#### **1910.1030(c)(1)(iv)(A)**

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

#### **1910.1030(c)(1)(iv)(B)**

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

#### **1910.1030(c)(1)(v)**

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

**1910.1030(c)(1)(vi)**

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

**1910.1030(c)(2)*****Exposure Determination.*****1910.1030(c)(2)(i)**

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

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

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

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

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

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

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

**1910.1030(c)(2)(ii)**

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

**1910.1030(d)*****Methods of Compliance -*****1910.1030(d)(1)**

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

**1910.1030(d)(2)*****Engineering and Work Practice Controls.*****1910.1030(d)(2)(i)**

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

**1910.1030(d)(2)(ii)**

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

**1910.1030(d)(2)(iii)**

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

**1910.1030(d)(2)(iv)**

When provision of handwashing facilities is not

feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

**1910.1030(d)(2)(v)**

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

**1910.1030(d)(2)(vi)**

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

**1910.1030(d)(2)(vii)**

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

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

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

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

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

**1910.1030(d)(2)(viii)**

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

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and

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

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

**1910.1030(d)(2)(ix)**

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

**1910.1030(d)(2)(x)**

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

**1910.1030(d)(2)(xi)**

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

**1910.1030(d)(2)(xii)**

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

**1910.1030(d)(2)(xiii)**

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

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

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

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

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

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

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

**1910.1030(d)(2)(xiv)**

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

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

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

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

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

**1910.1.030(d)(3)**

**Personal Protective Equipment -**

**1910.1030(d)(3)(i)**

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

**1910.1030(d)(3)(ii)**

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

**1910.1030(d)(3)(iii)**

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

**1910.1030(d)(3)(iv)**

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

**1910.1030(d)(3)(v)**

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

**1910.1030(d)(3)(vi)**

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

**1910.1030(d)(3)(vii)**

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

**1910.1030 (d) (3) (viii)**

When personal protective equipment is removed it shall be placed in an appropriately designated area or

container for storage, washing, decontamination or disposal.

**1910.1030(d)(3)(ix)**

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

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

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

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

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

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

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

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

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

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

Periodically reevaluate this policy;

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

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

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

Not discourage the use of gloves for phlebotomy; and

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

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

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

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

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

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

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

When the employee is receiving training in phlebotomy.

**1910.1030(d)(3)(x)**

**Masks, Eye Protection, and Face Shields.** Masks in combination with eye protection devices, such as

goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

**1910.1030(d)(3)(xi)**

**Gowns, Aprons, and Other Protective Body Clothing.**

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

**1910.1030(d)(3)(xii)**

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

**1910.1030(4)(4)**

**Housekeeping -**

**1910.1030(d)(4)(i)**

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

**1910.1030(d)(4)(ii)**

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

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

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

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

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

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

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

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

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



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

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

**1910.1030(D)(4)(iii)**

**Regulated Waste -**

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

Contaminated Sharps Discarding and Containment.

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

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

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

Closable;

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

Puncture resistant;

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

Leakproof on sides and bottom; and

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

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

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

During use, containers for contaminated sharps shall be:

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

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

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

Maintained upright throughout use; and

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

Replaced routinely and not be allowed to overfill.

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

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

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

**Other Regulated Waste Containment -**

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

Regulated waste shall be placed in containers which are:

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

Closable;

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

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

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

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

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

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

**1910.1030(d)(4)(iv)**

**Laundry.**

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

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

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

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

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

Contaminated laundry shall be placed and transported in bags or containers labeled or color-

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

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

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

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

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

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

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

**1910.1030(e)**

*HIV and HBV Research Laboratories and Production Facilities.*

**1910.1030(e)(1)**

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

**1910.1030(e)(2)**

Research laboratories and production facilities shall meet the following criteria:

**1910.1030(e)(2)(i)**

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

**1910.1030(e)(2)(ii)**

*Special Practices.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**1910.1030(e)(2)(iii)**

***Containment Equipment.***

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

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

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

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

**1910.1030(e)(3)**

HIV and HBV research laboratories shall meet the following criteria:

**1910.1030(e)(3)(i)**

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

**1910.1030(e)(3)(ii)**

An autoclave for decontamination of regulated waste shall be available.

**1910.1030(e)(4)**

HIV and HBV production facilities shall meet the following criteria:

**1910.1030(e)(4)(i)**

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

**1910.1030(e)(4)(ii)**

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

**1910.1030(e)(4)(iii)**

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

**1910.1030(e)(4)(iv)**

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

**1910.1030(e)(4)(v)**

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

**1910.1030(e)(4)(vi)**

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

**1910.1030(e)(5)**

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

**1910.1030(f)**

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

**1910.1030(f)(1)**

***General.***

**1910.1030(f)(1)(i)**

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

**1910.1030(f)(1)(ii)**

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

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

Made available at no cost to the employee;

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

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

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

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

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

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

**1910.1030(f)(1)(iii)**

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

**1910.1030(f)(2)**

*Hepatitis B Vaccination.*

**1910.1030(f)(2)(i)**

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

**1910.1030(f)(2)(ii)**

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

**1910.1030(f)(2)(iii)**

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

**1910.1030(f)(2)(iv)**

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

**1910.1030(f)(2)(v)**

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

**1910.1030(f)(3)**

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

**1910.1030(f)(3)(i)**

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

**1910.1030(f)(3)(ii)**

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

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

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

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

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

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

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

**1910.1030(f)(3)(iii)**

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

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

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

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

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

**1910.1030(f)(3)(iv)**

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

**1910.1030(f)(3)(v)**

Counseling; and

**1910.1030(f)(3)(vi)**

Evaluation of reported illnesses.

**1910.1030(f)(4)**

***Information Provided to the Healthcare Professional.***

**1910.1030(f)(4)(i)**

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

**1910.1030(f)(4)(ii)**

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

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

A copy of this regulation;

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

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

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

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

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

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

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

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

**1910.1030 (f)(5)**

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

**1910.1030(f)(5)(i)**

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

**1910.1030(f)(5)(ii)**

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

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

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

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

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

**1910.1030(f)(5)(iii)**

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

**1910.1030(f)(6)**

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

**1910.1030(g)**

**Communication of Hazards to Employees -**

**1910.1030(g)(1)**

**Labels and Signs -**

**1910.1030(g)(1)(i)**

**Labels.**

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

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

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

Labels required by this section shall include the following legend:

[View Image](#)

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

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

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

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

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

Red bags or red containers may be substituted for labels.

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

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

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

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

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

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

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

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

**1910.1030(g)(1)(ii)**

**Signs.**

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

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

[View Image](#)

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

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

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

**1910.1030(g)(2)**

**Information and Training.**

**1910.1030(g)(2)(i)**

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

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

Training shall be provided as follows:

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

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

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

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)**

Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

**1910.1030(g)(2)(vi)**

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

**1910.1030(g)(2)(vii)**

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

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

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

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

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

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

An explanation of the modes of transmission of bloodborne pathogens;

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

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

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

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

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

An explanation of the use and limitations of methods that will prevent or reduce exposure including

appropriate engineering controls, work practices, and personal protective equipment;

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

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

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

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

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

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

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

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

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

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

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

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

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

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

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

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

**1910.1030(g)(2)(viii)**

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

**1910.1030(g)(2)(ix)**

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

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

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

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

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

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

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

**1910.1030(h)**

**Recordkeeping —**

**1910.1030(h)(1)**

**Medical Records.**

**1910.1030(h)(1)(i)**

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

**1910.1030(h)(1)(ii)**

This record shall include:

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

The name and social security number of the employee;

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

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

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

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

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

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

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

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

**1910.1030(h)(1)(iii)**

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

**1910.1030(h)(1)(iii)(A.)**

Kept confidential; and

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

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

**1910.1030(h)(1)(iv)**

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

**1910.1030(h)(2)**

Training Records.

**1910.1030(h)(2)(i)**

Training records shall include the following information:

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

The dates of the training sessions;

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

The contents or a summary of the training sessions;

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

The names and qualifications of persons conducting the training; and

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

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

**1910.1030(h)(2)(ii)**

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

**1910.1030(h)(3)**

Availability.

**1910.1030(h)(3)(i)**

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

**1910.1030(h)(3)(ii)**

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

**1910.1030(h)(3)(iii)**

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

**1910.103(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(1)**

**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]