

**ROCKINGHAM CO
PUBLIC SCHOOLS**

Bloodborne Pathogens Exposure Control Plan

Regulation 1910.1030 OSHS
425-02.83 VA

February 2012

TABLE OF CONTENTS

School Board Policy	1
Introduction	2
Determination of Employee Exposure	3
Methods of Implementation & Control	4
Engineering Controls & Work Practices	
Personal Protective Equipment	
Housekeeping	
Management of Contaminated Equipment	
Equipment & Environmental & Working Surfaces	
Handwashing & Other General Hygiene Measures	
Protection for Hands	
Hepatitis B Vaccination Policy	6
Procedure for Evaluation & Follow-up	7
Communication to Employees & Employee Training	8
Training Records	
Medical Records	
Confidentiality of Medical Records	
OSHA Recordkeeping	
Appendix	10

Rockingham County Public Schools

EMPLOYEES WITH CONTAGIOUS/INFECTIOUS CONDITION

The Rockingham County School Board believes that it has an obligation to try to provide a healthful educational environment for school and related activities of the division. In pursuit of this endeavor, the following Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in acceptance with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The policy seeks to deal responsibly on a case-by-case basis with an employee who may be exposed to or is affected by such a condition. The superintendent is authorized to adopt and enforce regulatory procedures to implement this policy.

Employees who experience an exposure incident must immediately report their exposure to the building principal. The principal or other administrator, in turn, will report the matter, confidentially, to the superintendent/designee. The superintendent/designee consults with the Rockingham County Health Department or the attending physician of the person exposed and the source individual. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual unless identification is infeasible

All advisory team discussions will be confidential. Pending the recommendation of the team and action by the superintendent/designee, the superintendent/designee may take accommodating measures to modify the employee's responsibilities, activities and presence at work, including granting a period(s) of administrative leave with continuing pay and benefits. The superintendent/designee, in taking any action, will assess the presence of any specific risk, the significant risk of substantial harm, whether the risk is a current one, and the possibility of any reasonable accommodation. To the maximum extent feasible, the confidential nature of any information related to the situation will be preserved, except, however, the superintendent/designee may notify those persons who may have significant contact with the employee or otherwise have a legitimate need to know the information.

An employee may appeal any action of the superintendent/designee by filing an appeal with the Chairman of the School Board. The Chairman is authorized to act on behalf of the School Board by giving expedited consideration to the appeal.

BLOODBORNE PATHOGENS EXPOSURE CONTROL REGULATION

Universal Precautions & Infection Control Procedure

I. INTRODUCTION

On December 6, 1991, OSHA issued its final regulation on occupation exposure to bloodborne pathogens, 1910.1030. Based on a review of the information in the rulemaking record, OSHA has determined that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens. The OSHA Standard 1910.1030 Bloodborne Pathogens Standard was issued to eliminate or minimize the occupational transmissions of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. These pathogens include HBV which causes Hepatitis B, a serious liver disease, and HIV, which causes Acquired Immunodeficiency Syndrome (AIDS). OSHA further concludes that this hazard can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels, and other provisions.

On February 25, 1992, the Virginia Safety and Health Codes Board adopted a federal identical standard with an effective date of June 1, 1992. This standard mandates engineering controls, work practices, and personal protective equipment that, coupled with employee training, will reduce on-the-job risks for all employees who have occupational exposure to blood and other potential infectious materials.

Such bloodborne pathogens include the Hepatitis B virus (HBV), Hepatitis C virus (HCV) and the Human Immunodeficiency Virus (HIV), which causes AIDS. Note that coverage under this standard is not conditional of the frequency exposure but rather is based on reasonably anticipated exposure (I.E., possibility not probability) resulting from the performance of an employee's duties.

All employees who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this plan (See the Exposure Determination for a list of job categories that have been identified as having a reasonable risk of exposure). This plan will be reviewed at least annually and updated as necessary by the Director of Human Resources. Copies of this plan are available for review by any employee at the following location: Department of Human Resources and at every school. An employee may obtain a copy of this plan within 15 days of his/her request in writing to the Director of Human Resources.

Administration:

- The Director of Human Resources is responsible for the implementation of the Exposure Control Plan. The Human Resource Office personnel will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
Contact location/phone number: Human Resources, 100 Mount Clinton Pike / 540-564-3220
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this ECP.
- The registered nurses will maintain and provide all necessary personal protective equipment, engineering controls (e.g. sharps containers), labels, and protective bags as required by the standard. Pupil Personnel Office personnel will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
Contact location/phone number: Human Resources, 100 Mount Clinton Pike/ 540-564-3232
- The Director of Human Resources will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
Contact location/phone number: Human Resource Office, 100 Mount Clinton Pike/ 540-564-3220

- The Director of Pupil Personnel Services will be responsible for coordinating the training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
Contact location/phone number: Human Resource Office, 100 Mount Clinton Pike/ 540-564-3220

Basic components of this exposure control plan include:

Employee Exposure Determination
 Methods of Implementation and Control
 Hepatitis B Vaccination Policy
 Procedure for Evaluation and Follow-up
 Exposure Incidents
 Communication to Employees and Employee Training
 Recordkeeping Procedures

II. EMPLOYEE EXPOSURE DETERMINATION

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or contact with blood or other potentially infectious materials (listed below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

Other Potentially Infectious Materials:

Body Fluids

Semen
 Vaginal secretions
 Cerebrospinal fluid
 Pleural fluid
 Peritoneal fluid
 Amniotic fluid
 Any body fluid visibly contaminated with blood
 Saliva in dental procedures

Other Materials

Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
 HIV/HBV/HCV containing:
 Cell or tissue cultures
 Organ cultures or culture medium
 Blood
 Organs
 Other tissues from experimental animals infected with HIV or HBV

Employees Who May Be "Reasonably Anticipated" to Contact Infectious Material:

Identified Special Education Teachers and Aides
 Pre-School Teachers and Assistants
 Nurses
 Principals
 School Secretaries (*identified secretaries in schools without full-time nurses*)

Identified Transportation Personnel
Special Education Bus Drivers
Special Education Car Drivers and Aides
Custodians
Physical Education Teachers
Activities Director
Athletic Trainer
Student Athletic Trainers

Two staff members in each school would be identified to respond to a situation where infectious material may be encountered. Other people who may have casual contact by being a "good samaritan" would not be covered by this OSHA regulation. (See Exhibit I in Appendix).

III. METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All blood or other potentially infectious materials (as described in II Determination of Employee Exposure) shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. (See Exhibit III in Appendix).

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Director of Human Resources. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Director of Human Resources is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Sharps disposal containers are inspected and maintained or replaced by the registered school nurses once a month or whenever necessary to prevent overfilling.
- The need for change in engineering control and work practices will be determined through the review of OSHA records, employee interviews, committee activities, etc.
- The Director of Human Resources will ensure effective implementation of these recommendations.

Personal Protective Equipment:

All personal protective equipment will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees. Employees shall wear personal protective equipment when performing procedures in which exposure to the skin, mouth, or other mucous membranes is anticipated (See Exhibit VI in Appendix).

All employees using the PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE;
- Remove PPE after it becomes contaminated, and before leaving the work area;

- Used PPE may be disposed of in the appropriate containers (i.e., sharps containers, protective double bags, etc);
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured contaminated, or if their ability to function as a barrier is compromised;
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration;
- Never wash or decontaminate disposable gloves for reuse;
- Wear appropriate face and eye protection when splashed, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth;
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface

Housekeeping:

The workplace will be maintained in a clean and sanitary condition. When any surface is exposed to contamination it will be necessary to decontaminate it as soon as reasonably possible and before reuse of the surface. A solution of 1 part bleach, to 10 parts water or other appropriate disinfectant will be used to decontaminate the affected area.

Management of Contaminated Equipment:

Assess equipment for contamination, and decontaminate as soon as possible, before using or storing. Equipment that has not been fully decontaminated must have label attached with information about which parts remain contaminated.

The principal of each location or designee will be responsible for assessing and seeing that contaminated equipment/furniture is decontaminated prior to reuse. Decontamination will occur by using an appropriate disinfectant of 1 part bleach, to 10 parts water solution to wash the contaminated area (See Exhibit V in Appendix).

Equipment and Environmental and Working Surfaces:

Clean contaminated work surfaces with appropriate disinfectant:

- 1) After completing procedures;
- 2) Immediately or as soon as feasible when overtly contaminated or after any spill of blood or other potentially infectious material (See Exhibit IV in Appendix).

Handwashing and Other General Hygiene Measures:

Handwashing is a primary infection control measure, which is protective of both the employee and the patient. Appropriate handwashing must be diligently practiced.

- 1) Wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment.
- 2) When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be flushed with water, as soon as possible.
- 3) If a restroom facility is not readily accessible, i.e., practice field, a solution of 1 part chlorine bleach, to 10 parts water and paper towels will be made accessible.

- 4) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
- 5) Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- 6) Mouth pipetting, suctioning of blood or other potentially infectious materials is prohibited.

Protection for Hands:

Gloves shall be worn in the following situations:

- 1) When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials; mucous membranes, and non-intact skin;
- 2) Handling or touching contaminated items or surfaces;
- 3) Administering first aid for laceration;
- 4) Cleaning contaminated equipment or other contaminated areas.

Disposable Gloves:

- 1) Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised;
- 2) Do not wash or decontaminate single use gloves for re-use;
- 3) See Appendix for Glove Usage & Removal.

Utility Gloves:

- 1) Decontaminate for re-use if the gloves are in good condition;
- 2) Discard when gloves are cracked, peeling, torn, punctured, or show other signs of deterioration (whenever their ability to act as a barrier is compromised);
- 3) See Appendix for Glove Usage & Removal.

IV. HEPATITIS B VACCINATION POLICY

All employees who have been identified as having exposure to bloodborne pathogens (see II. Determination of Employee Exposure) will be offered the Hepatitis B vaccination series at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job. All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most currently available recommendations of the U.S. Public Health Service. A copy of the bloodborne pathogens standard will be provided to the health care professional responsible for the employee's Hepatitis B vaccination. A copy will be provided to the Rockingham County Health Department or Rockingham Memorial Hospital.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination:

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service, at some future date recommends a booster, it will also be made available to exposed employees at no cost.

The vaccination will be made available to employees who are considered to have a potential risk for occupational exposure within the first year of employment. The vaccination series is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contradicted.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Documentation of the refusal of vaccination is kept by the Director of Human Resources.

Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement and file with the Director of Human Resources.

All Hepatitis B vaccinations will be given through the Rockingham County Health Department.

V. **PROCEDURE FOR EVALUATION AND FOLLOW-UP**

Policy: File EBAB

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Employees who experience an exposure incident must immediately report their exposure to the building principal. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:

- 1) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- 2) Identification and documentation of the source individual unless identification is infeasible.

If the infectious status of the source individual is unknown, the individual's blood will be tested as soon as feasible after consent is obtained. If the source individual's blood is available, and the individual's consent is not required by law, the blood shall be tested and the results documented. The exposed employee will be informed of the results of the source individual's testing.

The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV, and HIV serological status. If the employee consents to baseline blood collections, 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.

The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illnesses.

The following information will be provided to the healthcare professional evaluating an employee after an exposure:

- 1) Copy of 1910.1030 bloodborne pathogens standard;
- 2) Description of the exposed employee's duties as they relate to the exposure incident;
- 3) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- 4) Results of the source individual's blood testing; if available;
- 5) All medical records relevant to the appropriate treatment of the employee including vaccination status.

Rockingham County Public Schools 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. The written opinion will be limited to the following information:

- 1) Employee has been informed of the results of the evaluation;
- 2) Employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

NOTE: All other findings shall remain confidential and shall not be included in the written report (See Exhibit IX and Exhibit X in Appendix).

VI. COMMUNICATION TO EMPLOYEES AND EMPLOYEE TRAINING

Policy: File EBBB

All employees who have an occupational exposure to bloodborne pathogens will receive training conducted annually. Additional training will be provided whenever there are changes in tasks or procedures that affect employee's occupational exposure; this training will be limited to the new exposure situation.

The training approach will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer (See Exhibit XI in Appendix).

The Director of Pupil Personnel Services is responsible for coordinating the training with the Division's Registered Nurses.

The following content will be included:

1. Explanation of the bloodborne pathogens standard;
2. General explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases;
3. Explanation of this exposure control plan and how it will be implemented;
4. Procedures which may expose employees to blood or other potentially infectious materials;
5. Control methods that will be used at this facility to prevent/ reduce the risk of exposure to blood or other potentially infectious materials;
6. Explanation of the basis for selection of personal protective equipment;
7. Information of the Hepatitis B vaccination program including the benefits and safety of vaccination;
8. Information on procedures to use in emergency involving blood or other potentially infectious materials;
9. Procedures to follow if any exposure incident occurs;
10. Explanation of post-exposure evaluation and follow-up procedures.

VII. RECORDKEEPING PROCEDURES

Training Records:

Training Records are completed for each employee upon completion of training. These documents will be kept for at least three years by the Director of Pupil Personnel Services.

The following information shall be included:

- 1) Dates of training sessions;
- 2) Contents of a summary of the training sessions;
- 3) Names and qualifications of trainer(s);
- 4) Names and job titles of all persons attending.

Training records shall be provided upon request for examination and copying to employees, the employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

Medical Recordkeeping:

A medical record will be established and maintained for each employee with exposure. The record shall be maintained by the Director of Human Resources for the duration of employment plus 30 years in accordance with 29 CFR 1910.20. This record shall be kept separate from the employee personnel file.

The record shall include the following:

- 1) Name and social security number of the employee;
- 2) Copy of the employee's Hepatitis B vaccination status with dates of Hepatitis B vaccination and any medical records relative to the employee's ability to receive vaccination;
- 3) Copy of the examination results, medical testing, and any follow-up procedures;
- 4) Copy of the healthcare professional's written opinion;
- 5) Copy of the information provided to the healthcare professional that evaluates the employee for suitability to receive hepatitis B vaccination prophylactically and/or after an exposure incident.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Director of Human Resources.

Confidentiality of Medical Records:

The record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation. Employee medical records required under 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the commissioner of the Virginia Department of Labor and Industry in accordance with 19 CFR 1910.20.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Human Resource Office personnel.

EXPOSURE

PLAN

APPENDIX

Rockingham County Public Schools

Exposure Control Plan Matrix

Tasks Creating Potential Risks for Exposure

Job Title	First Aid	CPR	Control Bleeding	Wound Treatment	Clean-Up Body Fluid Spills	Give Injections
Administrators		X	X			
Athletic Director	X	X	X	X		
Custodians					X	
School Secretaries	X	X	X	X		
HS Trainers	X	X	X	X	X	
Physical Education Teachers	X	X	X	X		
Pre-School Assistants	X	X			X	
Pre-School Teachers	X	X			X	
School Nurses	X	X	X	X	X	X
Special Education Instructional Assistants	X	X			X	
Special Education Teachers	X	X			X	
Special Education Transportation Drivers/Assistants	X	X	X	X	X	

Rockingham County Public Schools

Exposure Control Plan Matrix

Exposure Determination

Classification	Regular Exposure	Some Exposure	Rare Exposure	No Exposure
Administrators		X		
Athletic Director			X	
Custodians			X	
School Secretaries		X		
HS Trainers		X		
Physical Education Teachers			X	
Pre-School Assistants		X		
Pre-School Teachers		X		
School Nurses	X			
Special Education Instructional Assistants		X		
Special Education Teachers		X		
Special Education Transportation Drivers/Assistants			X	

ROCKINGHAM COUNTY PUBLIC SCHOOLS

Summary of Universal Precautions

Universal precautions are the steps that should be taken to reduce the chance of passing on infection from one person to another. It is very important that these steps be carried out within the school to protect children, staff members, vendors, visitors, and others who have contact with the facility.

1. It is recommended that one wears gloves when one thinks he/she might touch any body fluid. A

body fluid includes the following:

Blood

Vaginal Secretions

Vomit

Sputum

Semen

Urine (*generally, only when blood can be seen, according to the standard*)

Feces (*generally, only when blood can be seen, according to the standard; however, it is recommended that gloves should be worn when dealing with fecal matter*)

2. Wash hands before and after all procedures, if skin is touched by a body fluid, wash immediately, with soap and water.
3. Never recap, bend, or break needles.
4. Body wastes (such as those on bed sheets) should be discarded directly into the toilet. Wastes containing blood on disposable pads should be discarded into a special plastic trash bag before disposal. Make sure that no leaks occur.
5. Spills of blood or body fluids that are visibly stained with blood should be treated with chlorine bleach or commercial germicide. The bleach or commercial germicide should be left on the spill for several minutes. Spills on carpet or other material that would be ruined with bleach, use a commercial germicide. Always wear gloves when treating such spills and discard wipes into a plastic bag.

The actual language from the standard reads as follows: "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."

ROCKINGHAM COUNTY PUBLIC SCHOOLS

Personal Protective Equipment:

Included in the personal protective equipment group:

- 1) Gloves
- 2) Protective eye wear, masks, and gowns.

All approved personal protective equipment will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees.

Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated.

Required Glove Usage:

1. Direct care of the student may involve contact with blood or body fluid.
2. Contact with urine, feces, and respiratory secretions.
3. Changing a diaper or catheterizing a student.
4. Providing mouth, nose, or tracheal care.
5. If the caregiver has broken skin on the hands (even around the nails).
6. Cleaning up spills of blood or body fluids and wastes, and soiled supplies.
7. Gloves should be placed on clean hands so they cover wrists and hands.
8. Disposed of after each use and not reused.

Required Glove Removal:

1. With the left-gloved hand, grasp the right-gloved hand on the outside at the wrist and pull inside out over the right hand.
2. With the ungloved right hand inverted, grasp the left glove on the inside at wrist and pull inside out over the left hand.

Gloves are worn only once then discarded after direct contact with blood or other body fluids. (Once the gloves are contaminated, other surfaces should not be touched).

Other Barriers:

1. Protective eyewear, masks, and gowns: These should be worn if splashing of body fluids is likely to occur (such as mouth suctioning and/or a spitting or coughing student).
2. In the event that CPR is needed, one-way CPR mask may be used. If this is unavailable, gauze or some other porous material can be placed over the mouth and mouth-to-mouth resuscitation given. Each school will be provided face shields for CPR usage.

The building principal is to be notified in the event that needed barriers become unavailable to employees. In turn, the local administrator will submit work orders for needed items.

ROCKINGHAM COUNTY PUBLIC SCHOOLS

Disposal of Waste:

All used or contaminated supplies, including gloves and other barrier (except sharp implements) should be placed in a plastic bag and sealed. These bags should then be placed in a second plastic bag. Only after all used or contaminated supplies are double bagged is it disposed of in the garbage away from the reach of children.

Sharps disposal containers are inspected and maintained or replaced by the registered school nurses once a month or whenever necessary to prevent overfilling.

Disposal of bodily waste such as urine or feces should be done through the utilization of toilets.

Custodial:

Custodians should use gloves when cleaning and handling waste materials. Plastic trash bag liners are to be removed daily. Waste material is not to be handled or transferred from one container to another. All custodial personnel should receive inservice on universal precautions prior to performing these duties.

Environmental Clean-up Process:

The following methods from the Center for Disease Control should be adhered to when dealing with spills of blood and body fluids.

1. Wear gloves;
2. Wipe up the spill with paper towels or other absorbent material. Sufficient absorbent material should be used so it will not drip;
3. Spray down with approved disinfectant or wash the area using a solution of one part bleach in ten parts of water;
4. Dispose of gloves, soiled towels and other waste in a sealed double plastic bag in the garbage as outlined in Disposal of Waste.

Laundry:

Contaminated laundry is defined as any laundry which has been soiled with blood or other potentially infectious materials. Gloves are to be worn when handling contaminated laundry. Laundry not contaminated is to be kept separate and laundered according to clinic procedures.

Contaminated laundry is to be double-bagged. When contaminated laundry is saturated; enough material should be used to assure absorbency of liquid.

Rockingham County Public Schools

Exposure Control Plan Matrix

Protection Equipment

Tasks	Gloves	Mouth Shield	Safety Glasses	Face Shield	Gowns
First Aid	X				
CPR	X	X			
Control Bleeding	X		X	X	X
Wound Treatment	X		X	X	X
Clean-Up Body Fluid Spills	X		X	X	X
Give Injections	X				

ROCKINGHAM COUNTY PUBLIC SCHOOLS

MANDATORY HEPATITIS B VACCINE DECLINATION

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.

Employee Signature _____

Date: _____

Witness Signature _____

Date: _____

HEPATITIS B VACCINATION CONSENT

Hepatitis B infection is a viral infection of the liver, which may be transmitted from person to person by direct contact with blood/body fluids, secretions, or excretions of the infected person. This can be transmitted from individuals who are carriers of the disease to facility personnel. A carrier of Hepatitis B is defined as a person who may or may not have symptoms of the infection, and in whom the virus remains alive in the blood and other body fluids. Hepatitis B infections may result in chronic infection of the liver, cirrhosis, and less frequently, liver cancer.

The Hepatitis vaccine is recommended for persons, who are or will be at increased risk of infection with Hepatitis B virus, including those identified in our profession. A synthetic Hepatitis B vaccine is available from our source and provides protection against infection in approximately 90% of those receiving it. The vaccine is prepared from recombinant yeast cultures and is free of association with human blood or blood products. The vaccination consists of three intramuscular injections, the second and third injections of vaccine being given at one and six month intervals respectively after the first injection. It is important that those volunteering to be immunized against Hepatitis B be responsible for following the immunization schedule established. Compliance with the immunization schedule is the sole responsibility of the employee.

The Hepatitis vaccine is generally well tolerated. Side effects that have been reported as most commonly occurring with this vaccine have been soreness and redness at the site of injection and low-grade fever for one to two days after injection. There may be other slight, moderate, or severe reactions that have sometimes been associated with vaccinations, e.g. fainting and hypersensitivity reactions (hypersensitivity, arthritis, skin reactions, and other possible reactions). Other uncommon potential adverse effects include neurological and blood disorders, and visual disturbances. Persons with known hypersensitivity to yeast or any component of the vaccine should not accept the vaccine. It is

recommended that you discuss the vaccine with your physician, especially if you have other health problems.

The vaccine should be delayed if you have a serious active infection, except when withholding the vaccine entails a greater risk. If you are pregnant, breastfeeding or suspect pregnancy at any time during the 6-month vaccination period, you must obtain authorization from your doctor to initiate or continue the vaccination procedure.

The vaccination series is offered to employees at no cost to those identified by administration as being at risk of occupational exposure.

CONSENT

I have read and understand on the previous page, and I am aware of the benefits of the vaccine, and am aware of possible side effects. I understand that knowledgeable medical professionals are available to answer questions that I may have about the vaccine and indications.

_____ I request to be immunized against Hepatitis B. I fully understand my responsibility associated with the immunization schedule.

_____ I elect not to participate in the immunization against Hepatitis B. My signature below serves as my declination of the Hepatitis B vaccination

_____ I have previously been immunized against Hepatitis B (three vaccination series) and will provide documentation. Dates: #1 _____ #2 _____ #3 _____

Name (please print): _____

Signature: _____ Date: _____

Job Title: _____ School: _____



To: Employees Involved in a Possible Bloodborne Pathogens Exposure Incident

From: Dr. Suzan Guynn, Director of Human Resources

Subject: Bloodborne Pathogen Exposure Incident Procedure

The attached Occupational Exposure Record (Form B) is to be filled out by you and given immediately to your building principal. The school nurse may assist you should you have any questions. One copy needs to accompany you to your Health Care Provider as an explanation of the circumstances of your incident. The principal needs to send one copy to me at the Human Resource Office to document the incident and need for post-exposure treatment.

Take this Bloodborne Pathogens Exposure Incident Packet, which includes Form B, Form C and the OSHA Bloodborne Pathogen Standard 1910.1030, with you and give it to your Health Care Provider. The physician will need this information to appropriately assist you.

Should you have any questions, please see your school nurse, principal, or contact me at 540-564-3220.

LETTER TO BE GIVEN TO PHYSICIAN BY EMPLOYEE

Date: _____

Dear Health Care Provider:

As part of our Bloodborne Pathogen Exposure Control Plan, employees who believe they have experienced an exposure incident are to be provided with appropriate medical treatment and follow-up.

To meet this requirement, we are requesting that you evaluate this exposure incident and then provide for post-exposure prophylaxis for our employee. As outlined in Bloodborne Pathogen Plan, this needs to include:

- Evaluate exposure incident
- Arrange for testing of employee and possibly source individual;
- Notify employee of results of all testing;
- Provide counseling;
- Provide post-exposure prophylaxis; and,
- Evaluate reported illnesses.

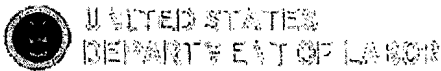
We ask that you provide our employee with a written copy of your findings within fifteen days for your completed evaluation, and that you provide Dr. Suzan Guynn, Director of Human Resources, a copy of your opinion as well. This written opinion shall be limited to the following information:

- The employee has been informed of the results of the evaluation; and
- The employee has been told about any medical conditions resulting from exposure which require further evaluation or treatment;
- All other findings shall remain confidential and shall not be included in the written report.

Should you have any questions, please contact me or Dr. Suzan Guynn, Director of Human Resources, at 540-564-3220. Any fee for services not covered by the employee's medical insurance should be forwarded to Dr. Suzan Guynn. Thank you for your assistance in this matter.

Sincerely,

Principal or Designee



SEARCH

[A to Z Index](#) | [En Español](#) | [Contact Us](#) | [FAQs](#) | [About OSHA](#)

OSHA

[OSHA QuickTakes](#) Newsletter [RSS Feeds](#) [Print This Page](#) [Text Size](#)

Occupational Safety & Health Administration We Can Help

[What's New](#) | [Offices](#)[Home](#)[Workers](#)[Regulations](#)[Enforcement](#)[Data & Statistics](#)[Training](#)[Publications](#)[Newsroom](#)[Small Business](#)

OSHA

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

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

[1910.1030\(a\)](#)

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

[1910.1030\(b\)](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

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

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

The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens,

the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

1910.1030(d)(2)(xii)(B)

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

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

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

1910.1030(d)(2)(xiv)

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

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

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

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

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

1910.1030(d)(3)

Personal Protective Equipment --

1910.1030(d)(3)(i)

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

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

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

Periodically reevaluate this policy;

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

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

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

Not discourage the use of gloves for phlebotomy; and

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

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

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

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

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

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

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

When the employee is receiving training in phlebotomy.

1910.1030(d)(3)(x)

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

1910.1030(d)(3)(xi)

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

1910.1030(d)(3)(xii)

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

1910.1030(d)(4)

Housekeeping --

1910.1030(d)(4)(i)

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

1910.1030(d)(4)(ii)

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

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

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

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iii)

Regulated Waste --

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

Contaminated Sharps Discarding and Containment.

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

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

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

Closable;

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

Puncture resistant;

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

Leakproof on sides and bottom; and

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

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

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

During use, containers for contaminated sharps shall be:

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

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

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

Maintained upright throughout use; and

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

Replaced routinely and not be allowed to overflow.

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

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

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

Other Regulated Waste Containment --

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

Regulated waste shall be placed in containers which are:

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

Closable;

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

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

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

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iv)

Laundry.

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

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

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

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

1910.1030(e)(2)(ii)

Special Practices.

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

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

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

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

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

Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)(2)(iii)

Containment Equipment

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

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

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

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

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

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)

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

1910.1030(e)(4)(vi)

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

1910.1030(e)(5)

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

1910.1030(f)

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

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

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

1910.1030(f)(1)(ii)

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

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

Made available at no cost to the employee;

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

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

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

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

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

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

1910.1030(f)(1)(iii)

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

1910.1030(f)(2)***Hepatitis B Vaccination.*****1910.1030(f)(2)(i)**

Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(1) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

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

1910.1030(f)(3)(i)

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

1910.1030(f)(3)(ii)

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

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

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

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

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

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

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

1910.1030(f)(3)(iii)

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

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

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

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

1910.1030(f)(4)

Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)

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

1910.1030(f)(4)(ii)

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

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

A copy of this regulation;

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

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

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

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

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

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

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

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

1910.1030(f)(5)

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

1910.1030(f)(5)(i)

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

1910.1030(f)(5)(ii)

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

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

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

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

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

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

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

1910.1030(g)

Communication of Hazards to Employees --

1910.1030(g)(1)

Labels and Signs --

1910.1030(g)(1)(i)

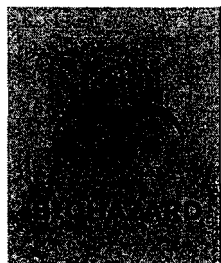
Labels.

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

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

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

Labels required by this section shall include the following legend:

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

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

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

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

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

Red bags or red containers may be substituted for labels.

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

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

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

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

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

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

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

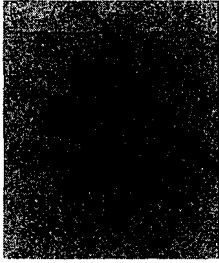
Regulated waste that has been decontaminated need not be labeled or color-coded.

1910.1030(g)(1)(ii)

Signs.

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

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



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

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

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

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

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

1910.1030(g)(2)(ii)

Training shall be provided as follows:

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

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

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

At least annually thereafter.

1910.1030(g)(2)(iii)

[Reserved]

1910.1030(g)(2)(iv)

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

1910.1030(g)(2)(v)

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

1910.1030(g)(2)(vi)

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

1910.1030(g)(2)(vii)

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

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

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

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

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

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

An explanation of the modes of transmission of bloodborne pathogens;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(g)(2)(viii)

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

1910.1030(g)(2)(ix)

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

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

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

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

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

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

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

1910.1030(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

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

1910.1030(h)(1)(ii)

This record shall include:

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

The name and social security number of the employee;

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

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

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

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

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

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

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

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

1910.1030(h)(1)(iii)

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

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

Kept confidential; and

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

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

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

The dates of the training sessions;

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

The contents or a summary of the training sessions;

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

The names and qualifications of persons conducting the training; and

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

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

1910.1030(h)(2)(ii)

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

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

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

1910.1030(h)(3)(ii)

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

1910.1030(h)(3)(iii)

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

1910.1030(h)(4)

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

OSHA recently discovered mistakes made by the Federal Register editors of the CFR in implementing the 2001 OSHA final rule for Bloodborne Pathogens; these mistakes affected 29 CFR 1910.1030(h) and (i). OSHA is in the process of correcting these mistakes in the CFR. In the meantime, OSHA is revising this website to reflect the correct regulations as they will soon appear in eCFR and in the July 1, 2012, edition of the hard copy CFR. We will remove this notice from this website when the Federal Register editors make the necessary corrections in the eCFR.

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 1904.33.

1910.1030(i)*Dates --*1910.1030(i)(1)

Effective Date. The standard shall become effective on March 6, 1992.

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

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

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001; 71 FR 16672 and 16673, April 3, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33608, June 8, 2011; 76 FR 80740, Dec. 27, 2011]

[Next Standard \(1910.1030 App A\)](#)

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

[Freedom of Information Act](#) | [Privacy & Security Statement](#) | [Disclaimers](#) | [Customer Survey](#) | [Important Web Site Notices](#) | [International](#) | [Contact Us](#)

U.S. Department of Labor | Occupational Safety & Health Administration | 200 Constitution Ave., NW, Washington, DC 20210
Telephone: 800-321-OSHA (6742) | TTY: 877-889-5627

www.OSHA.gov

DECLINATION FORM

Date: _____

School: _____

Name: _____

There was an incident occurring on _____ (date), during which time I had skin contact with another person's blood or body fluid containing blood.

I have completed the OSHA Exposure Record. I also understand that I have been given the opportunity to see a physician, free of charge, to determine if this is deemed an exposure, I understand the risks involved with coming into contact with another person's blood or body fluid containing blood. My most recent OSHA inservice was on _____ (date).

However, I decline the need to see a physician to determine if this was an exposure by OSHA Standard. To my knowledge, this incident did not involve my mucous membrane, eyes, mouth, non-intact skin or parenteral contact.

Employee Signature: _____

Date: _____

Witness: _____ Date: _____

Rockingham County Public Schools

Worker's Compensation/ On-The-Job Injury Panel of Physicians

To be filled in.....

-----CUT HERE-----

Acknowledgement of Physician Panel

_____ I have been provided a copy of the Panel of Physicians by my employer at the time of reporting my job related accident or illness. I will select a doctor, if needed, from that list for any necessary treatment.

Employee Signature

Date

Witness Signature

Date

_____ I decline to select a doctor from the list provided to me. I understand that I may be responsible for the expense for any medical treatment or physician's bills. I further understand that I may decline Workers' Compensation benefits for any absence based on a disability that is not certified by a physician on the approved panel.

Employee Signature

Date

Witness Signature

Date