SALEM SCHOOL SYSTEM
Salem, Connecticut

PERSONNEL – CERTIFIED / NON-CERTIFIED

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN - PROCEDURES

SECTION A

I. GENERAL INFORMATION

A. Rules and Regulations of the OSHA Bloodborne Pathogens Standard (Federal Register, December 6, 1991. See Enclosure – Appendix A)

B1. Explanation of the Bloodborne Disease: The Bloodborne Pathogens Standard was adopted by OSHA primarily because of AIDS. OSHA is also concerned about school health care employees' exposure to Hepatitis B and other bloodborne diseases. Salem School, as mandated, has made occupation exposure determinations and has developed an exposure control plan both to prevent employee exposure as well as evaluate and treat exposure incidents. Those employees of Salem School who provide or assist in providing direct care, or those who are exposed to bloodborne pathogens would be considered at risk.

The infectious disease process is a description of the way in which infectious diseases are transmitted from one person to another. This process involves three essential components:

A Causative Agent
A Susceptible Host
A Mode of Transmission

All three are necessary for the spread of an infection from one person to another. When any one of them is missing, the chain is broken and the possibility of infection is eliminated.

B2. Causative Agent

A causative agent is any microorganisim capable of causing disease. These microorganisms are referred to as pathogens. Pathogenic agents include a variety of viruses, bacteria, protozoa and fungi. Bloodborne pathogens are those present in human blood. The Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV) – the agent of most concern to school health personnel – are bloodborne pathogens.

B3. Susceptible Host

A susceptible host is a person lacking effective resistance to a particular pathologic agent. Many factors including heredity, nutritional status, use of medications, therapeutic procedures,

underlying disease, and immunization status influence a person's level of susceptibility to a particular agent as well as the severity of disease resulting from an infection.

For example, a person with inadequate nutrition may be more susceptible to infection and may have a more serious disease then someone with adequate nutrition. Medications, such as steroids, and therapeutic procedures, such as chemotherapy, are also known to increase susceptibility. Underlying diseases, such as diabetes, increase the risk of infection and the severity of infection. Finally, immunization status is also a factor influencing susceptibility. People can reduce or eliminate their susceptibility to many diseases, such as polio, influenza, and Hepatitis B, by being vaccinated against them. Immunity to future infection is also acquired for some diseases, including Hepatitis B, chicken pox, and measles, if a person has had the disease in the past and has developed antibodies against it.

B4. Modes of Transmission

A mode of transmission is the mechanism by which an infectious agent is transferred to a susceptible host. Most infectious agents are transferred by contact through inhalation of organisms in the air, or through a vehicle, such as food or water.

a. **Contact transmission** may occur through **direct contact**, such as blood into an open wound. It may occur through indirect contact, for example, contact through a contaminated intermediate object, such as a syringe. Finally, it may occur through **droplet spread**, such as when an infected person sneezes or coughs, and these fluids directly come into contact with mucous membrane (e.g. eye).

b. In **airborne transmission**, microorganisms are suspended in the air for extended periods of time, where they can be inhaled by others. Bloodborne viruses, such as HBV, are not transmitted in this way. Tuberculosis or measles are examples of diseases that can be transmitted via the airborne route.

c. In **vehicle transmission**, something contaminated with microorganisms (such as food, water or blood) transfers the pathogen to another person. Blood is the single most important vehicle for the transmission of HBV and HIV in the health care setting. One millimeter of infected blood contains virus concentrations of approximately 100,000,000 for HBV and 100 for HIV. HBV may be transmitted via saliva, although less efficiently than through blood.

B5. Occupational Exposure to Pathogenic Microorganisms

Occupational exposure to blood and other body fluids (semen, vaginal secretions, cerebrospinal fluid, saliva, etc.) may occur in several ways:

Parenteral exposure (exposure occurring as a result of piercing the skin barrier; e.g., needlestick, human bite, cut and abrasion)

Contact with Mucous Membranes

Contact with wounds and abrasions in the skin (non-intact skin).

Epidemiological studies suggest that parental exposure poses a greater risk in infection than foes exposure through mucous membranes of non-intact skin. Occupational transmission of HBV and HIV following parenteral exposure hoes been documented in the literature. Based on studies of health care personnel, the risk of acquiring an HBV infection following a single puncture with a needle contaminated with the virus ranges from 6 percent to 30 percent. Under similar circumstances, the risk of an HIV infection is less than 1.0 percent.

Not all exposures result in infection. The risk of transmission of HBV and HIV, as well as other pathogens, is influenced by several factors including:

- Route of exposure (e.g., parenteral exposure),
- The dose of the virus transferred during an exposure incident,
- Differences in host susceptibility (e.g., immunosuppressed, chemotherapy, radiation, or AIDS),
- Possible variations in the ineffectiveness of the infected patient,
- The number of exposure incidents.

For example, risk of infection increases as the number of virus particles transferred during an exposure incident increases and with increasing numbers of exposure incidents.

B6. Infection Control

The goal of infection control is to eliminate the transfer of microorganisms. This can be accomplished in several ways:

- Use of personal barrier equipment and proper techniques for handling sharp items can disrupt the mode of transmission of infectious agents.
- As a particular host, you can reduce your susceptibility by receiving immunizations against those agents for which vaccines are available.
- Infectious agents can be eliminated from surfaces and equipment by proper cleaning and then disinfection or sterilization of contaminated items.

C. Universal Precautions

Medical history cannot be relied upon to identify all patients likely to place school health care personnel at risk of infection. In many instances, infections are subclinical (asymptomatic); that is, the infected person has no symptoms or signs of infections. For example, up to 80 percent of patients infected with HBV and many individuals infected with HIV are asymptomatic or have only minor, non-specific symptoms. Consequently, they may not know that they have an infection.

Laboratory tests also have limitations in their ability to identify patients with infections. A period of up to several weeks often exists between the time a person becomes infected with a virus and the time when laboratory tests can detect the antigens or antibodies to it. Consequently even if a patient tests negative, he or she may still be infectious.

Because not all patients with infectious diseases can be identified by medical history, physical examination, or laboratory tests, the blood of all patients should be treated as if it were infected.

As a result, the same infection control practices should be used with all patients. This approach is known as "UNIVERSAL PRECAUTIONS". It is the policy of Salem School to proceed in all cases as though infection is present.

II. ENGINEERING AND WORK PRACTICE CONTROLS

A. Objective: The objective is to prevent contact with blood, body fluids, saliva and other potentially infectious materials. The first step relates to the "engineering controls" that isolate or remove bloodborne pathogen hazards from the school health professional's workplace. Examples are special containers for contaminated sharps and needles. "Workplace Controls" refer to changing methods of task performance to reduce the likelihood of exposure. Examples: Handwashing between procedures, prohibiting recapping of needles after use, etc.

No matter how well engineering and workplace controls are implemented, the dangers of occupational exposure still remain which require barrier techniques through "personal protective equipment". This equipment **must** be used by employees while treating adults and children alike. These items will be provided by Salem School at no expense to the employee:

B. Occupational Exposure:

1. Recognition **–** The very nature of the school health environment puts the school nurse and/or a school health aide in direct contact with blood and other potentially infectious materials found in or on the body and other surfaces. The procedures that school nurses may become involved include (but are not necessarily limited to, nursing treatment or procedures, basic first aid (school health aides and nurses), advanced first aid and blood screenings. These procedures all potentially involve occupational exposure; therefore, **"UNIVERSAL PRECAUTIONS" MUST** be observed at all times when dealing with any body fluid.

2. Prevention or Minimizing Exposure Risk**.** The reduction of bacterial and other contamination sources requires frequent and thorough hand washing. As a general rule, hands and skin areas must be washed with a liquid soap, running water and dried with paper towels:

a. Before and after patient treatment procedures or first aid when contact is made with any body fluid,

b. As soon as feasible after removal of gloves or other personal protective clothing.

c. After eating or "break periods",

d. Prior to and after using the bathroom.

NOTE: When hand washing, pay particular attention to the thumb, finger tips, and areas between fingers and around fingernails: Hand washing should not be less than 15 seconds duration. When provision of hand washing 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 cleanser

or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3. **Hepatitis B Vaccine Program:** Hepatitis B is a major health hazard for members of virtually all health occupations, and is of particular concern to school health care personnel. Because of risk of HBV infection, OSHA and the Public Health Service's Immunization Practices Advisory Committee recommend that all school health care personnel involved in patient care receive the Hepatitis B vaccine, if they do not already have the immunity as a result of previous exposure to the virus. (Refer to Section VI for detailed explanation.)

C. Personal Protective Equipment

1. Personal Protective Equipment (PPE) including but not limited to gloves, gowns, lab coats, aprons, aprons or masks and eye protection which do not permit blood or other potentially infectious material to pass through or reach employee's work clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use are available at no charge.

2. All PPE shall be of appropriate size, will fit properly and will be made available at no cost to the employee at the worksite.

3. Salem School is responsible for the purchase, laundering, cleaning, disposal of all PPE at no cost to the employee.

a. **Gloves (single use/disposable)**
To be used whenever you reasonably anticipate hand contact with blood, or other potentially infectious materials, mucous membranes, and non-intact skin.

Replace gloves as soon as practical when contaminated, at least after each patient. If torn, punctured or compromised as a barrier, do so immediately.

Disposable gloves may not be washed for reuse. Heavy duty utility gloves may be decontaminated for reuse if glove integrity is not compromised. Utility gloves must be inspected periodically and discarded if cracked, torn, punctured or show signs of deterioration.

b. **Goggles or Glasses and Pocket Masks**
Goggles or eye protection are required whenever splashes, spray, spatter or droplets of blood, saliva, or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated. Masks and protective eyewear shall be worn when splashing of body fluids is likely to occur.

Eyewear, when used, must either be goggles or glasses with solid side shields. Eyewear with solid side shields must be positioned before hand washing and gloving.

Pocket masks with one-way valves will be used by the school nurse when performing mouth-to-mouth resuscitation. Other school health personnel will use micro-shields when performing this resuscitation.

c. **Lab Coats or Clinic Jackets**

School nurses and school health aides must wear lab coats/ clinic jackets when reasonably anticipating contact with blood or other potentially infectious materials. Specifically, if you reasonably anticipate wrists or forearms will be in contact with blood or these infectious materials, then you must cover them as well as your "street clothes".

Lab coats or other clinic jackets must prevent blood, saliva or other potentially infectious materials from contacting work clothes, street clothes or skin. For most routine first aid procedures, employees may wear cotton or cotton/polyester clinic jackets or lab coats. If the nurse is planning a procedure in which he/she anticipates blood or infectious materials will soak through to clothing, or splashing is likely to occur, that nurse must don a fluid-resistant apron made of impervious material.

Lab coats or jackets generally will be changed at the end of the work week or earlier if visibly soiled. However, they must be changed immediately (or as soon as feasible) if penetrated by blood, or other potentially infectious materials.

All PPE will be removed before leaving the work area (i.e., health room).

Location of the following:

- Pocket Masks – In each school's first aid kit/health room
- Gloves – In health room
- Lab Coats – In health room
- Masks, Eyewear – In health room
- Gowns or Aprons – Health room and stations

D. Work Practice Controls

1. Housekeeping and Work Surfaces

School nurse must be careful to avoid puncture wounds during the performance of duties.

Daily protocol will be followed. The floor surfaces will be vacuumed daily and any tile floor surfaces will be mopped with appropriate disinfectants daily.

Special Precautions –

All contaminated work surfaces must be cleaned with a disinfectant of 1:10 bleach and water or Surgeon (PPE must be worn when cleaning contaminated work surfaces) after completion of procedures and when visibly contaminated by any potentially infectious materials.

Hazardous waste receptacles, in addition to disposal of the collected waste materials in the collecting bags, must be inspected and decontaminated on a regularly scheduled basis.

Equipment scheduled for service or repair must be decontaminated unless decontamination is not feasible. In this case, such equipment must carry a warning label.

2. Regulated Waste Handling

a. OSHA does regulate handling of contaminated waste while in the health office to protect the school nurse and the school health aide from exposure to bloodborne diseases. This waste includes items that would release blood, or other potentially infectious materials if compressed, items caked with dried blood, and contaminated sharps. If sponges or cotton balls contain a minimal amount of blood, they may go in the regular trash. Otherwise, they must be placed in special biohazardous waste receptacles which are closable, constructed to contain all contents and prevent leakage and are clearly labeled (red bags). If this situation does arise the red bags will be disposed of at appropriate disposal sites. Bags are available in the health office.

b. Items for Hazardous Waste Disposal: SHARPS: Employees must handle contaminated sharps according to specific OSHA standards. This category includes needles, broken glass, lancets, or broadly, any object that can penetrate the skin. All contaminated sharps must be placed in a closable, puncture-resistant container which is leak-proof on the sides and bottom. These containers are red, labeled "Biohazard", and marked with the universal biohazard symbol.

Sharps' containers are located in the school health room. They must be kept in upright position and must not be overfilled. When filled, the container must be checked for leaks. If one is found, notify the Salem School Nurse for repackaging and labeling. **A special note** – by regulation, sharps are not to be bent, broken or recapped. The sharps container must not require employees to reach into the container.

3. Infection Control Policy (Work Practice Controls) Universal Precautions

Universal blood and body fluid precautions will be implemented in all patient care. Universal precautions assume that all body fluids are infectious. Precautions apply to: blood, semen, blood products, vaginal secretions, cerebrospinal fluids, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and concentrated HIV fluids in which blood is present.

a. Wear gloves when it is likely that hands will be in contact with body substances (blood, urine, feces, wound drainage, oral secretions, sputum, vomitus).

b. Protect clothing with a gown or plastic apron when it is likely that clothing will be soiled with body substances and/or fluids.

c. Wear masks and/or eye protection (goggles, glasses with solid sides) when it is likely that eyes and/or mucous membranes will be splashed with body substances.

d. Wash hands often and well, paying particular attention to the areas around and under fingernails and between the fingers.

e. Do not recap, bend or break needles; discard needle/syringe units and sharps in the red puncture-resistant containers that are clearly labeled “Biohazard”.

f. Discard trash in double bagged trash baskets.

g. It is necessary to use a mouthpiece, pocket mask or ventilation device when administering mouth-to-mouth resuscitation on all clients.

h. A 1:10 solution of bleach and water or Surgen should be used for cleaning contaminated articles and surfaces.

i. All protective equipment supplies will be issued to employees. Household bleach will be available within the school health room when there is a risk of exposure.

j. Personnel should obtain all necessary equipment before beginning a task.

k. **Red Bag Waste:** Sponges, gauze or other items if blood caked or soaked are disposed of in marked receptacles as described above.

4. Operatory Disinfection/Cleaning Checklist:

a. **After exposure to blood or other body fluids**:
   i. Remove all contaminated equipment using “Universal Precautions”.
   ii. Blood saturated materials will be double-bagged and disposed of in the hazardous waste container.
   iii. Put clean gloves and appropriate PPE on. Wash down with the appropriate disinfectant, with 1:10 solution of bleach and water or Surgen the entire counter tops, desk top or other contaminated areas.

b. End of Day
   i. Appropriate cleaning procedures with hypochlorite solution must be done by school custodial staff.
   ii. Custodians must wear heavy duty rubber gloves to prevent hand injuries and contamination.
   iii. Clean equipment as appropriate.

5. Hand Washing Protocol

a. Hands should be washed with an antimicrobial soap at the beginning of the day, before lunch, before leaving for the day and for screenings using a surgical scrub technique.

b. Hands should be washed prior to gloving and after removing plain liquid soap.

c. Do not wear jewelry on hands or wrists.

d. New gloves are to be used for each exposure. Do not answer telephone, touch records, or go up to the front desk wearing contaminated gloves used on a patient.

e. Technique: Apply liquid soap and warn running water to hands and nails. Scrub thoroughly for 15 seconds. Rinse hands under running water.

f. With a clean paper towel, dry hands thoroughly to prevent chapping and potential bacterial growth under gloves. Place used towels in the lined waste receptacle.

g. Fingernails should be kept short and clean. Colored polish or false fingernails should not be worn. Clear polish may be worn.

h. Apply hand lotion as desired.

6. Protocol for Needlestick or Puncture

a. Express blood

b. Wash thoroughly with an antimicrobial soap (such as phisoderm).

c. Apply antiseptic such as basitracin ointment.

d. Report to the school Nurse.

e. The employee will follow school protocol, "Management of Exposure to Possible HIV, AIDS, HIV – related diseases and Hepatitis B".

7. Record Keeping Requirements

8. Employee Medical Record (Refer to Appendix D)

A medical record must be created and maintained on every worker who has occupational exposure, which includes his/her name, social security number, a copy of their Hepatitis B vaccination status including all dates of the vaccinations and any other information relative to the worker's ability to receive vaccinations, a copy of all results and examinations, medical testing, required follow-up procedures, the employer's copy of the healthcare professional's written opinion and a copy of the information given to the healthcare professional.

All medical records must be kept confidential and not reported to anyone inside or outside the practice except as required by this Standard or law without the worker's express written consent.

Medical records must be maintained for the duration of the worker's employment plus 30 years. If the employer ceases to do business and there is no successor employer to receive or retain the records for the prescribed period, the employer shall notify the Director of OSHA at least three months prior to their disposal and transmit them to the Director if required to do so.

III. COMMUNICATION OF HAZARD TO EMPLOYEES

A. Labels and Signs: Warning labels must be affixed to containers of regulated wastes, refrigerators containing blood or other potentially infectious material and any other container used to store, ship or transport these materials. The label must contain the word "**Biohazard**"

with the **Biohazard Symbol** in a fluorescent orange or orange-red color with lettering of contrasting color.

Labels must be affixed to the container in a manner that prevents loss or unintentional removal. Red bags or red containers may be substituted for labels. Biohazard labels required for contaminated equipment must state which portions of the equipment remain contaminated.

B. Employee Training (Information will be Available to All Employees)

1. General: All Salem School employees must participate in the training program, provided at no cost to the employee during normal working hours. Training shall be provided at the beginning of every school year. Additional training will be provided when changes such as modification or addition of new tasks and procedures change the workers' occupational exposure. A question and answer time period will be included.

2. Minimum Training Requirements: (Content will be Specific, as Stated in the Regulations)

The training program will contain:

a. An accessible copy of the regulatory text of the standard.

b. A general explanation of the epidemiology and symptoms of bloodborne diseases.

c. An explanation of the modes of transmission of bloodborne pathogens.

d. An explanation of the exposure control plan and an accessible copy.

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

f. An explanation of the uses and limitations of engineering controls, work practice controls, "Universal Precautions", personal protective equipment, and uses of signs and labels that must be available in the office.

g. An explanation of the basis of selection of kinds of personal protective equipment and their purpose.

h. Information on Hepatitis B vaccine including information on efficacy, safety, method of administration, benefits of vaccination and the fact that the vaccine is available at no charge.

i. A description of what to do and who to contact in an emergency involving blood or other potentially infectious material.

j. Procedures to follow for an exposure incident will be presented and discussed. Training records will be maintained for three years. The records will include

dates, content, name of trainer and qualifications, names and job titles of participants.

k. Procedures regarding the post-exposure evaluation(s) will also be presented/discussed.

3. **Questions and Answers:** Employees will have as long as necessary to have questions answered. If additional questions should arise after completion of the training session, employees should submit in writing to the Salem School Nurse who will assure that an answer will be given personally within 48 hours after notification.

IV. EMPLOYEE EXPOSURE DETERMINATION

Refer to the list of employees with job specification as outlined. (See Appendix B)

A list will be made each year of each employee determined to have a reasonable risk of exposure.

V. MANAGEMENT OF EXPOSURE TO POSSIBLE HIV, AIDS, HIV-RELATED DISEASES AND HEPATITIS B

An exposure incident is defined as a specific occupational incident involving eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials.

A. Employee must report incident to supervisor immediately, complete incident report within **48 hours**, and have baseline HIV screening performed at an appropriate health facility within **72 hours**. Incident report will be filed with the school nurse. The exposure and results shall not appear in the patient's or employee's medical record unless relevant to medical care received at that time.

B. Informed consent (written) or documented refusal will be obtained from both patient and employee for HIV antibody and Hepatitis B screenings.

C. Employee is given a number and testing is done anonymously.

D. Test results of both patient and employee are kept in a locked file in the health room.

E. Results of patient blood work is given to employee.

F. If the same patient is negative for both HIV and Hepatitis B, further testing of employee is recommended at three months, after such time no further testing will be necessary.

G. If the same patient is HIV positive, the employee will be tested at **three months, six months and one-year intervals**. The employee will be given information regarding possible risks and precautions.

H. If the exposure is due to an "unknown source", this incident is treated as if it is and infectious source; procedure as described in "G" above will be followed.

I. If the patient (source) is Hb, Hg positive, the employee will receive Hep B vaccine and HBIG, which will be administered by a family physician. (Appendix C)

J. If the Salem School Nurse refuses to adhere to and follow this Salem School protocol, the employee will sign an affidavit releasing Town of Salem from any current and future liability resulting from the incident – exposure to possible HIV, AIDS, HIV-related diseases and Hepatitis-B.

VI. HEPATITIS B – (SEE APPENDICES C AND D)

Hepatitis B Vaccine will be offered at no charge to employees who have occupation exposure to bloodborne pathogens within ten days of assignment. Boosters will be provided if recommended by the CDC.

VII. RECORD KEEPING

Location – files are maintained in the health room. The files are readily accessible and are clearly labeled. The locked file may be open upon request by Salem School Nurse.

A. Bloodborne Pathogens Standard (Federal Register)
B. Employee Training Records
C. Hazardous Waste Disposal Transfer
D. Employee Medical Records – Confidential
E. Exposure Control Plan
F. Incident Reports
G. Custodial Follow-Up
H. Employee Exposure Determination

Procedure Adopted: August 5, 1993

APPENDIX B

SALEM SCHOOL SYSTEM
SALEM, CONNECTICUT

EXPOSURE DETERMINATION FORM

A. Category One: School Nurses or School Nurse Substitutes.

Tasks/Duties: Tasks include direct patient care, direct advanced first aid as well as BLS.

NAME	POSITION	SOCIAL SECURITY NUMBER

B. Category Two: Some employees, such as the School Health Aide, holding the indicated positions in my office that have occupational exposure. They are occasionally called upon to perform tasks that may result in occupational exposure:

Tasks/Duties: Tasks include clerical and basic first aid.

NAME	POSITION	SOCIAL SECURITY NUMBER

ALTERNATE APPENDIX B

SALEM SCHOOL
SALEM, CONNECTICUT

EMPLOYEE EXPOSURE DETERMINATION

Employee Name:_____ Social Security Number:_____

Address: _____

Telephone Number:_____

Job Classification (Primary): _____

_____

_____

_____

Tasks/Procedures with Occupational Exposure: _____

_____

_____

_____

Job Classification (Secondary): _____

_____

_____

_____

Tasks/Procedures with Occupational Exposure: _____

_____

_____

_____

APPENDIX C

SALEM SCHOOL
SALEM, CONNECTICUT

HEPATITIS B VACCINE
(Pre-Screening in not required)

Hepatitis B vaccine has the potential to eliminate the risk of contracting the virus as well as prevent the secondary transmission to other patients, family or friends by school health care workers who might otherwise be given in a carrier state. Therefore, in the best of all situations, it should be given in the initial stages of training or employment. The vaccine requires three doses be given intramuscularly over a six month period. The second dose is given at one month; the third dose at six months.

In 1982, the Heptavax-B vaccine was introduced after seven years of testing. The plasma-derived vaccine was processed to ensure maximum product safety, since the serum was from human HBV carriers. Several studies demonstrated that the vaccine did not transmit the HIV virus as some feared at the outset. Two other vaccines now exist: Recombivax-HB and Engerix-B, which are recombinant vaccines produced from saccaromyces cerevisae cultures (common baker's yeast). The efficacy of these vaccines is comparable to Heatavax without any fear of contracting any other virus. The only know contraindication to these preparations is an allergy to yeast or any other of its components. It is given in the deltoid muscle, at 0, 1 and 6 month intervals.

School health care workers might well be advised to review their previous vaccination history for diseases such as measles, mumps, rubella, and polio.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no cost to me. However, of my own free will and volition, and despite School Health Services urging, 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 the Hepatitis B vaccine, I will be able to receive the vaccination series at no charge to me.

Name_____ Social Security Number_____
Postion_____ Witness_____ Date_____

I have been informed of the benefits of the Hepatitis B vaccine. Of my own free will and volition, I accept School Health Services' offer to have the vaccination series at no cost to me. I will arrange for the vaccine to begin with the next ten (10) days.

Name_____ Social Security Number_____
Postion_____ Witness_____ Date_____

OPTIONAL: I have had the Hepatitis B vaccine. I have/have not been tested for the antibody. Eitherway, I will have a note from my physician sent to the School Health Services confirming the occurrence of the above testing and/or of the vaccination series. In the event that I am antibody negative, I understand that I may receive the Hepatitis B vaccination at no charge to me.

Name_____ Social Security Number_____
Postion_____ Witness_____ Date_____

APPENDIX D

SALEM SCHOOL
SALEM, CONNECTICUT

CONFIDENTIAL
EMPLOYEE MEDICAL RECORD

Employee Name:_____

Employee Address: _____

_____

Social Security Number: _____

Employee Starting Date: _____

Employee Termination Date (if any): _____

History of HBV Vaccination: _____

_____

_____
(Date received, or, if not received, a brief explanation of why not.)

History of Exposure Incident(s) (Dates, Brief Explanation, Attachments): _____

_____

_____

Results of medical exams and follow-up procedures regarding exposure incident or hepatitis B immunity, including written opinion of health care professional (Dates, Brief Explanation, Attachments): _____

_____

_____

Information provided to the health care professional regarding hepatitis B vaccination and/or exposure incident(s) (Dates, Brief Explanation, Attachments): _____

_____

_____

NOTE: Maintain this record for duration of employment plus 30 years.

APPENDIX E

SALEM SCHOOL
SALEM, CONNECTICUT

EMPLOYEE INFORMED CONSENT

I have read all of this form or it has been read to me and I have discussed it with my doctor or test counselor. I have been told about the nature of HIV, AIDS, and HIV-related illnesses and have been told about how the virus nay be passed from one person to another.

__I agree to take the HIV antibody test.

__I refuse to take the HIV antibody test.

_____ _____

Name of person who will/refuses to be tested or person authorized to consent for person — Date

If someone other than the person to be tested has signed, state name and address of person signing and relationship to person to be tested. If necessary, explain why the person to be tested did not sign.

_____

_____

_____

I have provided to the person who signed this form an explanation of the nature of HIV, AIDS, and HIV-related illness, information about behaviors known to pose risks for transmission of HIV infection and discussed and answered any questions about the information covered in this form.

_____

Name of physician or test counselor

_____ _____

Signature of physician or test counselor — Date

APPENDIX F

SALEM SCHOOL
SALEM, CONNECTICUUT

AIDS SECTION

INFORMED CONSENT TO AIDS-VIRUS (HIV*) ANTIBODY TEST

Before someone can give you an AIDS-virus (HIV) antibody test, you must give your consent. This form explains the test and how the test results can be used. It should help you decide whether you want to take the test. Please read it carefully. Your doctor or test counselor must go over this information, before you make up your mind. If you want to be tested, please sign the bottom of this form.

1.) What is the AIDS-virus (HIV) Antibody Test?

It is a blood test. It shows if you have antibodies to the AIDS virus. (AIDS virus antibodies are a sign that the AIDS virus has entered your body.) A sample of your blood will be taken from your arm with a needle and tested. If the first test shows that you have antibodies, a different test will be done on the same sample to make sure the first test was right.

2.) What does it mean if the test is negative?

It negative test means you're probably not infected with the AIDS virus. But it takes the body time to produce the AIDS virus antibodies. It may be just too soon for the antibodies to be seen in the test. If you recently had sex without a condom or shared needles with someone who maybe infected, you may want to be tested again in three – six months. Please talk to your doctor or test counselor about this.

3.) What does it mean if the test is positive?

A positive test results means you are infected with the AIDS virus. It doesn't mean you have AIDS or that you will become sick with the AIDS virus in the future. But many people with the virus become sick over time.

It also means that you could give the virus to other people. People who are infected can pass the virus during sex or by sharing needles during drug use. A pregnant woman who is infected can pass the virus to her baby during pregnancy.

4) How will the test help me?

If the test is negative:

- Your doctor or test counselor will tell you how to keep from getting the AIDS virus in the future.

If the test is positive:

- Your doctor can take better care of you by knowing your test result.
- You can learn about ways to stay healthy and new medicines that may help.
- You can learn how to avoid passing the AIDS virus to others.
- If you are pregnant, your doctor can give you and your baby special care and advice.

5) Do I have to take the test?

No. Taking the test is up to you. In most cases, you can't be made to take the AIDS-virus antibody test.

If you do not want the test, you can still get medical care. But sometimes it may be harder for your doctor to give you the best care.

If you apply for new life or health insurance, an insurance company may require you to take the test. If your test is positive, a company may turn you down for insurance.

If you want to take the test, you do not have to let anyone know your test results. You do not even have to tell anyone that you have taken the test. There are places where you can take the test and not give your name.

You can find a testing site near you by calling 566-1157 (Hartford). This kind of testing may not be possible in a hospital or certain other types of facilities.

6) Do I have to tell anyone my test results?

If you take the test, your results are private. Under Connecticut Law only the people listed on the back of this form may have the result. (Please be sure to read the back of this form and ask your doctor or test counselor if you have any questions.)

If your test is positive, your sex and needle-sharing partners need to know. This is true for past and present partners. There is a special program that can help you tell your partners. If you will not tell partners yourself, they may be told, but your name will not be used.

7) Should I tell anyone that I've taken the test?

You should be careful about telling people that you have been tested. Some people who take the test may be treated unfairly by employers, landlords and others. This is especially true for people with positive test results. If you are treated unfairly because of your test, you may contact the Connecticut Commission on Human Rights and Opportunities at 566-3350 (Hartford). This state agency is responsible for protecting your rights.

8) How can I get more information about the test and my rights?

If you have more questions about the test or your rights, please call the Connecticut Department of Health Services at 566-1157 (Hartford) or ask your doctor or test counselor.

*HIV = Human Immunodeficiency Virus that causes AIDS.
(See back of this form for a list of people who may receive your AIDS-virus (HIV) test results.)

WHO CAN RECEIVE AIDS TEST RESULTS?

Under Connecticut law, AIDS-virus (HIV) test results and other AIDS information are private and they may only be given:

1.) To you (or person authorized by law who agreed to the test for you);

2.) To anyone you give written consent to get the test result;

3.) To a health care facility (such as a hospital, blood bank or laboratory) who is giving health care to you or your child;

4.) To a health care provider (such as a doctor or nurse) who is giving health care to you or your child;

5.) To a committee or organization that reviews records in a health facility to monitor the care provided in that facility;

6.) To insurance companies or government programs such as Medicaid if needed to pay for services you receive or for other types of claims such as a disability claim (You may be able to pay for the test yourself if you don't want your insurance company to get your result);

If you are being tested for insurance you can also choose a doctor or other health care provider who would receive your test if it was positive;

7.) To a person who gets a court order that gives them the right to your test result (This can only happen in special cases.);

8.) In a state institution (such as a correctional facility or state mental hospital) employees may have the information in limited cases;

9.) If a health care worker or other type of worker is exposed to your blood, they may also receive the information in limited cases;

10.) To a medical examiner;

11.) To a public health officer if permitted by law.

All these people are also required by state law to keep your result private. You can ask your doctor or health care provider if your AIDS-virus (HIV) test result has been released to anyone.

APPENDIX G

SALEM SCHOOL
SALEM, CONNECTICUT

INCIDENT REPORT CHECKLIST

1.) Determine the extent of injury and obtain first aid.

2.) Complete the OSHA incident log Form 101.

3.) Fill out:

1.) The office incident record form
2.) The health care provider form
3.) The letter to the health care provider
4.) The Employee Exposure Incident Report

4.) Inform employee of the results of the evaluation.

APPENDIX H

INCIDENT RECORD FORM

PART A.

Date of incident:_____

Type of incident: _____

Persons involved: _____

Letter sent to health care provider: _____ _____
Name Date

Corrective measures taken to minimize chances of recurrence: _____
_____
_____

Signed: _____ Date:_____

PART B.

I, _____(employee's name), have been informed of the results of my post-exposure evaluation. I understand the findings and the possible consequences and possible need for further medical evaluation and/or treatment.

_____
Name

_____
Date

_____
Witness

APPENDIX I

SALEM SCHOOL
SALEM, CONNECTICUT

EMPLOYEE EXPOSURE INCIDENT FORM
Description to the Health Care Provider

Employee Name: _____

Occupation and Duties: _____
_____
_____

Relevant Medical Hx: _____
_____
_____

Incident Description: _____
_____
_____
_____

APPENDIX J

POST-EXPOSURE LETTER TO ATTENDING PHYSICIAN

Dear Dr. _____;

_____ has recently had an occupational exposure to blood and/or dental saliva which requires a post-exposure follow-up as required by OSHA Ruling 29 CFR Part 1910.1030 (Occupational Exposure to Bloodborne Pathogens; Final Rule).

Under the law, I, as employer, must supply you with the following information:

1.) A written description of the incident (copy of the OSHA log).
2.) Copy of any medical records relevant to the appropriate treatment of the exposed employee, including vaccination status.
3.) Description of the employee's duties.
4.) A copy of the Standard, if you do not have one.

As the employee's health care provider, you are required to provide me within 15 days of initially examining the employee a written opinion (medical evaluation) of the employee's incident exposure. The written opinion must include:

1.) Hepatitis B vaccine – indications or contradictions for vaccination and supporting reasons.
2.) Statement that the employee has been informed of the results of the evaluation.
3.) Statement that the employee is aware of any medical conditions that may result from exposure to blood or saliva which may require further evaluation.
4.) All other findings or diagnoses remain confidential and are not included in the written report.

*Please note that current CDC guidelines for HIV seroconversion recommend testing at 0, 3 weeks, 3 months, and 6 months. A 12 month test is under consideration. Please use your own judgement.

Sincerely yours,

Dr. _____

APPENDIX K

SALEM SCHOOL
SALEM, CONNECTICUT

CUSTODIAL FOLLOW-UP CHECKLIST

Date: _____ Time: _____

Occurrence requiring clean up procedure: _____

Area to be cleaned: _____

Authorized Signature: _____

Custodian will check each item when completed and return signed form to the school nurse.

_____ 1. Custodian notified of each clean-up need.

_____ 2. Remove all contaminated equipment using "Universal Precautions".

_____ 3. Blood saturated material will be double bagged and disposed of in the hazardous waste container.

_____ 4. Put clean gloves and appropriate Personal Protective Equipment (PPE) on. Wash down entire area with 1:10 solution or Surgen.

_____ 5. At end of day, clean with hypochloride solution.

_____ 6. Clean equipment appropriately.

_____
Custodian Signature

Date: _____ Time:_____

(9/16/94)

XL The Standard

General Industry

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—[AMENDED]

Subpart Z—[Amended]

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12–71 (36 FR 8754), 8–76 (41 FR 25059), or 9–83 (48 FR 35736), as applicable; and 29 CFR part 1911.

• • • • •

Section 1910.1030 also issued under 29 U.S.C. 653.

• • • • •

2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.

(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.

(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) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

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

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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.

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).

(c) *Exposure control*—(1) *Exposure Control Plan.* (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.

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

(A) The exposure determination required by paragraph(c)(2).

(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

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

(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).

(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.

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

(2) *Exposure determination.* (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:

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

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

(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.

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

(d) *Methods of compliance*—(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.

(2) *Engineering and work practice controls.* (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.

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

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

(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.

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

(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.

(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.

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

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

(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:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

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

(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.

(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.

(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.

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

(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.

(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.

(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.

(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.

(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.

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

(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.

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

(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 occurences in the future.

(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.

(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.

(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.

(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.

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

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

(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.

(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.

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

(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.

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

(*1*) Periodically reevaluate this policy;

(*2*) Make gloves available to all employees who wish to use them for phlebotomy;

(*3*) Not discourage the use of gloves for phlebotomy; and

(*4*) Require that gloves be used for phlebotomy in the following circumstances:

(*i*) When the employee has cuts, scratches, or other breaks in his or her skin;

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

(*iii*) When the employee is receiving training in phlebotomy.

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

(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.

(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).

(4) *Housekeeping.* (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.

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

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant 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.

(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.

(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.

(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.

(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.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. (*1*) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(*i*) Closable;

(*ii*) Puncture resistant;

(*iii*) Leakproof on sides and bottom; and

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

(*2*) During use, containers for contaminated sharps shall be:

(*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);

(*ii*) Maintained upright throughout use; and

(*iii*) Replaced routinely and not be allowed to overfill.

(*3*) When moving containers of contaminated sharps from the area of use, the containers shall be:

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

(*ii*) Placed in a secondary container if leakage is possible. The second container shall be:

(*A*) Closable;

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

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

(*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.

(B) Other Regulated Waste Containment.(*1*) Regulated waste shall be placed in containers which are:

(*i*) Closable;

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

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

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

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

(*i*) Closable;

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

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

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

(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.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (*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.

(*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.

(*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.

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

(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).

(e) *HIV and HBV Research Laboratories and Production Facilities.* (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.

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

(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.

(ii) Special practices.

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

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

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

(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.

(iii) Containment equipment. (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.

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

(3) HIV and HBV research laboratories shall meet the following criteria:

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

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(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.

(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.

(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.

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

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

(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).

(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).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up—(1) General.* (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.

(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:

(A) Made available at no cost to the employee;

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

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

(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).

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

(2) *Hepatitis B Vaccination.* (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.

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

(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.

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

(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).

(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:

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

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

(A) The source individual's blood shall be tested as soon as feasible and

after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, 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.

(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.

(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.

(iii) Collection and testing of blood for HBV and HIV serological status:

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

(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.

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

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

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

(A) A copy of this regulation;

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

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

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

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

(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.

(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.

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

(A) That the employee has been informed of the results of the evaluation; and

(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.

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

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

(g) *Communication of hazards to employees*— (1) *Labels and signs.* (i) Labels. (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).

(B) Labels required by this section shall include the following legend:

BIOHAZARD

BIOHAZARD

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

(D) Labels required by affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(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).

(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.

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

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

(ii) Signs. (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

BIOHAZARD

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

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

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

(ii) Training shall be provided as follows:

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

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

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

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

(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.

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

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

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

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(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;

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

(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;

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

(H) An explanation of the basis for selection of personal protective equipment;

(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;

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

(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;

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

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

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

(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.

(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.

(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.

(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.

(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.

(h) *Recordkeeping—(1) Medical Records.* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(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);

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

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(3); and

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

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

(A) Kept confidential; and

(B) Are 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.

(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 1910.20.

(2) *Training Records. (i) Training records shall include the following information:*

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

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

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

(3) *Availability.* (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.

(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 in accordance with 29 CFR 1910.20.

(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 1910.20.

(4) *Transfer of Records.* (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

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

(i) *Dates—(1) Effective Date.* The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed on or before May 5, 1992.

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

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

Appendix A to Section 1910.1030—Hepatitis B Vaccine Declination (Mandatory)

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

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XL The Standard

General Industry

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—[AMENDED]

Subpart Z—[Amended]

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12–71 (36 FR 8754), 8–76 (41 FR 25059), or 9–83 (48 FR 35736), as applicable; and 29 CFR part 1911.

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Section 1910.1030 also issued under 29 U.S.C. 653.

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2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.

(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.

(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) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

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

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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.

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).

(c) *Exposure control*—(1) *Exposure Control Plan.* (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