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Wayne County School District

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with OSHA standard 29 CFR 1910.1030, the Wayne County School Bloodborne Pathogen Exposure Control Plan was developed in an effort to minimize occupational exposure bloodborne pathogens and other applicable hazards that may occur in the educational setting.

Bloodborne pathogen (BBP) in the educational setting most often refers to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Potentially Infectious Materials (PIM) most often refers to non-blood body fluids and any material object contaminated with blood or other body fluids.

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Wayne County School District

Monticello, Kentucky 42633

Exposure Determination

The following job classifications, by nature of job description, have been determined to be at risk for occupational exposure:

Special Needs Teacher or Assistant with high risk students (i.e., SPD, BD, known biters, etc.)

Early Start/Preschool Teachers

Special Needs Bus Driver or Monitor

Early Start/Preschool Assistants

Athletic Coach

Custodian

Speech Pathologist

School Nurse

School Resource Officer

Unlicensed Assistive Personnel (Any staff member taking responsibility for health services in the absence of a nurse)

Occupational Therapist

The following job classifications, by nature of job description, have been determined to be at minimal risk for occupational exposure. Exposure may occur if performing a job task involving blood or body fluids.

Administrators

Bus Drivers

Teacher/other than special education with high risk students

Teacher Aide/other than special education with high risk students

Guidance Counselor

School Psychologist

School Secretary

Food Service Worker

PE/Health Teachers

Tasks and procedures by which employees may come in contact with bloodborne pathogens through exposure to human blood or other potentially infectious materials:

Administering First Aid/CPR

Personal Care of student with disabilities

Housekeeping/Cleaning after body fluid spill

Seizing of a deadly weapon or dangerous instrument

Compliance Methods

Anticipating Potential Contact

The most important step in preventing exposure to and transmission of infections is the anticipation of potential contact with infectious materials in routine and emergency situations. Universal precautions and infection control techniques should be used in all situations that present the hazard of infection. Diligent and proper hand washing, the use of barriers (e.g. hypoallergenic or vinyl gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.

Universal Precautions

Universal precautions are observed in all facilities operated by the Wayne County Schools Board of Education in an effort to prevent contact with blood or other potentially infectious material. When using universal precautions to prevent the spread of infection, all blood and body fluids are treated as if they contain bloodborne pathogens, such as human immunodeficiency virus (HIV), Hepatitis B virus (HBV) and Hepatitis C. It is impossible to know whether body fluids contain disease-causing pathogens; therefore, all body fluids are to be considered potentially infectious.

Hand Washing

Diligent and proper hand washing is a key component of infection control and employees are encouraged to wash their hands frequently using warm running water and soap, followed by thorough drying with a disposable towel or mechanical dryer.

Hands should be washed at a minimum of 10-20 seconds and

- 1 Immediately before and after physical contact with a student (e.g., diaper changes, assistance with toileting, or assistance with feeding)
- 2 Immediately after contact with blood or body fluids or garments or objects soiled with body fluids or blood
- 3 After contact with used equipment (e.g., stethoscope, emesis basin, and gloves)
- 4 After removing protective equipment, such as gloves or clothing.

***Any other potentially contaminated skin surfaces should also be washed as soon as possible.**

Hand washing facilities are readily available in each district building. In areas where hand washing facilities are not feasible, hand sanitizer is provided.

Sharps Containers

Sharps containers are located in each health unit and custodian supply storage area and will be made available for other areas upon written request to the District Health Coordinator when feasible. They are maintained by the school nurse and replaced by the nurse/ District Health Coordinator.

Biohazard

Biohazard bags/containers shall be available in first aid areas and custodial supply storage areas. Supply shall be maintained by custodial staff and replaced by custodial staff and supervisor.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics/lip balm, smoke or handle contact lenses.

Contaminated Equipment

Equipment contaminated with blood or other potentially infectious materials shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Implementation

All new Employees will receive initial formal training sessions at the board office and then annual update at their school/work site. All employees will be provided bloodborne pathogen educational information, either printed or online. The employee's supervisor or their designee shall maintain proof of training.

Personal Protective Equipment (PPE)

All personal protective equipment used by an employee of Wayne County Schools to perform a job task deemed a potential for exposure to BBP or PIM will be provided without cost to the employee. The PPE will be considered appropriate only if it does not permit blood or PIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time that the protective equipment will be used.

Protective equipment will be provided to employees by the department supervisor. Maintenance and replacement of PPE is at no cost to the employee and is the responsibility of the department supervisor.

Gloves:

- Direct skin contact with body fluids should be avoided as much as possible.
- Disposable single-use waterproof, latex, or vinyl gloves should be available in school clinics.
- Vinyl gloves should be used with students who have a latex allergy or a high potential for developing a latex allergy
- The use of gloves reduces the risk of contact with blood and body fluids for the caregiver as well as to control the spread of infectious agents from student to employee, employee to student, or employee to employee.
- Gloves should be worn when direct care involves contact with any type of body fluids.
- After removing the gloves, the hands should be washed according to proper hand washing procedure.

Protective Clothing:

- If spattering of body fluids is anticipated, the clothing of the caregiver should be protected with an apron or gown and the face protected with a facemask and eye goggles or faceshield.
- The apron or gown should be disposed of after it is used, if it can be reused, it should not be used again until it has been decontaminated/launched.

Disposable PPE items are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated, or when their ability to function as a barrier is compromised.

Housekeeping/Custodial Services

The district Custodial/Maintenance department shall determine an appropriate cleaning and decontamination schedule. The department supervisor shall ensure that all custodial/maintenance employees are aware of and in compliance with the schedule.

Contaminated Supplies:

- All used or contaminated supplies (e.g., gloves and other barriers, sanitary napkins, Band-Aids), except syringes, needles, and other sharp implements, should be placed into a plastic bag and sealed. This bag should be thrown into the garbage out of reach of children or animals.
- Used Needles, Syringes, and Other Sharp Objects should be placed in a metal or other puncture-proof container that is leak-proof on the bottom and sides **immediately after use**.
- To reduce the risk of a cut or accidental puncture by a needle, **NEEDLES SHOULD NOT BE RECAPPED, BENT, OR REMOVED FROM THE SYRINGE BEFORE DISPOSAL**.
- Once the container is full per manufacturer predetermined limit, it should be sealed, and kept out of the reach of children until it can be disposed of properly in the large medical waste trashcan in the custodian's closet. The District Health Supervisor is responsible for arranging disposal of full sharps containers.

Clean-Up:

Spills of blood and body fluids should be cleaned up immediately by blotting with paper towels or other disposable absorbent material, wiped clean with an approved disinfectant cleaner. Contaminated clean up material are to be disposed of according to OSHA waste disposal guidelines.

Soiled student clothing should be placed in a plastic bag and tied; then double bagged and tied. It should be sent home with appropriate washing instructions for the parents.

Waste Disposal

Class A infectious waste, defined by Kentucky in accordance with CDC guidelines, includes used disposable sharps.

Class B infectious waste in Kentucky is deemed "regulated waste" by OSHA and includes:

1. Contaminated items that would release blood or other bodily fluids if compressed.
2. Items that are caked with dried blood or other bodily fluids that are "capable of releasing materials during handling"

Wayne County School District waste is segregated at point of use/disposal into appropriate containers as follows:

1. Needles/Sharps are disposed of in sharps containers that are closable, puncture-resistant, leak-proof on the sides and bottom, and appropriately labeled as biohazard.
2. Regulated Waste is disposed of by custodial staff as directed by supervisor.
3. Regular Trash that poses no health or environmental risk is disposed of in appropriate waste receptacles located throughout each building.
4. Medical waste containers are in each schools custodian's closet, gym and bus garage. (total of 8 large containers)

Contract for medical waste pick up is schedule for twice a year at eight sites to include all schools, gym, and bus garage with **Environmental Waste Systems LLC, P.O. Box 964, Somerset, KY. 42502**
Phone: 888-384-8942

Universal Precaution Training

All Staff will be provided Universal Precaution and Bloodborne Pathogen information. Information shall be posted on the district health web page for ease of access. Information will include, but may not be limited to bloodborne pathogen information presented via power point, printed material, video or online training.

Training for all employees will be conducted before initial assignment to tasks where occupational exposure may occur. Training will be conducted by the district health coordinator in accordance with policy and procedures. Training will include, but may not be limited to bloodborne pathogen information presented via power point, printed material, video or online training.

If an employee job tasks potentially include disposal of potentially infectious material, training on proper disposal shall be provided by their supervisor in accordance with board policies and procedures and applicable OSHA standards.

Hepatitis B Vaccine

All employees whose job description indicates occupational exposure to BBP or PIM will be offered the Hepatitis B Vaccine series, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to BBP or PIM.

The Hepatitis B Vaccine request or denial form is found in board policy and is maintained in the personnel office. Employees who have previously received the vaccine may choose to decline or submit an antibody test that shows immunity. Employees who initially decline the vaccine, but later wish to request it, may do so at no cost to them so long as they remain covered by this standard.

Post-Exposure Evaluation and Follow Up

When there is an exposure incident, it should be reported to the school nurse and the building supervisor. They then will notify the District Health Services Coordinator.

Any employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard, which includes:

- ❑ Documentation of the route of exposure and the circumstances related to the incident.
- ❑ Identification and HIV/HBV infectivity status of the source individual if possible (with signed consent)
- ❑ Availability of the infectivity status of the source individual will be made available to the exposed employee (with source consent and employee signed confidentiality statement)
- ❑ Employee incurring exposure incident will be offered the option of having their blood collected for testing of HIV/HBV infectivity by local health department infection control or their primary care physician.
- ❑ Employee will be offered post-exposure prophylaxis in accordance with current recommendations of the U.S. Public Health Service if recommended/ordered by their physician.
- ❑ Employee will receive appropriate counseling and education concerning precautions post exposure and potential signs and symptoms of illness.
- ❑ The Wayne County Schools Board of Education shall designate the School Health Coordinator to ensure the plan is effectively carried out.
- ❑ The Wayne County Schools Board of Education shall designate the District Health Coordinator or their designee to maintain records related to occupational exposure with employee's personnel file.

Healthcare Professionals

A written opinion shall be obtained from any health care professional providing evaluation of an exposure incident for the Wayne County Board of Education. *The employee has the right to request assessment by their primary care provider, and the Board of Education will honor that request*

Healthcare professional shall limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine.
2. If the employee received evaluation following an incident/exposure
3. That the employee has been informed of the results of the evaluation.
4. That the employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials.

Any student who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the standard, which includes:

- ❑ Documentation of the route of exposure and the circumstances related to the incident.
- ❑ Determination of HIV/HBV infectivity status of the source individual will be by the personal physician, with signed consent of source or source parent/guardian.
- ❑ The student incurring an exposure incident will be referred to their healthcare provider for assessment and evaluation, including if deemed necessary, testing of HIV/HBV infectivity.
- ❑ Post-exposure prophylaxis in accordance with current recommendations of the U.S. Public Health Service if recommended by the local health department or ordered by their physician.
- ❑ Appropriate counseling and education concerning precautions post exposure and potential signs and symptoms of illness per local health department or physician.
- ❑ The Wayne County Schools Board of Education shall designate the School Health Coordinator to ensure the plan is effectively carried out. This may include but is not limited to the provision of current physical address, known contact telephone number and/or email address, immunization certificate on file with school, in addition to copies of the exposure incident and referral to healthcare provider.
- ❑ The Wayne County Schools Board of Education shall designate the School Principal or their designee, school nurse to maintain records related to the exposure with the student's health file.

Healthcare Professionals

A written opinion shall be obtained from any health care professional providing evaluation of an exposure incident for the Wayne County Board of Education. *The parent/guardian has the right to request assessment by their child's primary care provider, and the Board of Education will honor that request*

Healthcare professional shall limit their opinions to:

1. If the student is up to date on his/her Hepatitis B and Tetanus immunizations.
2. When the student received evaluation following an incident/exposure
3. If the parent/guardian has been informed of the results of the evaluation.
4. That the parent/guardian has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials.

Accidental Exposure Flow Sheet

Accidental exposure to blood, body product, or body fluids places the exposed individual at risk of infection. The risk varies depending on the type of body fluid (e.g., blood vs. respiratory vs. feces), the type of infection (e.g., salmonellae vs. haemophilus influenza A virus vs. HIV), and the integrity of the skin that is contaminated.

Pregnant women are not at higher risk for infection than other caregivers provided that appropriate precautions are observed. There is, however, the possibility of an utero transmission of viral infections, such as cytomegalovirus (CMJ), HIV, Varicella or HBV to unborn children.

EXPOSURE TO BLOOD OR BODY FLUIDS



WASH THE CONTAMINATED AREA IMMEDIATELY WITH SOAP AND WATER &

SEEK FIRST AID FROM SCHOOL HEALTH OFFICE



**IF BROKEN SKIN OR MUCOUS MEMBRANES ARE CONTAMINATED OR A NEEDLE PUNCTURE OCCURS
DOCUMENT THE INCIDENT ACCORDING TO EXPOSURE CONTROL PLAN**



CALL CUSTODIAL STAFF FOR CLEAN UP OF BODY FLUIDS



NOTIFY SUPERVISOR OF EXPOSURE INCIDENT



SUPERVISOR TO NOTIFY HEALTH COORDINATOR TO START EXPOSURE INCIDENT PROCEDURES



**DOCUMENT THE EXPOSURE INCIDENT USING PAGE 10—INCIDENT REPORT
(pages 9, 10, 11 and/or 12, 13, 14, 15, 16 to provider)**

NOTIFY THE PARENT/GUARDIAN IF A STUDENT IS INVOLVED



**HEALTH COORDINATOR and/or SCHOOL NURSE TO COMPLETE INCIDENT EVALUATION and COORDINATE
EXPOSURE PROTOCOL AND DOCUMENTATION FOR HEALTHCARE PROVIDER**



**HEALTH COORDINATOR OR SCHOOL NURSE will CONTACT THE INDIVIDUALS INVOLVED AND PROCEED
ACCORDING TO THEIR DIRECTIVES ON INFECTION CONTROL.**



**EXPOSED INDIVIDUAL /OR THEIR PARENT/GUARDIAN TO CONTACT INFECTION THEIR HEALTHCARE PROVIDER
FOR ASSESSMENT & EVALUATION OF EXPOSURE INCIDENT AND RECEIVE TREATMENT RECOMMENDATIONS –**

EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS INCIDENT REPORT

Name: _____ Job Title (if employee): _____

Address: _____

School/Department: _____ Date of Exposure: _____ Time: _____ A.M. / P.M. Previously
vaccinated against HBV infection/ Up to date on immunizations? Yes _____ Attached _____ No _____ Unknown _____ Source
Individual's Name: _____ Source was _____ Student _____ Staff Member _____ Visitor

Potentially Infectious Materials Involved: Type of Fluid: _____

Source of Fluid: _____

How Exposure Occurred (task/activity being performed): _____

What Caused Exposure (Accident, Equipment Malfunction, etc.) _____

Protective Equipment (gloves, goggles, etc...) Being Utilized: Yes _____ No _____

If Protective Equipment Not Used, Why Not: _____

Decontamination, Cleanup & Reporting

Immediate Action Taken: _____

Exposure Incident Reported To: _____ Date: _____ Time: _____ by _____

Exposure Incident Reported To: _____ Date: _____ Time: _____ by _____

Exposure Incident Reported To: _____ Date: _____ Time: _____ by _____

Health Care Provider Referral to: _____ Date: _____ Time: _____ by _____

Comments: _____

Employee/Student (if 18 or over) or Parent/Guardian Signature

Date

School Nurse / District Health Services Coordinator

Date

Principal/Supervisor/Building Manager

Date

Copy to Employee/Parent Guardian, Supervisor, Employee/Student Health File, and to District Health Services Coordinator

EMPLOYEE DECISION FOR FOLLOW-UP TO EXPOSURE

I, _____, experienced an occupational exposure in the course of my job duties. I acknowledge that I may be examined by a physician and be tested for Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) at no charge. If necessary, I will also be provided treatment. I understand the potential risks related to the exposure incident and have been offered examination and evaluation. I understand results will be confidential and communicated to me by the healthcare professional.

To be completed by Employee in presence of Supervisor* or Healthcare Provider:

_____ *I **DO NOT AGREE** to examination, to having blood drawn, or to treatment for the exposure. I understand that with this refusal, I release and hold harmless Wayne County Schools for any injury, illness or other damages due to this exposure incident.

_____ I agree to examination of my injury by the physician, agree to have blood drawn, but **DO NOT authorize the examination and testing of my blood** for the presence of HBV and HIV and understand the blood sample may be preserved at my request for at least 90 days. If, within 90 days of the exposure incident, I elect to have the blood sample tested, it is my responsibility to notify the local health department infection control team, my physician and the school District Health Supervisor.

_____ I hereby **agree** to examination of my injury, to having blood drawn and tested for **HBV**.

_____ I hereby **agree** to examination of my injury, to having blood drawn and tested for **HIV**.

Employee Signature

Date

Principal/Supervisor/Building Manager

Date

School Nurse / District Health Services Coordinator

Date

Copy to Employee, Supervisor, Employee Health File, and District Health Services Coordinator

STUDENT DECISION FOR FOLLOW-UP TO EXPOSURE

Name: _____ experienced an exposure to bloodborne pathogens during a school sponsored activity. I understand that referral has been made to my child's physician for assessment of injury and evaluation of need for treatment. I understand that any testing of blood for infection is at no expense to me. I understand the potential risks related to the exposure incident and have been offered examination, assessment and evaluation. I understand results will be confidential and communicated to me by the healthcare professional.

To be completed by Student (if 18) or Parent/Guardian in presence of School Administrator*, District Health Coordinator*, or Healthcare Provider:

_____ *I **DO NOT AGREE** to examination, to having blood drawn, or to treatment for the exposure. I understand that with this refusal, I release and hold harmless Wayne County Schools for any injury, illness or other damages due to this exposure incident.

_____ I agree to examination of the injury by the physician, agree to have blood drawn, but **DO NOT authorize the examination and testing of my/my child's blood** for the presence of HBV and HIV and understand the blood sample may be preserved. If, within 90 days of the exposure incident, I elect to have the blood sample tested, it is my responsibility to notify my physician and the school District Health Supervisor.

_____ I hereby **agree** to assessment and evaluation of my/my child's injury and to having blood drawn and tested for **infectious disease**.

Comments: _____

Student (if 18 or over) or Parent/Guardian Signature

Date

School Nurse / District Health Services Coordinator

Date

Principal/Supervisor/Building Manager

Date

Copy to Parent Guardian, Building Supervisor, Student Health File, and District Health Services Coordinator

Source Individual Consent Form

I, _____, on my behalf or on behalf of an individual for whom I am legally authorized to give consent, agree to have blood drawn and agree to testing of my blood for serological evidence of infectious diseases including, but not limited to, Hepatitis B and the HIV virus because an employee or student of the Wayne County Schools has had an unintentional exposure to such blood or other potentially infectious material. The potential physical problems to me are those related to the routine procedure of giving a blood sample. My signature confirms that I have read this consent form, have received any explanation requested, understand the reasons for the tests, and agree to have these tests performed.

*******DENIAL*******
I have read the above information and understand why I have been asked to give consent for these tests, but I **DO NOT** give consent at this time.

Student (if 18 or over) or Parent/Guardian Signature

Date

School Nurse / District Health Services Coordinator

Date

Principal/Supervisor/Building Manager

Date

Copy to Source Individual/Parent Guardian, Building Supervisor, Employee/Student Health File, and District Health Services Coordinator

Consent for Release of Blood Test Results

I, _____, agree to have the results of my blood testing for serological evidence of infectious diseases including, but not limited to Hepatitis B and the HIV virus, released to the _____ the primary healthcare provider for _____.

I give this consent because the individual to whom I am authorizing release of this information has had an exposure to my blood or other potentially infectious material. I understand this healthcare provider is bound by confidentiality and will utilize my results to determine and/or develop a treatment plan for the individual exposed. The exposed individual will be advised of his/her duty to maintain the confidentiality of any results of this blood testing shared with them in the course of treatment planning by the LHD Infection Control Team or the exposed individual's healthcare provider.

Source Individual (if 18 or over) or Parent/Guardian Signature

Date

☐ ☐
☒ REFUSED TO SIGN

Source Individual Address: _____

Contact Telephone Number(s): _____

School Nurse / District Health Services Coordinator

Date

Principal/Supervisor/Building Manager

Date

Copy to Source Individual/Parent Guardian, Building Supervisor, Employee/Student Health File, and to District Health Services Coordinator

Post-Exposure Report to Healthcare Provider

Name: _____ Date of Exposure Incident: _____ Time of Exposure Incident: _____

Referred for post-exposure evaluation and follow-up--Name of Healthcare Provider: _____

Previously vaccinated against HBV infection: Yes, Immunization attached _____ No _____ Unknown _____

Employee duties/student activities as they relate to the exposure incident: _____

Route of Exposure and Body Location Exposed:

___ Needle stick with contaminated hypodermic needle to the: _____.

___ Piercing of the skin with contaminated sharp to the: _____.

___ Splashing/Spraying of blood or other potentially infectious material into/on to the: _____.

___ Other (describe): _____.

The circumstances under which exposure occurred (describe): _____

_____.

Source individual: is known _____ unknown _____.

Is the source individual known to be infected with: HBV ___ HCV ___ HIV ___

INFORMATION TO HEALTHCARE PROVIDER

1. The exposure control plan, including 29 CFR 1910.1030, Bloodborne pathogens is readily available at the Wayne County Board of Education Central office and all schools.
2. All relevant personal medical records on file, including vaccination status of patient.
3. A copy of completed Exposure Incident Report & The ORIGINAL Decision for Follow-up to Exposure (includes consent for blood test)

School Nurse/District Health Services Coordinator

Date

Principal/Supervisor/Building Manager

Date

Copy to exposed individual, exposed individual's designated Healthcare Provider, Employee/Student Health File, and to District Health Services Coordinator.

**Physician's Medical Evaluation and Opinion for Treatment of
Unintentional Exposure to Blood or Other Potentially Infectious Substances**

Patient Name: _____

Date of Exposure Incident: _____

Reported Time of Exposure Incident: _____

Reported Type of Exposure: _____

Location on Body & Wound Appearance: _____

Exposure Source: Known _____ Unknown _____ Known Infection from Source: Yes _____ No _____

Blood Tests Ordered: _____

Date Blood Drawn: _____

Treatment Recommended/Provided: _____

Additional Follow-up/Treatment Needed: Yes _____ No _____ Specify: _____

Follow-up Visit Date and Time: _____ No follow up scheduled

Was Hepatitis B vaccination indicated at this time? Yes _____ No _____

All other findings or diagnosis should remain confidential and should not be included.

_____ This individual was treated by me and informed of potential medical conditions resulting from exposure to blood or other potentially infectious material which may/will require further treatment and/or evaluation. HE/SHE UNDERSTANDS THE NATURE AND REASONS FOR THE CARE AND FOLLOW-UP RECOMMENDED.

_____ This individual refused treatment. In my professional opinion, he/she understands the consequences of refusing recommended treatment.

Healthcare Provider Signature: _____ Date _____

Physician Office Address: _____ Office Telephone: _____

Name and title of physician designated contact for this evaluation (if not physician) _____

Healthcare Provider and Employee keep a copy of completed form send COMPLETED form to District Health Coordinator of Wayne County Schools @ 1025 South Main Street, Monticello, Kentucky 42633 or via fax 1-606-348-0734 within 10 days of the completion of the medical assessment and treatment evaluation.

Health Coordinator Evaluation of Employee Exposure Incident

Employee Name: _____ Date of Exposure Incident: _____ Time of Exposure Incident: _____

Employee provided copy of Exposure Control Plan (date) _____.

Description of employee's duties during the exposure incident: _____

Was it a nurse or trained school personnel responding to/providing first aid? _____

First Responder initial observation of injury: _____

The circumstances _____ as witnessed _____ as reported by _____ under which exposure occurred (describe): _____

_____ Exposure Control Plan was followed; if not, explain: _____

The following remedial action may minimize the likelihood of future exposure: _____

The above action was instituted on (date) _____ by whom: _____

District Health Services Coordinator

Date

Copy of completed form sent to the following:

- _____ Healthcare Provider
- _____ Supervisor of Employee
- _____ Personnel Director
- _____ District Safety Coordinator
- _____ Employee

Exposure Incident Employee Record Check Sheet

Name: _____ Social Security Number: _____

Date of Hire: _____ Termination Date: _____

Hepatitis B vaccination indicated? _____ Date of booster/first vaccination _____ Declined _____

Date of second vaccination _____ Date of third vaccination _____

A copy of the following shall be attached:

_____ A copy of the Exposure Incident report

_____ A copy of all information provided to the healthcare provider as required

_____ A copy of all results of examinations, medical testing, and follow-up procedures as required

_____ The district's copy of the healthcare professional's evaluation and written opinion as required.

Comments: _____

Document	Date	Initials
Post-exposure report to healthcare provider		
Evaluation of exposure incident		
Copy of OSHA regulations to healthcare employee and or health care provider if requested		
All relevant medical records to healthcare provider		
Copy of Employee's Decisional to healthcare provider		
Copies of relevant consent forms to healthcare provider		
Medical evaluation and opinion to healthcare provider		
Medical evaluation and opinion received from provider		
Copy of evaluation report to employee		

Bloodborne Pathogens Training Record

TRAINING METHOD: _____ DATE OF TRAINING SESSION: _____

STAFF RESPONSIBLE FOR TRAINING: _____

READ THIS NOTICE BEFORE SIGNING THE TRAINING RECORD: By signing this training record, you agree that you received clear, understandable, information about bloodborne pathogens. You agree that you understand what bloodborne pathogens are, and how to best avoid exposure; you understand the procedure for reporting an exposure incident to potentially infectious materials, including but not limited to completion of the exposure incident report within 24 hours of the incident; you understand that your supervisor must be made aware of any exposure incident immediately; you know where to find the District Exposure Control Plan; you understand that if you have any questions about bloodborne pathogens or the exposure plan that it is your responsibility to contact the school health unit or the District Health Services Coordinator.

Employee Name	Job & Location	Hepatitis B series completed

Copies of all training records must be kept by building supervisor and/or district nurse

HEPATITIS B VACCINE CONSENT AND/OR DECLINATION FORM

Instructions: Read the information sheet concerning HBV and the HBV vaccine. Sign the section(s) of this document that apply to you. If you sign that you have been previously vaccinated, you must also sign the declination statement.

Print name here: _____

PREVIOUS HBV VACCINATION

Note: if your series is incomplete and you wish to continue or restart the series sign the consent section of this document.

I have been previously vaccinated for Hepatitis B

_____ I have completed the vaccine series but am unsure of my immunity status.

I have completed the vaccine series and had a **POSITIVE** HBV antibody titer.

Date of Completion:

Employee Signature	Date	Witness	Date
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DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given 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.

Employee Signature	Date	Witness	Date
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CONSENT STATEMENT

I have read the information about Hepatitis B and the Hepatitis B Vaccine. I have had an opportunity to ask questions and understand the risk and benefits of this vaccine. I understand that I must have three doses of the vaccine to confer immunity. (Immunity may not be conferred with the three doses of the vaccine.) I understand that in the event my employment is terminated during the (6) month period of the injection series, the agency will not be responsible for the administration nor cost of the remaining doses.

Employee Signature	Date	Witness	Date
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RECORD OF VACCINATION SERIES

DATE	LOT NO./EXP. DATE	ADMINISTERED BY	DATE TO RETURN
1.			
2.			
3.			
4.			
BOOSTER			

Annual Updates on Bloodborne Pathogens

Bloodborne Pathogen Training Objectives:

- Make accessible a copy of the text of the OSHA standard on Occupational Exposure to Bloodborne Pathogens and an explanation of its contents.
- Provide a general explanation of Bloodborne Pathogens.
- Explain the modes of transmission of Bloodborne Pathogens.
- Explain the Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
- Explain the appropriate methods for recognizing tasks/procedures/activities that may involve exposure to blood and other potentially infectious materials.
- Explain the use and limitations of methods to prevent or reduce exposure, including engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, and disposal of personal protective equipment.
- Explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, its efficacy, safety, method of administration, benefits, and its provision to employee at no cost.
- Information on the appropriate actions to take and persons to contact on an emergency involving blood and other potentially infectious materials.
- Explain procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- Information on the post-exposure evaluation and follow-up that is provided following exposure.
- Explain the signs/symbols and color coding of biohazards.
- Answer any questions not previously addressed.

29 CFR § 1910.1030 BLOODBORNE PATHOGENS RE: Schools

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

[1910.1030\(b\)](#)

Definitions. For purposes of this section, the following shall apply: **Assistant Secretary** means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative. **Blood** means human blood, human blood components, and products made from human blood. **Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). **Clinical Laboratory** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials. **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. **Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps. **Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace. **Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. **Handwashing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

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

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

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; or
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

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

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

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

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

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

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

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

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

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

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

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

[1910.1030\(c\)](#)

Exposure Control -

[1910.1030\(c\)\(1\)](#)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

[1910.1030\(c\)\(1\)\(ii\)](#)

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

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

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

[1910.1030\(c\)\(1\)\(ii\)\(B\)](#)

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

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

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

1910.1030(c)(1)(iii)

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

[1910.1030\(c\)\(1\)\(iv\)](#)

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

[1910.1030\(c\)\(1\)\(iv\)\(A\)](#)

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

[1910.1030\(c\)\(1\)\(iv\)\(B\)](#)

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

[1910.1030\(c\)\(1\)\(v\)](#)

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

1910.1030(c)(1)(vi)

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

[1910.1030\(c\)\(2\)](#)

Exposure Determination.

[1910.1030\(c\)\(2\)\(i\)](#)

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

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

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

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

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

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

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

1910.1030(c)(2)(ii)

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

1910.1030(d)

Methods of Compliance -

[1910.1030\(d\)\(1\)](#)

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

[1910.1030\(d\)\(2\)](#)

Engineering and Work Practice Controls.

[1910.1030\(d\)\(2\)\(i\)](#)

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

1910.1030(d)(2)(ii)

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

[1910.1030\(d\)\(2\)\(iii\)](#)

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

1910.1030(d)(2)(iv)

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

[1910.1030\(d\)\(2\)\(v\)](#)

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

[1910.1030\(d\)\(2\)\(vi\)](#)

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

[1910.1030\(d\)\(2\)\(vii\)](#)

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

[1910.1030\(d\)\(2\)\(vii\)\(A\)](#)

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

[1910.1030\(d\)\(2\)\(vii\)\(B\)](#)

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

[1910.1030\(d\)\(2\)\(viii\)](#)

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

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and

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

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

[1910.1030\(d\)\(2\)\(ix\)](#)

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

1910.1030(d)(2)(x)

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

[1910.1030\(d\)\(2\)\(xi\)](#)

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

Personal Protective Equipment -

[1910.1030\(d\)\(3\)\(i\)](#)

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

1910.1030(d)(3)(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

[1910.1030\(d\)\(3\)\(iii\)](#)

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

1910.1030(d)(3)(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

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

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

1910.1030(d)(3)(vii)

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

1910.1030(d)(3)(viii)

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

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

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

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

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

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

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

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

1910.1030(d)(3)(x)

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

1910.1030(d)(3)(xi)

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

Housekeeping -

1910.1030(d)(4)(i)

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

1910.1030(d)(4)(ii)

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

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

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

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

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

[1910.1030\(d\)\(4\)\(iii\)](#)

Regulated Waste -

[1910.1030\(d\)\(4\)\(iii\)\(A\)](#)

Contaminated Sharps Discarding and Containment.

[1910.1030\(d\)\(4\)\(iii\)\(A\)\(1\)](#)

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

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

Closable;

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

Puncture resistant;

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

Leakproof on sides and bottom; and

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

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

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

During use, containers for contaminated sharps shall be:

[1910.1030\(d\)\(4\)\(iii\)\(A\)\(2\)\(i\)](#)

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

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

Maintained upright throughout use; and

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

Replaced routinely and not be allowed to overfill.

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

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

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

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

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

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

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

Closable;

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

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

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

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

[1910.1030\(d\)\(4\)\(iii\)\(A\)\(4\)](#)

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

[1910.1030\(d\)\(4\)\(iii\)\(B\)](#)

Other Regulated Waste Containment --

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

Regulated waste shall be placed in containers which are:

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

Closable;

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

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

[1910.1030\(d\)\(4\)\(iii\)\(B\)\(1\)\(iii\)](#)

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

[1910.1030\(d\)\(4\)\(iii\)\(C\)](#)

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

[1910.1030\(d\)\(4\)\(iv\)](#)

Laundry.

[1910.1030\(d\)\(4\)\(iv\)\(A\)](#)

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

[1910.1030\(d\)\(4\)\(iv\)\(A\)\(1\)](#)

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

[1910.1030\(d\)\(4\)\(iv\)\(A\)\(3\)](#)

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

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

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

1910.1030(f)

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

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

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

1910.1030(f)(1)(ii)

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

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

Made available at no cost to the employee;

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

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

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

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

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

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

1910.1030(f)(1)(iii)

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

1910.1030(f)(2)

Hepatitis B Vaccination.

1910.1030(f)(2)(i)

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

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

Post-exposure Evaluation and Follow-up.

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

1910.1030(f)(3)(i)

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

1910.1030(f)(3)(ii)

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

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

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

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

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

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

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

1910.1030(f)(3)(iii)

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

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

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

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

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

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

1910.1030(f)(4)(ii)

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

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

A copy of this regulation;

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

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

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

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

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

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

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

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

1910.1030(f)(5)

Healthcare Professional's Written Opinion.

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

1910.1030(f)(5)(i)

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

1910.1030(f)(5)(ii)

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

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

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

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

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

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

Medical Recordkeeping.

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

1910.1030(g)

Communication of Hazards to Employees -

1910.1030(g)(1)

Labels and Signs -

1910.1030(g)(1)(i)

Labels.

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

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

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

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

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

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

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

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

Red bags or red containers may be substituted for labels.

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

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

1910.1030(g)(2)(ii)

Training shall be provided as follows:

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

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

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

At least annually thereafter.

1910.1030(g)(2)(iii)

[Reserved]

1910.1030(g)(2)(iv)

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

1910.1030(g)(2)(v)

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

1910.1030(g)(2)(vi)

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

1910.1030(g)(2)(vii)

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

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

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

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

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

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

An explanation of the modes of transmission of bloodborne pathogens;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(g)(2)(viii)

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

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

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

1910.1030(h)

Recordkeeping -

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

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

1910.1030(h)(1)(ii)

This record shall include:

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

The name and social security number of the employee;

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

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

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

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

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

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

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

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

1910.1030(h)(1)(iii)

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

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

Kept confidential; and

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

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

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

The dates of the training sessions;

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

The contents or a summary of the training sessions;

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

The names and qualifications of persons conducting the training; and

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

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

1910.1030(h)(2)(ii)

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

1910.1030(h)(3)

Availability.

1910.1030(h)(3)(i)

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

1910.1030(h)(3)(ii)

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

1910.1030(h)(3)(iii)

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

1910.1030(h)(4)

Transfer of Records.

1910.1030(h)(4)(i)

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

1910.1030(h)(4)(ii)

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

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

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

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

The type and brand of device involved in the incident,

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

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

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

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

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

1910.1030(h)(5)(iii)

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

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