

COLUMBUS COUNTY SCHOOLS

BLOODBORNE PATHOGENS

POLICY AND GUIDELINES



OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

It is the policy of the board to comply with federal and state regulations and standards regarding bloodborne pathogens as set forth in the Federal Register, 29 C.F.R. 1910.1030, and the North Carolina Administrative Code, 13 N.C.A.C. 7F .0207, by attempting to limit or prevent occupational exposure of employees to blood or other potentially infectious bodily fluids and materials that may transmit bloodborne pathogens and lead to disease or death.

A. REASONABLY ANTICIPATED OCCUPATIONAL EXPOSURE

Employees who have occupational exposure to bloodborne pathogens are covered by the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, the North Carolina Administrative Code, and this policy. "Occupational Exposure" includes any reasonably anticipated skin, eye, mucous membrane or parenteral (brought into the body through some way other than the digestive tract) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. "Good Samaritan" acts, such as assisting a co-worker or student with a nosebleed, would not be considered "reasonably anticipated occupational exposure," and employees whose only anticipated exposure to bloodborne pathogens would be as a result of such acts are not considered to have occupational exposure.

B. UNIVERSAL PRECAUTIONS

Universal precautions must be used at all times. Employees should handle all blood, bodily fluid and other potentially infectious material as if the material is infected. The program standards for the control of potential exposure to Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) as outlined in the OSHA Rule, "Occupational Exposure to Bloodborne Pathogens" (Standard 1910.1030), and the NC Administrative Codes and/or the most current standards available must be followed.

C. EXPOSURE CONTROL PLAN

The superintendent shall ensure that an Exposure Control Plan is developed in accordance with OSHA regulations or the most current available federal and/or state standards issued to eliminate or minimize employee occupational exposure to blood or certain other bodily fluids that may carry infectious materials. In addition, the superintendent shall ensure that the following requirements are met.

1. The Exposure Control Plan must provide, at a minimum, for the following:
 - a. a determination of who is at risk for an exposure incident;
 - b. what the school system will do to protect employees from exposure incidents, including the use of universal precautions, engineering and work practice controls and, as appropriate, personal protective equipment;
 - c. how to deal with an exposure incident, including post-exposure evaluation and follow-up;
 - d. who should be vaccinated for Hepatitis B; and
 - e. communication, training and record-keeping procedures.
2. All elements of the Exposure Control Plan must be met.
3. All employees must have access to a copy of the Bloodborne Pathogens Policy

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and Exposure Control Plan.

4. The Exposure Control Plan must be reviewed and updated at least annually.

D. TESTING

An employee who suspects that he or she has had a blood or body fluid exposure on the job may request to be tested, at the school system's expense, provided that the suspected exposure poses a significant risk of transmission as defined in the rules of the Commission for Public Health. The HIV and HBV testing of a person who is the source of an exposure that poses a significant risk of transmission must be conducted in accordance with 10A N.C.A.C. 41A .0202 (4) (HIV) and 41A .0203(b)(4) (HBV). The school system shall strictly adhere to existing confidentiality rules and laws regarding employees with communicable diseases, including HIV or HIV-associated conditions.

E. NONDISCRIMINATION POLICY

The school system shall not discriminate against any applicant or employee who has or is suspected of having a communicable disease, including tuberculosis, HBV, HIV infection or Acquired Immune Deficiency Syndrome (AIDS). An employee may continue to work as long as the employee is able to satisfactorily perform the essential functions of the job and there is no medical evidence indicating that the employee's condition poses a significant, direct threat to co-workers, students or the public.

F. INFORMATION AND TRAINING

Pupil Personnel Director shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that training is repeated within 12 months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. Training will cover the following:

- a) A copy of the standard and an explanation of its contents;
- b) A discussion of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of the organization's bloodborne pathogens Exposure Control Plan (this program), and the method for obtaining a copy;
- e) The recognition of tasks that may involve exposure;
- f) An explanation of the use and limitations of methods to reduce exposure, such as engineering controls, work practices, and personal protective equipment (PPE);
- g) Information on the types, use, location, removal, handling, decontamination, and disposal of PPE;
- h) An explanation of the basis of selection of PPE;
- i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
- j) Information on the appropriate actions to take and persons to contact in case of an emergency involving blood or Other Potentially Infectious Material (OPIM);
- k) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;

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- l) Information on the evaluation and follow-up required after an employee exposure incident, particularly incidents which involve needlesticks or contaminated sharps; and
- m) An explanation of the signs, labels, and color-coding system used to identify biohazards, regulated waste, and other potential BBP hazards.
- n) An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter.

G. RECORDKEEPING

Medical Records

HRMS/Licensure Specialist is responsible for maintaining medical records as indicated below. These records will be kept in the *HRMS/Licensure Specialist's office at CCS Board of Education*.

Medical records shall be maintained in accordance with OSHA standard 29 CFR1910.1020. These records shall be kept confidential and must be maintained for the duration of employment plus 30 years. The records shall include the following:

- a) The employee's name and social security number;
- b) A copy of the employee's HBV vaccination status, including the dates of vaccination OR a signed declination form;
- c) A copy of all results of examinations, medical testing (including post-vaccination antibody testing), and follow-up procedures; and
- d) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure, and circumstances of the exposure.

Vaccine Records

Pupil Personnel Director is responsible for

- 1) Offering the Hepatitis B vaccine to those employees at risk for occupational exposure;
- 2) Coordinating with the Columbus County Health Department vaccine series administration;
- 3) The *Pupil Personnel Services Director* shall receive proof from the employee of completion of all three(3) vaccines in the Hepatitis B series; and
- 4) Retaining records for Employee Declination Forms.

H. TRAINING RECORDS

Pupil Personnel Director is responsible for maintaining BBP training records. These records will be housed *at CCS Board of Education*.

Training records shall be maintained for 3 years from the date of training, and shall document the following information:

- a) The dates of the training sessions;

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- b) An outline describing the material presented;
- c) The names and qualifications of persons conducting the training; and
- d) The names and job titles of all persons attending the training sessions.

I. SHARPS INJURY LOG

For cases that involve percutaneous injury from contaminated sharps, *HRMS/Licensure Specialist* is responsible for maintaining a sharps injury log. Information shall be entered on the log so as to protect the confidentiality of the injured employee. At a minimum, log entries shall document the following:

- a) The type and brand of device involved in the incident;
- b) The department or work area where the incident occurred; and
- c) An explanation of how the incident occurred.

The sharp injury log is required in addition to the OSHA 300 log.

Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.1020.

All employee records shall be made available to the Assistant Secretary of Labor for Occupational Safety and Health (OSHA) and the director of the National Institute for Occupational Safety and Health (NIOSH), or their representatives, upon request.

Transfer of Records

If this facility is closed and/or there is no successor employer to receive and retain the records for the prescribed period, the Director of NIOSH shall be contacted for final disposition.

J. EVALUATION AND REVIEW

Pupil Personnel Director is responsible for annually reviewing this program and its effectiveness, and for updating this program as needed. This review shall include and document:

- a) Consideration and implementation, where feasible, of commercially available safer medical devices designed to eliminate or minimize occupational exposure; and
- b) Input from non-management direct care staff who are potentially exposed to injury from contaminated sharps on identification, evaluation and selection of engineering and work practice controls.

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ADMINISTRATIVE PROCEDURES FOR EXPOSURE CONTROL PLAN

EXPOSURE DETERMINATION

Definitions: For the purpose of this plan, Occupational Exposure means any 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 assigned work duties.

Jobs and procedures are based on risk incurred without use of personal protective equipment.

Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. In cases of emergency or accidents, all blood and body fluid should be handled as if infectious.

IDENTIFICATION OF JOB CLASSIFICATIONS

All of the following Category I employees in these classifications are considered to have occupational exposure:

Principals and Assistant Principals
Athletic Trainers and Coaches
Custodians
Diabetic Care Managers
First Responders
School Nurses
Teacher and Teacher Assistant – Exceptional Children Severely/Profoundly (S/P) Class
Teacher and Teacher Assistant – Exceptional Children Preschool Class
Teachers and Teacher Assistants – Exceptional Children Trainable Mentally Handicapped Class
Plumbers

Some of the employees in the Category II classifications are considered to have occupational exposure:

Biology/Chemistry Lab Teachers
Maintenance Workers
Teachers, Teacher Assistants and Substitute Teachers – Regular Education & Pre-K
Cafeteria Staff
Bus Drivers
Secretaries (if responsible for first aid)
Shop/Trade/Industry Teachers
Speech Therapists

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The following job classifications have been identified as having all employees at risk or some employees at risk due to exposure required by their job duties. This table outlines the tasks that put them at risk, and the protective barriers or engineering controls to be used.

Job Classifications at Risk	Tasks causing risk	Protective barrier/engineering control
Principals and Assistant Principals	Responding to sick and injured students	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Athletic Trainers and Coaches	Responding to sick and injured students	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Custodians	Clean up and disinfecting of contaminated areas	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Diabetic Care Managers	Blood Glucose Monitoring & Diabetic Assistance	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
First Responders	Responding to sick and injured students	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
School Nurses	Responding to sick and injured students	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Teacher and Teacher Assistant – EC S/P Class	Catheterization Changing diapers	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Teacher and Teacher Assistant – EC Pre-K Class	Catheterization Changing diapers	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Teachers and Teacher Assistants – EC TMH Class	Changing diapers	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Plumbers	Sewer repair and clean up	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Biology/Chemistry Lab Teachers	Broken glass	Rubber gloves, goggles and other protective equipment Hand wash Proper labeling and disposal of waste
Maintenance Workers	Clean up and disinfecting of contaminated areas	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Teachers, Teacher Assistants & Subs – Regular Education & Pre-K	Responding to sick and injured students	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Cafeteria Staff	Responding to sick and injured students; Clean up	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Bus Drivers	Responding to sick and injured students; Clean up	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Secretaries (if responsible for first aid)	Responding to sick and injured students	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste
Shop/Trade/Industry Teachers	Responding to sick and injured students	Rubber gloves, protective glasses and other protective equipment Hand wash Proper labeling and disposal of waste
Speech Therapists	Responding to sick and injured students	Rubber gloves and other protective equipment Hand wash Proper labeling and disposal of waste

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ENGINEERING AND WORK PRACTICE CONTROLS

The following engineering and work practice controls are in place in order to minimize or eliminate employee exposure:

Hand Washing

Employees will wash their hands immediately after or as soon as feasible after removal of gloves or other personal protective equipment. Employees have been instructed to wash their hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible, employees will use antiseptic hand cleansers or towelettes. When antiseptic cleansers or towelettes are used, an employee will wash their hands with soap and water as soon as feasible.

Hand washing facilities are located in the following locations: restrooms, gymnasiums, shop areas, home economics classrooms, cafeteria, libraries, and some classrooms.

Antiseptic hand cleansers or towelettes can be found at the following location(s): Classroom areas that do not have hand washing facilities.

Contaminated Sharps (such as broken glass)

Immediately or as soon as possible after breakage, contaminated sharps shall be placed in appropriate containers for disposal. These containers shall be:

- puncture resistant
- labeled or color-coded in accordance with this policy, and
- leak-proof on the sides and bottom.

Warning labels shall be affixed to the containers of potentially infectious materials. Labels shall include the following legend:



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These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color. The label shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents the loss or unintentional removal.

The labels can be found at the following locations: Custodians' work places.

Sharps containers can be found at the following locations: Custodians' work places.

Personal Protective Equipment Provision

We, the employer, have provided at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, resuscitation device, or ventilation devices. Equipment is considered "appropriate" if it does not permit blood or other bloodborne pathogens 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 the time which the protective equipment will be used.

Use

CCS shall ensure that all employees use appropriate PPE unless it is shown that the employee temporarily and briefly declined to use PPE 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 judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Wear appropriate gloves when it is 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 or 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 splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

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- 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.
- See Housekeeping: Disposal Section below for procedure for handling used PPE.

Accessibility

Personal protective equipment is readily accessible at the worksite. Hypo-allergenic gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Personal Protective Equipment can be found at the following locations: All work stations.

Repair and Replacement

The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. When personal protective equipment is removed, it shall be placed in an appropriate designated area or container for washing, decontamination, or disposal. Contact the *Pupil Personnel Services Director* for replacement PPE.

Gloves

Gloves shall be worn when it can be reasonably anticipated that the employee may have had contact with blood, other potentially infectious materials, mucus membranes, and non-intact skin and when handling or touching contaminated items or surfaces.

Housekeeping

The worksite will be maintained in a clean and sanitary condition. All equipment and environmental and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials.

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

For small spills, an appropriate absorbent product shall first be used in the clean up process to remove blood or other potentially infectious materials, if feasible. For large spills, the area shall be flooded with a liquid germicide before cleaning then cleaned with fresh germicidal chemical. Disinfectants approved by and registered with the Environmental Protection Agency (EPA) shall be used and safety rules enforced for the proper selection and use of disinfectants.

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.

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Examples of appropriate disinfectants available are: Disinfectant provided by the Columbus County School Plant Operations Department (state contract).

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 or tongs. Disposal of any contaminated materials shall be labeled with a fluorescent orange or orange-red label that is affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal. The marked material shall include the following label:



Disposal

All sharps containers will be taken to the Columbus County Health Department by the school nurse for disposal.

To prevent unnecessary exposure to blood and other potentially infectious materials, the following procedures shall be followed for handling and disposal of such items that include, but are not limited to, bloody bandages, gauze, dressings, sponges, paper towels, sanitary pads, swabs, and used PPE (gowns or gloves):

Procedure for handling and disposal of non-regulated waste:

1. Wear gloves
2. Place items in a leakproof plastic bag
3. Remove gloves using proper technique and place in the plastic bag with the contaminated items
4. Securely fasten the bag and place in a second plastic leakproof bag, also securely fastened, as an extra precaution.
5. Dispose of as regular trash

Procedure for handling and disposal of Regulated Waste:

1. Wear gloves
2. Place items in a red biohazard bag. The plastic bag shall be impervious to moisture and have sufficient strength to preclude ripping, tearing or bursting under normal conditions of usage and handling.
3. Remove gloves using proper technique and place in the biohazard bag with the contaminated items.
4. Secure and close the bag to contain all contents and prevent leakage of fluids during handling, storage and transport.

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5. If outside contamination of the bag occurs, it must be placed in a second bag or container that is constructed to contain all contents and prevent leakage of fluids during handling, storage and transport. Close container before removal. The bag or container must be labeled with a red biohazard warning label.
6. The red biohazard bag shall be placed in an outside trash container to be picked up by the county sanitation department.

Contaminated Laundry

At-risk employees wearing gloves shall handle contaminated laundry using universal precautions and minimal agitation. Contaminated laundry shall be placed in a leakproof plastic bag at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall also be transported in a leakproof plastic bag. Although contaminated laundry must be handled more carefully and stored in plastic bags, it can be washed with the regular laundry using hot water. If degree of contamination meets regulated waste definition, a red biohazard bag shall be used. Clothing that becomes contaminated with blood and other potentially infectious materials while at school shall be removed as soon as possible and placed in a leakproof plastic bag for transport home.

Other

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

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where potentially infectious materials are present. All procedures involving potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Equipment, such as sports equipment, which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. A readily observable label in accordance with this policy shall be attached to the equipment stating which portions remain contaminated. 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 the appropriate precautions will be taken.

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Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up

Pupil Personnel Services Director will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination 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 contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept with the *Pupil Personnel Services Director*.

Vaccination will be scheduled by the *Pupil Personnel Services Director* at *Columbus County Health Department*.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

The following procedures are to be followed after employee or client exposure to blood or other potentially infectious materials. If it is uncertain whether an exposure has taken place, proceed with this set of instructions until a determination can be made.

An exposure is defined as a splash to an open facial feature (i.e. nose, eyes, mouth), or other contact with blood or other potentially infectious materials on non-intact skin (open sore or cut), etc., that is a result of carrying out your duties with the Columbus County School System.

After a mucous membrane splash or non-intact skin exposure, immediately flush mucous membrane or skin surface with a soapy water solution or approved disinfectant solution.

Should an exposure incident occur, contact your immediate Supervisor, who will in turn contact and inform the *Pupil Personnel Services Director* of need for exposure medical evaluation. Your school or department's *Safety Officer* will complete an Incident Report to be carried for your medical evaluation.

An immediately available confidential medical evaluation and follow-up will be conducted by *Urgent Care of Whiteville*. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.

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- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Pupil Personnel Services Director ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Pupil Personnel Services Director ensures that the health care professional evaluating an employee after an exposure incident receives the following:

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

Pupil Personnel Services Director provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Pupil Personnel Services Director will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)

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- location of the incident
- procedure being performed when the incident occurred
- employee's training

HRMS/Licensure Specialist will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary *Pupil Personnel Services Director* will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

Legal References: 29 C.F.R. 1910.1030; G.S. 95 art. 16; 13 N.C.A.C. 7F .0207; 10A N.C.A.C. 41A .0202(4), 41A .0203(b)(4); 29 CFR 1910.1030(h)(5).
Cross References: Communicable Diseases – Employees (policy 7262)

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BLOODBORNE PATHOGENS TRAINING AGENDA

- OSHA Standards (p. 30 CCS Policy & Procedures)
- CCS Policy & Procedures (CCS Website – Faculty & Staff link)
- Bloodborne Pathogens & Diseases
- Exposure Control Plan (p. 6 of CCS Policy & Procedures)
- Exposure Determination (p. 6 of CCS Policy & Procedures)
- Method of Compliance (p. 9 & 17 of CCS Policy & Procedures)
 - Universal Precautions
 - Hand washing
 - PPE
- Housekeeping & Waste Disposal (p. 10 of CCS Policy & Procedures)
- Post-Exposure Evaluation & Follow up (p. 13 of CCS Policy & Procedures)
- Hepatitis B Vaccine (p. 13 of CCS Policy & Procedures)

Universal Precautions for Body Fluid and Bloodborne Pathogens

Viruses that cause AIDS (Acquired Immunodeficiency Syndrome), Viral Hepatitis, and other diseases can be carried in blood and body fluids. **Universal Precautions** are measures that are taken to prevent exposure and infection from bloodborne pathogens.

In cases of accident or emergency, any person's blood and body fluid should be handled as if infectious.

What do we mean by "Infectious"?

"Infectious" means that a virus can get into your body if you are exposed to it. You must be exposed through one of your mucous membranes (examples are your eyes or mouth), or an opening in your skin's surface (such as a cut or puncture wound).

Universal Precautions Apply to the Following:

- ✓ **Blood** is the most important body fluid to avoid.
- ✓ Other potentially infectious materials must also be handled appropriately. These include:
 - Body fluid that is visibly contaminated with blood.
 - Body fluids in situations where it is difficult or impossible to know if they have been contaminated with blood.
 - Semen or vaginal fluids.

What Kinds of Things May Put You at Risk?

- ✓ An occupation where you may be exposed to body fluids (examples are emergency medical technicians, housekeepers, first aid responders, and teachers.)
- ✓ Injury that causes you or your co-workers to be cut, thus exposed to blood (examples are paper cuts, micro fiche cuts, and staples in finger).
- ✓ Failing to use proper precautions when helping someone who is injured or losing body fluids (this could be anyone).

What Can YOU Do To Protect Yourself?

Things to Have on Hand

Keep a kit on hand that contains the following:

☐ *New Latex gloves*

Be sure they are not cracked or broken. Keep several pair available. They are best kept in a cool, dry place. Make sure they are easy to reach.

☐ *Bleach/Water Mixture* - A small bottle of household bleach and an empty bottle with a spray nozzle.

The following instructions will allow you to mix the proper amount of bleach and water:

Measuring from the bottom of your spray bottle, mark ten (10) lines of equal distance apart. In case you need to clean up a spill, you will mix one (1) part bleach to nine (9) parts water in the spray bottle. Fill the bottle to the first line with bleach, and then add water until you get to the last line at the top. **Do not mix the bleach and water until right before you need it because the solution will lose its strength if not used right away.**

☐ *Disposable towels for wiping and cleaning*

Wipes and things you would have in a regular First Aid Kit (bandages, gauze, tape, etc.)

☐ *Plastic Bags* for disposing of anything with blood or body fluids on it (RED BIOHAZARD BAGS)

HOW DO YOU CLEAN UP BLOOD OR BODY FLUIDS?

When helping a person who is bleeding or hurt:

- ✓ Call for help if needed.
- ✓ **Always put on your latex gloves first!!!!**

If the person is alert and able to help himself/herself, give instructions on how to use any first aid material you have, such as gauze, bandages, etc.

If the person is not able to care for himself/herself, give any assistance you can. Be careful not to get the person's blood or body fluid in your mouth, eyes, or in any cuts you may have.

If cleaning up blood or body fluid on a floor or other surface:

- ✓ **Always put on your latex gloves!!!!**

Mix your bleach and water in the spray bottle.

Spray the contaminated area and wipe with disposable towels.

Throw away towels in plastic bag. Spray and wipe area again. Throw away the towels in the plastic bag.

Take off one glove by holding it at the end nearest your wrist and peeling it off. Take off the second glove the same way. When you finish, both gloves should be inside out. Put the gloves in a plastic bag. Tie or seal the plastic bag and label "Blood or Body Fluid Contaminated Material." Put any broken glass into a container that cannot be punctured, and put the container in a plastic bag.

Wash your hands thoroughly using some of the bleach solution, then with soap and water.

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BLOODBORNE PATHOGENS TRAINING ATTENDANCE RECORD

Date _____ Location _____ Agency _____

Trainer/Credentials _____

By signing your name below you are: 1) indicating your presence for the entire Columbus County Schools' Bloodborne Pathogens Training 2) acknowledging the location of Columbus County Schools' Bloodborne Pathogens Policy and Procedures at your school 3) acknowledging Columbus County Schools offers their employees the opportunity to receive the Hepatitis B vaccine.

Print Name	Job Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____

Attach the training agenda and trainer's resume to each Attendance Record and retain in files for three years from date of training.

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BLOODBORNE PATHOGENS TRAINING EMPLOYEE EVALUATION FORM

Please help to evaluate the Bloodborne Pathogens Training. Indicate if these topics were covered by checking the appropriate box.

	AGREE	DISAGREE
1) OSHA Bloodborne Pathogen Standards	<input type="checkbox"/>	<input type="checkbox"/>
2) CCS Policy & Procedures	<input type="checkbox"/>	<input type="checkbox"/>
3) Bloodborne Pathogens and diseases	<input type="checkbox"/>	<input type="checkbox"/>
4) CCS Exposure Control Plan	<input type="checkbox"/>	<input type="checkbox"/>
5) Exposure Determination	<input type="checkbox"/>	<input type="checkbox"/>
6) Method of Compliance	<input type="checkbox"/>	<input type="checkbox"/>
7) Housekeeping & Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>
8) Exposure, Post-exposure & Follow Up	<input type="checkbox"/>	<input type="checkbox"/>
9) Hepatitis B Vaccine	<input type="checkbox"/>	<input type="checkbox"/>

Was the information:

Informative	<input type="checkbox"/>
Too Basic	<input type="checkbox"/>
Too Technical	<input type="checkbox"/>
Not enough	<input type="checkbox"/>

Please rate your trainer:

	AGREE	DISAGREE
Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>
Easy to understand	<input type="checkbox"/>	<input type="checkbox"/>
Responded to questions	<input type="checkbox"/>	<input type="checkbox"/>

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Request for Hepatitis B Vaccine

Date _____ Location _____

Please sign your name below and indicate your job title to receive the Hepatitis B vaccine. Our *Pupil Personnel Director* will schedule your vaccine with Columbus County Health Department. You will be informed as to when the vaccine will be given.

Print Name	Job Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

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HEPATITIS B VACCINE DECLINATION FORM

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. However, I decline Hepatitis B vaccination at this time. I understand that, by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no cost.

Name _____

Signature _____ Date _____

Witness _____ Date _____

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Bloodborne Pathogens Supplies/Distribution

School

Date

Amount:

1. Latex Gloves (Hypoallergenic)
2. Biohazard Bags
3. Hand Sanitizer
4. Student Emergency Cards

Principal Signature

Pupil Personnel Services/Healthful Living Director Signature

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ANNUAL SURVEY

Bloodborne Pathogens Surveillance and Monitoring Form

Monitored by _____ Date _____

Corrective action completed by _____ Date _____

Reviewed by _____ Date _____

(Designated Person/Group)

SURVEILLANCE AND MONITORING

1. Are staff using proper handwashing techniques?

Yes ☐

No ☐

N/A ☐

Partial Compliance ☐

EXPLAIN

2. Are staff wearing gloves when performing techniques involving blood, body fluids or tissues?

3. Yes ☐

No ☐

N/A ☐

Partial Compliance ☐

EXPLAIN

4. Are staff using puncture-resistant containers to dispose of sharp objects?

5. Yes ☐

No ☐

N/A ☐

Partial Compliance ☐

EXPLAIN

6. Are staff complying with the proper technique of cleaning up body fluid spills and/or splashes?

7. Yes ☐

No ☐

N/A ☐

Partial Compliance ☐

EXPLAIN

8. Are staff complying with treating and bagging regulated waste in standard red bags?

9. Yes ☐

No ☐

N/A ☐

Partial Compliance ☐

EXPLAIN

10. When red bags or red containers are not used, are staff placing BIOHAZARD labels on containers/bags of regulated waste?

11. Yes ☐

No ☐

N/A ☐

Partial Compliance ☐

EXPLAIN

12. Are all areas that have been contaminated with blood or body fluids cleaned immediately?

13. Yes ☐

No ☐

N/A ☐

Partial Compliance ☐

EXPLAIN

14. Are staff cleaning all equipment contaminated by blood or body fluids, according to standard procedures?

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Yes ☐ No ☐ N/A ☐ Partial Compliance ☐ EXPLAIN

15. Are staff in specialized work environments complying with unique work practices?

Yes ☐ No ☐ N/A ☐ Partial Compliance ☐ EXPLAIN

Incidents of Non-Compliance: State persons involved, date and complete Bloodborne Pathogens Surveillance and Monitoring Log.

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REVIEW FOR EMPLOYEE EXPOSURE TO BLOOD/INFECTIOUS MATERIALS

Employee Name _____ Date _____

Time of Incident _____ Location of Incident _____

Other Personnel Present _____

Was exposure a: Cut _____ Splash _____ Other _____

Was the source object identified? _____ Was the source client identified? _____

Describe the circumstance leading up to and including the exposure: _____

Describe measures taken after the exposure: _____

Give name of supervisor notified: _____

List personal protective equipment being worn at the time of exposure: _____

How do you feel this incident could have been prevented? _____

Signature of person completing form: _____

Name(s) of review person or school committee: _____

Findings and recommendations: _____

Signature of Principal _____ Date _____

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Sharps Injury Log

Year _____

Date / Time	Report No.	Type of Device (syringe, needle, etc.)	Brand Name of Device	Work Area where injury occurred (Lab, etc.)	Brief description of how injury occurred and what part of body was injured

Retain until: ____/____/____ (which is five years after the end of the current calendar year).

You are required to maintain this Sharps Log if the requirement to maintain an OSHA 300 log form applies to your company. See 29 CFR 1904 for details. The purpose of this Sharps Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention and/or review. This Sharps Log must be kept in a manner which preserves the confidentiality of the affected employee(s).

Appendix A

OSHA Standards and Definitions

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

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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

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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.

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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)

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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.

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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.

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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.

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

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

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

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

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

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

1910.1030(d)(2)(xiv)

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

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

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

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

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

1910.1030(d)(3)

Personal Protective Equipment --

1910.1030(d)(3)(i)

Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other

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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 judgment, 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.

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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)

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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

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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;

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

Leakproof on sides and bottom; and

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

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

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

During use, containers for contaminated sharps shall be:

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

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

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

Maintained upright throughout use; and

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

Replaced routinely and not be allowed to overfill.

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

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

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

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

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

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

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

Closable;

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

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

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

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

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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

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

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

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

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

1910.1030(d)(4)(iv)

Laundry.

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

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

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

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

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

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

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

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

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

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

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

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

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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)

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

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

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

1910.1030(f)(3)(i)

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

1910.1030(f)(3)(ii)

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

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

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally

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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)

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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

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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)

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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:

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(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)

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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;

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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(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

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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)

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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)

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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 part 1904.

1910.1030(h)(5)(iii)

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

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1910.1030(i)

Dates —

1910.1030(i)(1)

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

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

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

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001; 71 FR 16672 and 16673, April 3, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33608, June 8, 2011; 76 FR 80740, Dec. 27, 2011; 77 FR 19934, April 3, 2012]