PARTNER

BLOODBORNE PATHOGEN STANDARD EXPOSURE CONTROL PLAN

Kenilworth Public Schools
401 Monroe Avenue
Kenilworth, New Jersey 07033

September 21, 2021
Partner Project No. 21-331027.11

Prepared by:

Dan Bracey, CSP, CHMM
Senior Project Manager
Health and Safety Services

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1.0 TERMS AND DEFINITIONS

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

Bloodborne Pathogens are 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), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

Exposure Incident is a specific eye, mouth or 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.

Occupational Exposure is 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 (OPIMS) include, but are not limited to; 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 an all body fluids in situations where it is difficult or impossible to differentiate between body fluids. It also includes any unfixed tissue or organ (other than intact skin) from human (living or dead); and HIV-containing cell or tissue cultures, organ cultures and HIV-HBV-containing culture medium or other solutions; and blood organs or other tissues from experimental animals infected with HIV or HBV.

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

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

Universal/Standard Precaution 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 pathogen

2.0 Purpose

The purpose of this Exposure Control Plan is to protect all occupationally exposed employees from exposure to any blood or body fluid. The Exposure Control Plan will attempt to identify all occupationally exposed groups of employees within the Kenilworth Public Schools and attempt to explain the methods of compliance that will be instituted to minimize exposure to blood and body fluids.

3.0 Scope

Kenilworth Public Schools has adopted the procedures described in the Kenilworth Public Schools Exposure Control Plan for all Kenilworth Public Schools employees, contractors and visitors. All Kenilworth Public Schools employees are expected to follow this procedure as defined.

4.0 Responsibilities

4.1 The Buildings and Grounds Supervisor of Kenilworth Public Schools

- Coordinate medical evaluations, post exposer investigations and follow up as necessary.
- Conduct program compliance reviews.
- Arrange Hepatitis B vaccinations for all affected employees (where permitted).
- Ensure that all employees are trained to this procedure.
- Maintain records of Hepatitis B immunizations, training and exposure incident reports.
- Manage waste disposal from the medical Waste containers and the sharps waste container

4.2 Partner Engineering and Science, Inc.

- Conduct training and education for Kenilworth Public Schools employees under the direction of the building and grounds supervisor of Kenilworth Public Schools.
- Update the Exposure Control Plan as needed and under the direction of the buildings and grounds supervisor of Kenilworth Public Schools

4.3 All Kenilworth Public Schools Employees

- Immediately report any exposer events to their building and grounds supervisor.
- Follow this procedure as defined.

4.4 Contractors/Visitors

- Any contractor conducting work at the Kenilworth Public Schools shall at a minimum be required to follow the procedures identified in this Plan, if necessary.

5.0 Procedures

All employees who may be exposed to blood, saliva and or other possibly infectious materials as part of their normal job function (example: custodial staff and facilities) shall be enrolled in the Blood Borne Pathogen program.

5.1 Exposure Control

- Employees are at risk each time they are exposed to bloodborne pathogens or other potentially infectious materials. Any exposure incident may result in infection and subsequent illness. Since it is possible to become infected from a single exposure incident, exposure incidents must be prevented whenever possible.
- The purpose of determining occupational exposure is not to determine whether one individual is of greater or lesser risk, but it is to identify all those employees who have occupational exposure and who are covered by the standard. It should be noted that the exposure determination has been made without taking into consideration the use of personal protective clothing or equipment.
- The Kenilworth Public Schools has determined that Occupational Exposure to blood or other potentially infectious materials may occur in the following group(s) of employees:

JOB TITLE	DEPARTMENT/LOCATION
Nurses	All Facilities
Maintenance	All Facilities
Athletic Trainers and Coaches	All Facilities
Physical Education Teachers	All Facilities
Special Service Teachers/Aides	All Facilities

- Note: "Good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee or student (i.e., assisting a co-worker with a nosebleed, giving CPR or first aid) are not included in the Bloodborne Standard. The Kenilworth Public Schools will offer Post-Exposure Evaluation and Follow-up in such cases.
- The Kenilworth Public Schools has chosen to list the tasks and procedures performed by employees where occupational exposure to blood and OPIM may occur. This list (refer to Appendix A) will be updated at least annually to ensure that all tasks and procedures are evaluated with regards to reasonably anticipated occupational exposure to blood and other potentially infectious materials.
- The employees have been instructed to follow the rules and requirements established by this plan, in addition to the standard operating procedures established by the Kenilworth Public Schools.

5.2 Methods of Compliance

- Universal/Standard Precautions will be observed throughout the Kenilworth Public Schools to minimize and/or prevent contact with blood and/or potentially infectious materials. Universal/Standard Precautions is a method of preventing disease by preventing transfer of blood and certain body fluids. The underlying concept of Universal/Standard Precautions is that all

blood and certain other body fluids are considered to be infectious for bloodborne pathogens. In almost all situations, our employees will treat all blood and certain body fluids as though they contain bloodborne pathogens. This will be done through the use of gloves or any other personal protective equipment that may be required. It should be noted that in rare instances, such as unexpected medical emergencies, employees may not be able to put on gloves or other personal protective equipment. Only in this type of situation will this institution allow an employee to disregard Universal/Standard Precautions.

- Engineering and work practice controls will be instituted to eliminate or minimize employee exposure wherever possible. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Morris-Union Jointure Commission identifies the need for changes in engineering control and work practices through the evaluation of PEOSH records and employee interviews. Kenilworth Public Schools will at least annually review new product samples and field-testing these samples to determine the best available technology and to evaluate new procedures or new products. Morris-Union Jointure Commission staff is involved in the field-testing and evaluation process. Senior management at the Morris-Union Jointure Commission will ensure effective implementation of any recommendations received.
- Hand washing facilities are readily accessible to employees throughout the Kenilworth Public Schools. Employees are required to wash their hands or other exposed skin or flush mucous membranes immediately or as soon as feasible after:
    - Removal of gloves or other PPE
    - Contact with blood or OPIM's

- Sharps will include, but will not be limited to, needles, scalpels, broken glass, broken capillary tubes, and scissors.

- All contaminated needles will be discarded without being recapped, sheared, bent, broken, or resheathed by hand. Shearing or breaking contaminated needles is 100% prohibited by the Kenilworth Public Schools.
- Immediately or as soon as possible, after use, contaminated sharps, used by nurses, will be placed in an appropriately labeled puncture resistant container for proper disposal. Kenilworth Public Schools will provide puncture resistant containers for proper disposal of sharps, as needed.
- The Kenilworth Public Schools is currently in full compliance with all requirements pertaining to sharps and other regulated medical waste as mandated by the New Jersey Comprehensive Regulated Medical Waste Management Act.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonably anticipated occupational exposure.
- Food and drink will not be kept in refrigerators, shelves, cabinets and/or counter-tops where blood and other potentially infectious materials are present. These areas will be demarcated with a biohazard label.
- Specimens of blood or OPIM's will be placed in containers designed to prevent leakage during collection, handling, processing, storage, transfer or shipping.
- The Kenilworth Public Schools has instituted work practice controls to minimize the potential splashing, spraying, splattering and generation of droplets of blood and/or other potentially infectious materials.
- Employees have been informed that if there is outside contamination of a container that could be associated with blood or body fluids, then that container must be decontaminated.

- PPE will only be instituted when engineering controls and work practices are insufficient to eliminate exposure to blood and other potentially infectious materials. PPE may include, but will not be limited to, gloves, gowns, goggles, face shields, glasses with solid side shields, masks and resuscitation devices.
- PPE will be provided to employees at no cost and the Kenilworth Public Schools will ensure that the employees use appropriate PPE at all times. Note that in rare and extraordinary circumstances, an employee may, in his or her professional judgment, determine that the use of PPE will increase the hazard to the safety of a student or co-worker. Any and all of these circumstances will be investigated and documented by the Kenilworth Public Schools.
- The specific types of PPE available for employees to use during the course of their employment will be identified later in this plan
- Such PPE shall not permit blood or OPIM's to pass through or to reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucus membranes under normal conditions of use.
- Gloves will be available in all areas where occupational exposure is anticipated.
- Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucus membranes and non-intact skin.
- Gloves will be replaced as soon as practical when contaminated (i.e. at least after each use) and as soon as feasible when torn or punctured. Disposable gloves will not be washed for reuse.
- Employee uniforms will be changed immediately or as soon as feasible if penetrated by blood or OPIMs.
- Kenilworth Public Schools will clean, launder, and dispose of PPE at no cost to the employee. In addition, when personal protective equipment is removed, it will be placed in a designated area and/or receptacle for storage, washing, decontamination, or disposal.
- Housekeeping procedures will be instituted by the Kenilworth Public Schools to ensure that the work site is maintained in a clean and sanitary condition. Written procedures have been prepared to assure that all areas and/or surfaces are cleaned and decontaminated properly. A written schedule for cleaning and method of decontamination based on the type of surface to be cleaned, type of soil present, and tasks or procedures being performed has been prepared. (See Appendix D, Decontamination Procedures)
- Contaminated work surfaces will be cleaned with a disinfectant after completion of procedures; immediately or as soon as feasible when they are visibly contaminated or after a spill of blood or OPIM; and on a daily basis by the custodial staff.
- If any equipment, working surfaces, bins, pails, cans, etc. come in contact with blood or any OPIMs, they will be cleaned and decontaminated as soon as feasible.
- As noted above, the Kenilworth Public Schools currently is in compliance with the New Jersey Comprehensive Regulated Medical Waste Management Act. This Act requires that regulated medical waste be placed in a color-coded bag and/or in a receptacle, that has the universal biohazard symbol on it. All sharps (i.e. hypodermic needles) must be kept in appropriate containers and collected in compliance with the above act.
- The Kenilworth Public Schools currently maintains copies of tracking forms to ensure that the waste has been properly disposed.
- Broken glassware shall not be picked up directly with the hand and shall be cleaned up using mechanical means, such as brushes, etc.
- It is anticipated that there will be little or no contaminated laundry generated at the Kenilworth Public Schools. If it is generated, contaminated laundry will be handled as little as possible and

with a minimum of agitation. It will be bagged or containerized at the location where it was used. It shall not be sorted or rinsed at the location it was used.

- Whenever it is deemed possible that laundry is wet and presents a likelihood of soaking through or leakage, the laundry should be placed and transported in bags or containers, which are soak-proof or leak-proof.
- Employees who come in contact with contaminated laundry are required to wear gloves and other appropriate PPE.
- Where laundry is shipped off-site for cleaning or handling, it will be placed in bags or containers, which are labeled or color-coded in accordance with this policy

5.3 Hepatitis B Vaccination

- As indicated previously, all employees have been evaluated to determine which of these employees have occupational exposure to blood and OPIMs. All employees who have occupational exposure have been offered the Hepatitis B vaccine free of charge.
- Occupationally exposed employees are offered the Hepatitis B vaccination within ten (10) working days of their initial assignment. If an employee chooses not to receive the vaccination will be asked to sign a declination form. A copy of this declination form will be made part of the employee's medical record. Medical records are located in the Human Resources Department.
- The vaccine declination form can be withdrawn by the employee at any time and receive the vaccine.

5.4 Post Exposure Evaluation and Follow Up

- Following a report of an exposure incident, the Kenilworth Public Schools will make available a confidential medical evaluation, and follow-up documentation of the incident will be made on the Exposure Incident Investigation Form that will include at least the following:
- Documentation of the routes of entry and circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual if possible.
- The source individual's blood will be tested as soon as possible after consent has been obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer will establish that legally required consent was not available. All results of the source individual's testing will be made available to the exposed employee.
- The exposed employee's blood will be tested as soon as possible, after consent has been obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer will establish that legally required consent was not available. All results of the exposed employees testing will be made available to the exposed employee.
- The Kenilworth Public Schools will use a designated physician as the healthcare professional responsible for providing medical evaluation and follow up as well as vaccines for employees. The Kenilworth Public Schools will ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination will be provided with a copy of the bloodborne standard regulation as well as a description of the exposed employee's duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all relevant medical records.

- The healthcare professional will provide the employee with a copy of a written opinion within fifteen (15) days of completion of the evaluation of the employee.

- If a post-exposure prophylaxis is medically indicated, it shall be followed as recommended by the United States Public Health Service.

- If the employee consents to a baseline blood collection but does not consent to HIV testing, the blood sample shall be preserved for at least 90 days, and the employee shall have that much time to request that HIV testing be performed.

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

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

    - That the employee has been told about any medical conditions resulting from exposure to blood or other PIMs, which require further evaluation or treatment.

- Any and all other findings or diagnosis shall remain confidential and shall not be included in the written report.

- Any and all medical records required by this Exposure Control Plan and Policy shall be maintained as required under OSHA Standard 29 CFR 1910.20 (Retention of Records).

- A post-exposure evaluation and follow-up checklist will be used to ensure that proper procedures have been followed.

5.5 Communication of Hazards to Employees

The Kenilworth Public Schools will ensure that warning labels will be affixed to all containers, refrigerators, or any other devices that may hold or contain blood or other PIMs. These labels will be fluorescent orange or orange red or will predominantly display the universal biohazard symbol. Red bags or red containers may be substituted from time to time with these universal labels.
The Kenilworth Public Schools will ensure that at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter, employees will receive information and training at no cost and during working hours. The program will contain material appropriate in content and vocabulary to the educational level, literacy, and language of employees being trained.
The training program will contain information as required in sections A through N of the OSHA Bloodborne Standard. One of the keys to this information and training program will be that all employees have an opportunity for interactive questions and answers with the person conducting the training session.
Training records will be maintained that include the date of the session, contents or summary of the session, names and qualifications of the person conducting the training, and names and job titles of all persons attending the training session. These records will be maintained for a period of three (3) years.
The training program shall consist of the following:

- A copy of the text of the Bloodborne Pathogen Standard and an explanation of its contents.
- A general explanation of the causes, symptoms and control of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.

- An explanation of this exposure control plan. If a copy is needed, it can be obtained from the personnel department.
- How to recognize tasks and activities that will involve exposure to blood or PIM's.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice controls, and personal protective equipment.
- Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selecting personal protective equipment.
- Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated and that the vaccine will be offered free of charge.
- Information on appropriate actions to be taken and persons to contact in an emergency involving blood or OPIM's.
- Procedures to follow if exposure incidents occur, including method of reporting, and medical follow-up that will be made available.
- Information on post-exposure evaluation and follow-up following an exposure incident.
- Labels and color-coding.
- The instructor shall allow a suitable opportunity for questions and answers for employees taking the training.

5.6 Record Keeping

The Kenilworth Public Schools will maintain an accurate record for all employees with occupational exposure. This record will include:

- The name and social security number of the employee.
- A copy of the employee's Hepatitis B vaccination status.
- A copy of any and all results of examinations, medical testing and follow up procedures resulting from post-exposure evaluation, a copy of any information provided by a healthcare professional to the employee.

These records will be kept confidential and will be maintained for at least the duration of employment plus thirty years in accordance with 29 CFR 1910.20. Employee training records required by this policy shall be provided upon request for examination and copying to OSHA inspectors, employees and employee representatives.

Employee medical records required by this policy shall be provided upon request for examination and copying to OSHA inspectors, the subject employee or to anyone having written consent of the subject employee in accordance with 29 CFR 1910.20.

An implementation schedule has been prepared to document proper adherence to OSHA guidelines. Use, Inspection and Maintenance

APPENDIX A: LIST OF AFFECTED WORK TASKS

LIST OF AFFECTED WORK TASKS

JOB CLASSIFICATION	TASK/PROCEDURE
Nurses	Emergency First Aid Medication administration Collection and Disposal of Sharps
Maintenance	Body Fluid Clean Up
Athletic Trainers and Coaches	Emergency First Aid
Physical Education Teachers	Emergency First Aid
Special Service Teachers/Aides	Emergency First Aid Diaper Changes Bites

APPENDIX B: EXPOSURE CONTROL PLAN

First Aid Exposure Guidelines: In the event of a medical emergency where first aid is to be rendered, the following precautions to prevent exposure to potentially infectious agents must be followed:

1. Non-porous latex gloves and eye protection must be worn whenever rendering first aid
2. Direct unprotected contact with infectious material is not permitted at any time
3. All potentially contaminated material including protective gloves must be properly labeled and disposed of in a biohazard bag. Bag is placed in a medical waste container.
4. Hands must be washed with soap and water immediately after the protective gloves are removed. Should direct contact with potentially infectious materials occur at any time, immediately flush the area with soap and water and then contact the Buildings and Grounds Supervisor.

Cardio Pulmonary Resuscitation (CPR) Exposure Guidelines: In the event of a medical emergency where CPR is to be rendered, the following precautions to prevent exposure to potentially infectious agents must be followed:

1. Non-porous latex gloves, eye protection and a shielded mouthpiece must be worn whenever rendering CPR
2. Direct unprotected contact with infectious material is not permitted at any time
3. All potentially contaminated material including protective gloves and or the shielded mouthpiece must be properly labeled and disposed of in a biohazard bag. Bag is placed in a medical waste container.
4. Hands must be washed with soap and water immediately after the protective gloves are removed
5. Should direct contact with potentially infectious materials occur at any time, immediately flush the area with soap and water and then contact the Building and Grounds Supervisor.

Clean-Up and Miscellaneous Exposure Guidelines: In the event of an accident that may result in broken glass, objects with sharp edges and or blood, vomit, and or other infectious materials that need to be cleaned up, the following procedures for collection of the debris/fluid must be followed:

1. Non-porous latex gloves (leather palm gloves may be used over the latex gloves for additional protection) and eye protection must be worn whenever cleaning up a biohazard spill
2. Direct unprotected contact with infectious material is not permitted at any time
3. Debris should be picked up with a brush and dustpan
4. All contaminated work areas and or tools must be washed with a 10% solution of bleach in water
5. All potentially contaminated material must be properly labeled and disposed of in a biohazard bag is placed in a medical waste container.
6. Hands must be washed with soap and water immediately after the protective gloves are removed
7. Should direct contact with potentially infectious materials occur at any time, immediately flush the area with soap and water and then contact the Buildings and Grounds Supervisor.

In the event that the exposure plan is needed immediately contact:
The Buildings and Grounds Supervisor of Kenilworth Public Schools
(908) 931-9696 ext. 2329 (Tony Lepore)

APPENDIX C: HEPATITIS B VACCINATION INFORMATION FORM

HEPATITIS B VACCINATION INFORMATION FORM

DECLINATION STATEMENT:

I, _____(**employee name**), understand that due to my occupational exposure to blood or other potentially infectious materials, may be at risk of acquiring **Hepatitis B Virus (HBV) infection**. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____(**Employee Signature**)

_____(**Witness**)

_____(**Date**)

HEPATITIS B VACCINATION REQUEST:

I,_____(**employee**); am requesting the offered Hepatitis B vaccination program initiated for my protection. I understand the program is a series of three (3) inoculations given over a period of six months, and that a fourth inoculation may be necessary to complete my immunization.

_____(**Employee Signature**)

_____(**Witness**)

_____(**Date**)

EXCUSED FROM THE HEPATITIS B VACCINATION REQUIREMENT:

I,_____(**employee**); have been excused from the vaccination requirement for the following reason(s):

_____

_____

_____(**Employee Signature**)

_____(**Witness**)

_____(**Date**)

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APPENDIX D: HEPATITIS B INOCULATION RECORDS

HEPATITIS B INOCULATION RECORDS

Employee Name: _____
Title: _____
Department: _____
Date of Employment: _____

SERIES	INOCULATION DATE	MANUFACTURER	LOT NO.	EXP. DATE
1st				
2nd				
3rd				
4th				

Hepatitis B Surface Antibody Test Record

DATE OF TEST	ANTIBODY DETERMINED	NOT DETERMINED

APPENDIX E: EXPOSURE INCIDENT INVESTIGATION FORM

EXPOSURE INCIDENT INVESTIGATION FORM

Date: _____ **Time of Incident: __:__ AM/PM**

Employee Name _____

Location: _____

OPIM(S) Involved: _____

Type of Exposure: _____

Source: _____

Circumstances (work being performed): _____

_____

_____

_____

Cause for Incident (Accident, equipment malfunction, etc.):_____

_____

_____

_____

PPE Being Used:_____
Actions Taken:

_____

_____

_____

Recommendations for Avoiding Repetition:

_____

_____

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APPENDIX F: SOURCE INDIVIDUAL CONSENT FORM

SOURCE INDIVIDUAL CONSENT FORM

I, _____(**injured name**), having received aid or assistance for an injury as a result of which _____(**responder name**) the responder sustained exposure to my blood, blood products or body fluids, hereby agree that a blood sample(s) may be obtained from me for the purposes of testing for bloodborne disease, including the Human Immunodeficiency Virus, the virus of Hepatitis B and the virus of Hepatitis C. It is understood that the information so obtained is confidential, and will be used solely for the purposes of rendering care and treatment to the above referenced healthcare person, and will be reviewed with me in a timely fashion by a member of the professional staff of the Medical Department.

Exposure is construed to mean the contamination of abraded skin or mucous membranes by the blood, blood products or body fluids of the treated individual. A finger stick, abrasion or a laceration sustained in the process of rendering care that allows the blood, blood products or body fluids of the injured person to enter the body of the responder.

(**Injured Individual Signature**) _____

(**Witness Signature**) _____

(**Date**) _____

Office Name: _____

Office Address: _____
_____

Office Telephone: (___)_____-_____x._____

APPENDIX G: EMPLOYEE CONSENT FORM

EMPLOYEE CONSENT FORM

I, _____(employee name), having possibly sustained an exposure to a bloodborne pathogen(s) during the act of: (check appropriate box)

_____ Rendering aid or assistance to _____

(**injured person's name**)

an injured individual or;

_____ During the clean up process after an individual has sustained injury

hereby agree that a blood sample(s) may be obtained from me for the purpose(s) of testing for bloodborne pathogen(s), including the Human Immunodeficiency Virus, the Hepatitis B Virus and the Hepatitis C Virus. It is understood that the information so developed is confidential, will not be divulged to others without my permission, will be kept only in my medical file, and is being sought at this time only for my benefit. It is further understood that the results of this testing will be reviewed with me in a timely fashion by a member of the professional staff at the Medical Department.

_____

(**Employee Signature**)

_____

(**Witness Signature**)

_____

(**Date**)

APPENDIX H: MEDICAL SURVEILLANCE FORM

MEDICAL SURVEILLANCE FORM

Healthcare Professional:
The employee presenting this form warrants a medical evaluation or consultation because of what may have been a work-related exposure to bloodborne pathogens. Details are supplied below, and any additional information may be obtained from:

_____ (**Supervisor name**)

****

Employee Name: _____

Title: _____ **Social Security #**: ___-___-___

Department: _____

Hepatitis B Vaccination: ___**Yes** ___**No**

Exposure: Date_____ **Time**__:__ **AM/PM Place** _____

Description of event (please include the mode(s) of exposure, body areas or systems involved):

_____

_____

_____

_____

Employee's description of any presenting signs and symptoms:

_____

_____

_____

_____

_____ _____

(Preparer Signature) **(Date)**

Office Name: _____

Office Address: _____

Office Telephone: (____) _____-_____ x._____

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APPENDIX I: MEDICAL SURVEILLANCE DIAGNOSTIC SUMMARY REPORT

MEDICAL SURVEILLANCE DIAGNOSTIC SUMMARY REPORT

Examining Physician_____ **(tele.) (___) ____-_____**
Employee Name_____ **(tele.) (___) ____-_____**
Medical Examination/Additional Comments: _____

Recommendation	Yes	No	Comments
Testing:			
HIV			
Hepatitis B			
Hepatitis C			
Blood Cultures			
Other			
Specifics:			
Future Visits			
Future Testing			
Special Intervention			
Surveillance Program			

Existing Medical conditions pertinent to bloodborne pathogen exposure:

_____

_____

_____

EMPLOYEE STATEMENT:

This is to certify that I have had the results of this examination explained to me, including such testing as the AIDS test, and I understand what was told to me by the Physician, concerning the results of the evaluations and recommendations.

_____ **(Employee Signature)** _____**(Date)**
_____ **(Physician Signature)** _____ **(Date)**

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APPENDIX J: POST-EXPOSURE CHECKLIST

POST-EXPOSURE CHECKLIST

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

Activity	Completion Date
Employee was furnished with documentation regarding exposure incident.	
Source individuals identified: (Name) _____	
Source individual's blood tested and results given to employee. ***	
Exposed employee's blood collected and tested.	
Appointment arranged for employee with Physician: (Name) _____	
All documentation has been forwarded to Physician: Bloodborne Pathogen Standard Description of employee's duties Description of exposure incident, including routes of exposure. Results of source individuals blood testing. Employee's medical records.	
*** If consent has not been obtained, check here and explain: _____ _____ _____	

APPENDIX K: SAMPLE LETTER TO OUTSIDE CONTRACTOR

SAMPLE LETTER TO OUTSIDE CONTRACTOR

To whom it may concern:

As required by the OSHA Bloodborne Pathogens Standard (1910.1030), the Morris-Union Jointure Commission has informed all of its employees of the hazards related to blood or other potentially infectious materials that may be found in the workplace. In addition, employees have been offered the Hepatitis B vaccine, proper workplace practices and controls have been instituted, and a written exposure control plan has been created. All of this has been done in order to minimize the chance that an employee will have exposure to blood and other potentially infectious materials during the course of their normal work duties.

Although it is highly unlikely, there is a possibility that one of your employees may be exposed to blood or other potentially infectious materials during the course of your work in our school district. It is your responsibility as a Morris-Union Jointure Commission sub-contractor to inform your employee of the potential exposure to blood or other potentially infectious materials in a school district.

I am requesting that you establish a procedure so that if an employee has exposure to blood or other potentially infectious materials, this office is informed of that exposure incident within a twenty-four-hour period. This will allow us to document the exposure incident and may also enable us to provide you with specific medical advice and/or treatment for your employee that has been exposed.

Thank you for your attention to this matter. If you have any questions or comments, please do not hesitate to contact me directly.

Sincerely,

APPENDIX L: WASTE AND SHARPS DISPOSAL GUIDELINES

WASTE AND SHARPS DISPOSAL GUIDELINES

The disposal of waste and sharps basically falls under the three categories of Sharps, Red Bag, and Clear Bag. The guidelines for various items are below.

Sharps Disposal:

The following items MUST be discarded in a SHARPS container:

- Needles
- Needles with Syringes
- Syringes Only
- Vacutainer Needles
- Scalpel Blades
- Scissors, disposable
- Razors, disposable
- Trocars
- Vacutainer Blood Specimen Tubes

Red Bags:

The items below may be infectious and therefore MUST be discarded in Red Bags:

- Any item saturated with blood
- Blood Administration Sets (bags, tubing)
- Discarded specimen of Human Tissue
- Introducers
- Gloves and disposable gowns saturated with blood
- Chux saturated with blood
- Bandages saturated with blood
- I.V. Tubing; all I.V. Bags
- Plastic I.V. cannulas filled with blood

Clear Bags:

The items below may be disposed of in Clear bags:

- Bandages
- Chux
- Gloves
- Disposable Gowns
- Empty Containers
- Infant Diapers
- Kitchen Waste
- Medication Vials (non-chemotherapy)
- Papers, wrappings, packaging materials

APPENDIX M: OSHA BLOODBORNE PATHOGEN STANDARD

BLOODBORNE PATHOGEN STANDARD

- **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
- **GPO Source:** e-CFR

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 air-drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; or

(3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

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

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

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

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

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

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

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

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

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

1910.1030(c)

Exposure Control -

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)

The Exposure Control Plan shall contain at least the following elements:
1910.1030(c)(1)(ii)(A)

The exposure determination required by paragraph (c)(2),
1910.1030(c)(1)(ii)(B)

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 1910.20(e).
1910.1030(c)(1)(iv)

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:
1910.1030(c)(1)(iv)(A)

Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
1910.1030(c)(1)(iv)(B)

Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
1910.1030(c)(1)(v)

An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.
1910.1030(c)(1)(vi)

The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.
1910.1030(c)(2)

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

Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:
1910.1030(c)(2)(i)(A)

A list of all job classifications in which all employees in those job classifications have occupational exposure;
1910.1030(c)(2)(i)(B)

A list of job classifications in which some employees have occupational exposure, and
1910.1030(c)(2)(i)(C)

A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.
1910.1030(c)(2)(ii)

This exposure determination shall be made without regard to the use of personal protective equipment.
1910.1030(d)

Methods of Compliance -
1910.1030(d)(1)

General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
1910.1030(d)(2)

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

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
1910.1030(d)(2)(ii)

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
1910.1030(d)(2)(iii)

Employers shall provide handwashing facilities which are readily accessible to employees.
1910.1030(d)(2)(iv)

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
1910.1030(d)(2)(v)

Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
1910.1030(d)(2)(vi)

Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
1910.1030(d)(2)(vii)

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.
1910.1030(d)(2)(vii)(A)

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
1910.1030(d)(2)(vii)(B)

Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
1910.1030(d)(2)(viii)

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
1910.1030(d)(2)(viii)(A)

Puncture resistant;
1910.1030(d)(2)(viii)(B)

Labeled or color-coded in accordance with this standard;
1910.1030(d)(2)(viii)(C)

Leakproof on the sides and bottom; and
1910.1030(d)(2)(viii)(D)

In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.
1910.1030(d)(2)(ix)

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
1910.1030(d)(2)(x)

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
1910.1030(d)(2)(xi)

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
1910.1030(d)(2)(xii)

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
1910.1030(d)(2)(xiii)

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
1910.1030(d)(2)(xiii)(A)

The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.
1910.1030(d)(2)(xiii)(B)

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

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

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

1910.1030(d)(2)(xiv)

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

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

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

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

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

1910.1030(d)(3)

Personal Protective Equipment -

1910.1030(d)(3)(i)

Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered â¿¿appropriateâ¿• 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 occurances in the future.

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

1910.1030(d)(3)(v)

Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
1910.1030(d)(3)(vi)

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
1910.1030(d)(3)(vii)

All personal protective equipment shall be removed prior to leaving the work area.
1910.1030(d)(3)(viii)

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
1910.1030(d)(3)(ix)

Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.
1910.1030(d)(3)(ix)(A)

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
1910.1030(d)(3)(ix)(B)

Disposable (single use) gloves shall not be washed or decontaminated for re-use.
1910.1030(d)(3)(ix)(C)

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
1910.1030(d)(3)(ix)(D)

If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:
1910.1030(d)(3)(ix)(D)*(1)*

Periodically reevaluate this policy;
1910.1030(d)(3)(ix)(D)*(2)*

Make gloves available to all employees who wish to use them for phlebotomy;
1910.1030(d)(3)(ix)(D)*(3)*

Not discourage the use of gloves for phlebotomy; and
1910.1030(d)(3)(ix)(D)*(4)*

Require that gloves be used for phlebotomy in the following circumstances:
1910.1030(d)(3)(ix)(D)*(4)(i)*

When the employee has cuts, scratches, or other breaks in his or her skin;
1910.1030(d)(3)(ix)(D)*(4)(ii)*

When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
1910.1030(d)(3)(ix)(D)*(4)(iii)*

When the employee is receiving training in phlebotomy.

1910.1030(d)(3)(x)

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

1910.1030(d)(3)(xi)

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

1910.1030(d)(3)(xii)

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

1910.1030(d)(4)

Housekeeping -

1910.1030(d)(4)(i)

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

1910.1030(d)(4)(ii)

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

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

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

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

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

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

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

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

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

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

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
1910.1030(d)(4)(iii)

Regulated Waste -
1910.1030(d)(4)(iii)(A)

Contaminated Sharps Discarding and Containment.
1910.1030(d)(4)(iii)(A)(1)

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
1910.1030(d)(4)(iii)(A)(1)(i)

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

Puncture resistant;
1910.1030(d)(4)(iii)(A)(1)(iii)

Leakproof on sides and bottom; and
1910.1030(d)(4)(iii)(A)(1)(iv)

Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.
1910.1030(d)(4)(iii)(A)(2)

During use, containers for contaminated sharps shall be:
1910.1030(d)(4)(iii)(A)(2)(i)

Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
1910.1030(d)(4)(iii)(A)(2)(ii)

Maintained upright throughout use; and
1910.1030(d)(4)(iii)(A)(2)(iii)

Replaced routinely and not be allowed to overfill.
1910.1030(d)(4)(iii)(A)(3)

When moving containers of contaminated sharps from the area of use, the containers shall be:
1910.1030(d)(4)(iii)(A)(3)(i)

Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
1910.1030(d)(4)(iii)(A)(3)(ii)

Placed in a secondary container if leakage is possible. The second container shall be:
1910.1030(d)(4)(iii)(A)(3)(ii)(A)

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

Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
1910.1030(d)(4)(iii)(A)(3)(ii)(C)

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

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

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
1910.1030(d)(4)(iii)(B)

Other Regulated Waste Containment -
1910.1030(d)(4)(iii)(B)(1)

Regulated waste shall be placed in containers which are:
1910.1030(d)(4)(iii)(B)(1)(i)

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

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
1910.1030(d)(4)(iii)(B)(1)(iii)

Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and
1910.1030(d)(4)(iii)(B)(1)(iv)

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
1910.1030(d)(4)(iii)(B)(2)

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
1910.1030(d)(4)(iii)(B)(2)(i)

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

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
1910.1030(d)(4)(iii)(B)(2)(iii)

Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
1910.1030(d)(4)(iii)(B)(2)(iv)

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
1910.1030(d)(4)(iii)(C)

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.
1910.1030(d)(4)(iv)

Laundry.
1910.1030(d)(4)(iv)(A)

Contaminated laundry shall be handled as little as possible with a minimum of agitation.
1910.1030(d)(4)(iv)(A)(1)

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
1910.1030(d)(4)(iv)(A)(2)

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
1910.1030(d)(4)(iv)(A)(3)

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
1910.1030(d)(4)(iv)(B)

The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
1910.1030(d)(4)(iv)(C)

When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).
1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.
1910.1030(e)(1)

This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.
1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:
1910.1030(e)(2)(i)

Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
1910.1030(e)(2)(ii)

Special Practices.
1910.1030(e)(2)(ii)(A)

Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.
1910.1030(e)(2)(ii)(B)

Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.
1910.1030(e)(2)(ii)(C)

Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
1910.1030(e)(2)(ii)(D)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)(2)(iii)

Containment Equipment.

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

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

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

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

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

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)

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

1910.1030(e)(4)(vi)

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

1910.1030(e)(5)

Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).
1910.1030(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)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
1910.1030(f)(2)(ii)

The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
1910.1030(f)(2)(iii)

If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.
1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

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

1910.1030(f)(3)(i)

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

1910.1030(f)(3)(ii)

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

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

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

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

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

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

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

1910.1030(f)(3)(iii)

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

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

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

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.
1910.1030(f)(4)

Information Provided to the Healthcare Professional.
1910.1030(f)(4)(i)

The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.
1910.1030(f)(4)(ii)

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
1910.1030(f)(4)(ii)(A)

A copy of this regulation;
1910.1030(f)(4)(ii)(B)

A description of the exposed employee's duties as they relate to the exposure incident;
1910.1030(f)(4)(ii)(C)

Documentation of the route(s) of exposure and circumstances under which exposure occurred;
1910.1030(f)(4)(ii)(D)

Results of the source individual's blood testing, if available; and
1910.1030(f)(4)(ii)(E)

All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
1910.1030(f)(5)

Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
1910.1030(f)(5)(i)

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
1910.1030(f)(5)(ii)

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
1910.1030(f)(5)(ii)(A)

That the employee has been informed of the results of the evaluation; and
1910.1030(f)(5)(ii)(B)

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
1910.1030(f)(5)(iii)

All other findings or diagnoses shall remain confidential and shall not be included in the written report.
1910.1030(f)(6)

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

1910.1030(g)

Communication of Hazards to Employees -
1910.1030(g)(1)

Labels and Signs -
1910.1030(g)(1)(i)

Labels.
1910.1030(g)(1)(i)(A)

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).
1910.1030(g)(1)(i)(B)

Labels required by this section shall include the following legend:

BIOHAZARD

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:

BIOHAZARD

(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)

The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.
1910.1030(g)(2)(ii)

Training shall be provided as follows:
1910.1030(g)(2)(ii)(A)

At the time of initial assignment to tasks where occupational exposure may take place;
1910.1030(g)(2)(ii)(B)

At least annually thereafter.
1910.1030(g)(2)(iii)

[Reserved]

1910.1030(g)(2)(iv)

Annual training for all employees shall be provided within one year of their previous training.
1910.1030(g)(2)(v)

Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
1910.1030(g)(2)(vi)

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
1910.1030(g)(2)(vii)

The training program shall contain at a minimum the following elements:
1910.1030(g)(2)(vii)(A)

An accessible copy of the regulatory text of this standard and an explanation of its contents;
1910.1030(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of bloodborne diseases;
1910.1030(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;
1910.1030(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
1910.1030(g)(2)(vii)(E)

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
1910.1030(g)(2)(vii)(F)

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
1910.1030(g)(2)(vii)(G)

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
1910.1030(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;
1910.1030(g)(2)(vii)(I)

Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
1910.1030(g)(2)(vii)(J)

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
1910.1030(g)(2)(vii)(K)

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
1910.1030(g)(2)(vii)(L)

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
1910.1030(g)(2)(vii)(M)

An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and
1910.1030(g)(2)(vii)(N)

An opportunity for interactive questions and answers with the person conducting the training session.
1910.1030(g)(2)(viii)

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
1910.1030(g)(2)(ix)

Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.
1910.1030(g)(2)(ix)(A)

The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
1910.1030(g)(2)(ix)(B)

The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.
1910.1030(g)(2)(ix)(C)

The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.
1910.1030(h)

Recordkeeping -
1910.1030(h)(1)

Medical Records.
1910.1030(h)(1)(i)

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.
1910.1030(h)(1)(ii)

This record shall include:
1910.1030(h)(1)(ii)(A)

The name and social security number of the employee;
1910.1030(h)(1)(ii)(B)

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

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

A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);
1910.1030(h)(1)(ii)(D)

The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and
1910.1030(h)(1)(ii)(E)

A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).
1910.1030(h)(1)(iii)

Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:
1910.1030(h)(1)(iii)(A)

Kept confidential; and
1910.1030(h)(1)(iii)(B)

Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
1910.1030(h)(1)(iv)

The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.
1910.1030(h)(2)

Training Records.
1910.1030(h)(2)(i)

Training records shall include the following information:
1910.1030(h)(2)(i)(A)

The dates of the training sessions;
1910.1030(h)(2)(i)(B)

The contents or a summary of the training sessions;
1910.1030(h)(2)(i)(C)

The names and qualifications of persons conducting the training; and
1910.1030(h)(2)(i)(D)

The names and job titles of all persons attending the training sessions.
1910.1030(h)(2)(ii)

Training records shall be maintained for 3 years from the date on which the training occurred.
1910.1030(h)(3)

Availability.
1910.1030(h)(3)(i)

The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.
1910.1030(h)(3)(ii)

Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.
1910.1030(h)(3)(iii)

Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.
1910.1030(h)(4)

Transfer of Records. The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).
1910.1030(h)(5)

Sharps injury log.
1910.1030(h)(5)(i)

he 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 part 1904.
1910.1030(h)(5)(iii)

The sharps injury log shall be maintained for the period required by 29 CFR 1904.33.
1910.1030(i)

Dates -
1910.1030(i)(1)

Effective Date. The standard shall become effective on March 6, 1992.
1910.1030(i)(2)

The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.
1910.1030(i)(3)

Paragraphs (g)(2) Information and Training and (h) Recordkeeping of this section 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 of this section, shall take effect July 6, 1992.
[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001; 71 FR 16672 and 16673, April 3, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33608, June 8, 2011; 76 FR 80740, Dec. 27, 2011; 77 FR 19934, April 3, 2012]