Exposure Control Plan

Harford Community College
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Bel Air, MD. 21015
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Purpose of the Bloodborne Pathogen Exposure Control Plan

It is the policy of Harford Community College to establish processes for compliance with federal, Maryland state, and local regulations that promote and provide a safe workplace for employees and students.

This Exposure Control Plan is developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, and its amendments. Its purpose is to eliminate or minimize employee and student exposure to blood or other possibly infectious body fluids.

I. Introduction

The Occupational Health and Safety Administration (OSHA) published the Bloodborne Pathogens Standard (29CFR 1910.1030) in 1991 in response to concerns of transmission of HIV to healthcare workers. The standard covers all employees with a potential to contact human blood and other potentially infectious materials as a result of performing their job duties. The standard requires the following:

- A written Exposure Control Plan
- Documented annual training of affected employees
- Use of Universal Precautions
- Use of appropriate personal protective equipment
- Provision of hepatitis B vaccine at no cost to employee
- Exposure determination for all job functions

Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in humans. While there are many different Bloodborne pathogens, the Bloodborne Pathogens Standard specifically addresses Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV). Occupational routes of transmission of these pathogens are by needle stick or a cut from a contaminated sharp object, such as glass; splash to the eyes, nose or mouth; and contact with broken skin. In addition to blood, the standard also refers to other potentially infected materials (OPIM); these include the following body fluids: semen, vaginal secretions, peritoneal fluid, amniotic fluid, saliva in dental procedures and other body fluid that is visibly contaminated with blood. In this Exposure Control Plan, blood and OPIM will be used to include all potentially infectious body fluids.

II. Exposure Control Plan

The Exposure Control Plan is a written document that outlines how Harford Community College will comply with the Bloodborne Pathogen Standard. The plan includes employee responsibilities; a list of affected employee positions; practices that minimize/eliminate employee exposure to bloodborne pathogens, to include training elements and task specific procedures, Universal Precautions, engineering controls and personal protective equipment; Hepatitis B vaccination requirements; medical and procedural follow-up obligations following an exposure incident; and record keeping requirements.

All employees covered by the standard will receive an explanation of the Exposure Control Plan and documented job specific training during their initial training session. The plan and the training will be reviewed annually with affected employees and the
training will be documented. A copy of the Exposure Control Plan and the OSHA regulatory text of the Bloodborne Pathogen Standard will be placed in each building and on the college’s website. The Manager of Health and Safety will review and update the Exposure Control Plan annually or as needed to reflect updates in regulations, technical procedures, or changes in employee job activities/positions. The plan is to be made available upon request to the Assistant Secretary of Labor of Occupational Health and Safety or the Director of the National Institute for Occupational Safety for examination and copying.

III. Responsibilities

1. The Manager of Health and Safety shall:
   a. Distribute the Exposure Control Plan to each building/department;
   b. Annually review the Exposure Control Plan for effectiveness and update the plan according to new technologies, amendments, and employee job functions;
   c. Develop/provide/coordinate training for all employees/contracted employees who have routine or potential exposure to bloodborne pathogens as described in the standard;
   d. Maintain training records as required by the standard;
   e. Assist departments/divisions in identifying employee job classifications in which occupational exposure to human blood may occur;
   f. Establish and maintain in each building a Bloodborne Pathogen Response kit;
   g. Coordinate disposal of regulated waste;
   h. Coordinate medical evaluations and vaccinations of affected employees;
   i. Coordinate the purchase of supplies and personal protective equipment required for compliance with the Exposure Control Plan;
   j. Document all exposure incidents to include a written follow-up report that includes recommendations for future avoidance of incidents.

2. Unit Managers and Deans shall:
   a. Ensure that affected employees participate in the required Exposure Control Plan training; are provided with the necessary supplies and personal protective equipment at no cost to the employee; and follow established safe practices;
   b. Work with the Manager of Health and Safety to develop and provide specific work practice training to affected employees;
   c. Maintain copies of training records for any job specific training performed within the Department.

3. College Employees with occupational exposure to human blood or other potentially infectious materials shall:
   a. Complete annual safety training requirements, including overview of the Exposure Control Plan and safe job specific work practices;
b. Adhere to the requirements outlined in the Exposure Control Plan;
c. Report all suspected exposure incidents.

4. **College Instructors shall:**
   a. Ensure that students who are working with human blood or other potentially infectious material are provided with a written copy of Universal Precautions;
b. Ensure that students obtain the supplies and personal protective equipment to minimize/eliminate exposure to bloodborne pathogens;
c. Conduct their labs in accordance with safety practices developed at the Departmental level as well as in accordance with the requirements of the Exposure Control Plan.

### IV. Exposure Determinations

The following job classifications have been identified as ones in which employees have potential exposure to bloodborne pathogens. The assessment is made without regard to any current work practices that utilize engineering controls or the use of personal protective equipment. The determination has been made that all of the employees in each of the job classifications listed below may have occupational exposure to bloodborne pathogens. There are currently no job classifications at Harford Community College where only some of the employees have occupational exposure. For each job classification, a determination has been made of the task and procedures during which occupational exposure to bloodborne pathogens occurs.

<table>
<thead>
<tr>
<th>Department</th>
<th>Job Classification</th>
<th>Tasks</th>
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<tbody>
<tr>
<td>Academic Departments</td>
<td>Biology Instructors</td>
<td>May use human materials or human blood in lab experiments</td>
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<td>Science Lab Technicians</td>
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<td>Science Lab Aids</td>
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<td>Trainers/equipment managers</td>
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<td>Athletic</td>
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<td>Non Credit/Allied Health</td>
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<tr>
<td>Plant Services</td>
<td>Housekeeping contract employee</td>
<td>Clean up of blood spills</td>
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<td></td>
<td>Security contract employee</td>
<td>Respond to medical emergencies/administer CPR</td>
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<td></td>
<td>Plumber/maintenance mechanic</td>
<td>Unclog plumbing lines by snaking or work on septic system</td>
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### V. Universal Precautions

Universal Precautions is the name given to describe a widely accepted prevention strategy in which all blood and potentially infectious materials are treated as though they are infectious for HIV, HBV, or other bloodborne pathogens. Universal Precautions are intended to prevent occupational exposure to human blood and are
used in all situations where exposure to blood is possible. Universal Precautions include the following practices:

- Wear gloves when hands may come into contact with human blood or other potentially infectious materials. Replace gloves when they become torn or contaminated.
- To prevent exposure of mucous membranes of the mouth, nose and eyes, wear masks and protective eyewear whenever splashes spray, or spatter of blood or potentially infectious materials are likely to occur.
- Wear protective suits, gowns or aprons during procedures that are likely to generate splashing of potentially infectious materials.
- Wash hands and other skin surfaces immediately following contact with human blood or other potentially infectious substances, and after gloves are removed.
- Use care when handling needles, scalpels, razors and other sharp objects contaminated with blood or other potentially infectious materials. Use tongs or forceps if possible.
- Use appropriately-labeled and constructed containers for disposal, storage, and transport of any potentially infectious material.
- Employees responsible for first aid should use protective resuscitation masks for mouth-to-mouth resuscitation.
- Health care workers, such as nursing faculty, or first aid providers must cover skin lesions and wear gloves when treating patients or when handling health-care equipment.
- Avoid eating, drinking, applying cosmetics or lip balm, smoking, or handling contact lenses in work areas where there is likelihood of occupational exposure.
- Avoid keeping food and beverages in refrigerators, freezers, shelves, cabinets, or on countertops where human blood or other potentially infectious materials are present.

VI. Personal Protective Equipment, Engineering Controls, and Work Practices
Safe work practices and the proper use of available engineering controls and personal protective equipment eliminate or minimize employee exposure to bloodborne pathogens. Details on the equipment and practices follow.

Personal Protective Equipment
Harford Community College employees are provided with the personal protective equipment needed to comply with Universal Precautions. All employees who have the potential of skin, eye, mouth, or mucous membrane contact with human blood or OPIM are required to wear personal protective equipment to act as a barrier to these materials. The type of protective clothing will depend on the job being performed. All disposable personal protective equipment used in the cleanup of human blood or OPIM shall be disposed of in properly labeled infectious waste containers and shall not be reused.
• Gloves are required to be worn when there is a possibility of direct hand contact with human blood or OPIM. Disposable gloves, such as latex, nitrile, or vinyl, are recommended for use; this avoids the need to decontaminate a reusable glove. If an employee is allergic to latex or the powders used in gloves, latex/powder free gloves shall be provided. All gloves should be inspected prior and during use and shall be replaced if they become torn. During strenuous activities such as cleaning up a blood spill, a double layer of thin gloves will provide an appropriate barrier.
• Eyewear such as goggles with solid side shields or facemasks with face shield shall be worn when there is a risk from the splashing of human blood or OPIM. This reduces the chance of exposure of the mucous membranes of the eyes to potential pathogens. When splashes, sprays, spatter, or drops of blood may expose the eyes, nose or mouth to bloodborne pathogens, goggles or facemasks should be worn.
• Resuscitation masks are suggested for personnel who perform cardiopulmonary resuscitation. Most are disposable and are handled as contaminated waste after use; they are provided with a one-way valve that prevents the transfer of saliva from victim to rescuer.
• Clothing such as lab coats that are resistant to fluids shall be worn when there is a risk of human blood or OPIM spattering on an employee’s skin or clothing. Disposable lab coats are recommended for use. Reusable clothing should be removed and properly laundered prior to reuse.

Employees using personal protective equipment shall observe the following precautions:
• Wash hands immediately upon removal of gloves or other personal protective equipment; be aware of where hand-washing equipment is in each work area.
• Remove gloves, goggles, and lab coats that have been contaminated prior to leaving the work area.
• Used personal protective equipment is to be considered contaminated and possibly infectious and shall be disposed of in properly labeled containers as infectious waste.
• Never wash or otherwise decontaminate disposable equipment such as gloves for reuse.
• Never use gloves if their integrity has been compromised by rips or tears.
• Remove immediately, or as soon as possible, blood-contaminated garments in such a way as to avoid skin contact with the outer contaminated surface.

Engineering Controls
Engineering and work practice controls are tools that isolate or remove the bloodborne pathogen hazard from the work place. Personal protective equipment will be used when occupational exposure remains after instituting these controls. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. They include the following:
• Sharps (puncture-proof) containers
• Hand washing facilities
• Autoclaves
• Self-sheathing needles
• Disinfectants
• Biosafety signs

General and Task Specific Work Practices

Work practices are developed following Universal Precaution guidelines and are often department or task specific. All affected employees receive annual training in the practices required by their tasks.

1. General Work Practices

• Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in an area where human blood or OPIM are present. This includes laboratory classrooms.
• Do not store food in areas, including laboratory refrigerators, where human blood or OPIM are present.
• Wear gloves or other personal protective equipment when handling contaminated materials, including boxed or bagged infectious waste.
• Remove gloves with care to avoid touching the outside of the gloves with hands while placing gloves in biohazard waste receptacle.
• Handle contaminated materials, especially sharps such as glass, needles, and lancets, with tongs, or dustpan and broom, because gloves do not provide adequate protection.
• Dispose of contaminated material such as broken glass, needles and lancets in sharps containers. Sharps containers are puncture-resistant, leak proof on the side and bottom, and color coded red or have the biohazard label on the outside of the container as pictured below.
• Place contaminated materials such as paper towels, gloves, and clothing in appropriately labeled biohazard bags. Biohazard bags are color coded red or contain the fluorescent orange or orange red symbol, as pictured above.
• Bring the sharps container and the biohazard bag to the site where the materials are being generated, rather than carry the contaminated materials to the biohazard bag.
• Wash hands with soap and water as soon as possible; in the absence of hand washing facilities, use a waterless, antiseptic hand cleaner, but wash with soap and water soon thereafter.
• Do not mouth pipette or suction blood or OPIM.
• Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed; shearing or breaking of contaminated needles is prohibited.
• Equipment that may become contaminated with blood or OPIM shall be examined prior to shipping or servicing and shall be decontaminated as necessary.
• Know the location of the nearest Bloodborne Pathogen Response Kit.
2. Exposure Incidents
   - If human blood or OPIM touches intact skin (skin without cuts or lesions) the employee should wash the contaminated skin with soap and water immediately or as soon as possible.
   - If human blood or OPIM touches the eyes, nose, or mouth, immediately flush the affected area with water for 15 minutes; if human blood or OPIM comes into contact with broken skin or if a sharp contaminated object penetrates the skin, the employee should immediately wash the areas with soap and water. In each of these instances, the employee should contact the supervisor and the Manager of Health and Safety, who will offer the opportunity for an immediate medical evaluation.
   - The supervisor shall ensure that an employee who has had an exposure through mucous membranes or broken/penetrated skin is offered the opportunity for an immediate medical evaluation. If the employee refuses the evaluation, the refusal shall be documented using Appendix F. The Manager of Health and Safety shall document all incidence of exposure on Appendix D and will provide appropriate follow up reports, to include future avoidance of incident.

3. Clean up and Decontamination of Surfaces
   Surfaces that have been contaminated by human blood or OPIM shall be cleaned up and disinfected. Laboratory faculty and staff shall disinfect laboratory classrooms in Aberdeen Hall, Maryland Hall, and Joppa Hall that have become contaminated during routine classroom experiments. Housekeeping staff shall disinfect public areas on campus such as classrooms, offices, hallways, bathrooms, and grounds. Occasionally Public Safety will assist in initial decontamination after an emergency incident. All materials needed for cleanup and disinfection are located in the Bloodborne Pathogen Response kit located in each building. The contents of these kits are listed in Appendix B. Appropriate personal protective equipment shall be worn during cleanup and the methods employed during cleanup and decontamination should minimize splashing, spraying, or spattering. Clean up procedures shall be documented using Appendix G.

   Follow instructions contained inside each single use Bodily Fluid Clean up Kit.

   Tie or tape the biohazard bag shut and contact Public Safety x2272 or Health and Safety x 2285.

4. Removal of human blood or OPIM from grounds
   There may be occasions where human blood or other infectious materials are found on the campus grounds. Other infectious materials can include needles, razors, condoms, bandages, or other items. These materials are to be removed and disposed of in biohazard containers; personal protective equipment such as gloves are to be worn and the grounds disinfected as described above. Please contact Public Safety x2272 or Health and Safety x2285 to transport the contaminated materials to Aberdeen Hall room 206.

5. Housekeeping/plumbing activities
The exposures experienced during routine housekeeping (such as cleaning bathrooms) and plumbing activities (such as plunging) are not regulated through OSHA’s Bloodborne Pathogen Standard. Activities such as drain repairs involving snaking are considered to be an occupational exposure requiring compliance with this Standard; training and appropriate personal protective equipment shall be provided. Routine sewage spills are also not regulated but should be cleaned up in a way to minimize employee exposure to potential diseases found in sewage. The area of the spill should be disinfected by guidelines provided by the Manager of Health and Safety.

6. First Aid and CPR Providers
Employees are often first at the scene of an injury and may make efforts to provide preliminary first aid while awaiting help from Security or from an ambulance crew. All employees are to receive an orientation to this Exposure Control Plan and will know that there are employees trained in First Aid/CPR and in bloodborne pathogen protocols. All buildings will have a Bloodborne Pathogen Response Kit, which will contain the items listed in Appendix B. Disposable CPR masks with one-way valves and gloves are available in these kits for use during emergency response measures. Public Safety also has gloves and one-way valve CPR masks in their vehicles and office. Employees trained in CPR and responsible for responding to campus emergencies will receive task specific bloodborne pathogen training during CPR and first aid training.

7. Handling, Storage and Disposal of Regulated Wastes
Regulated wastes (to include blood contaminated clothing, gloves, paper towels, needles, lancets, collection bags and tubes) are temporarily stored in biohazard bags or sharps containers. Biohazard bags are to be leak proof; be a thickness of no less than 3mm; be closed during transport by means of twist-ties or tape; should never contain materials that could puncture; and are color coded red or contain the following biohazard, orange emblem:

Sharps containers are to be closable; maintained in an upright position; opened only when sharps are placed inside; filled to now more than ¾ of capacity; puncture resistant; and leak proof on the sides and bottom. Employees are to never reach into the sharps container when placing materials inside and should never attempt to retrieve materials from a sharps container. If there is danger of the container leaking, it should be placed into a biohazard bag.

Housekeeping staff and Security shall bring bagged, closed wastes to the designated area in A 206. Notify lab staff of the delivery. If transport occurs after hours, employees should leave a message at ext 2150 describing the
source of the waste to the Science Laboratory staff. All employees shall wear gloves when transporting a biohazard bag.

The Science Laboratory staff is responsible for the waste created from their classes and will dispose of accordingly. It is critical that the bags and sharps containers placed in these containers that are not leaking. The Science Laboratory staff manages the removal of biohazard wastes for Aberdeen Hall.

The Nursing and Allied Health Classes held in Joppa Hall has a sharps disposal system set up in Joppa Hall room 25. There are sharps containers and boxes for sharps disposal available in J25. Once the sharps containers are full they are to be place in the boxes for disposal. Please follow instructions at disposal station for proper packaging of boxes when they are full. When boxes are ready for shipment contact Helen Archer harcher@harford.edu, she will arrange for the boxes to be picked up.

Harford Community College does not normally generate contaminated laundry so does not have a method of applying Universal Precautions to this procedure. In the event that a work uniform becomes contaminated with blood or OPIM, it will be isolated in a labeled biohazard bag. It is recommended that the laundry be bagged where it was generated. The Manager of Health and Safety shall make arrangements to have the clothing appropriately laundered.

8. Classroom Activities/Athletics Environment
There are several laboratory courses that use human blood in the classroom. The source of the blood is generally from the students. All instructors who teach these courses are considered to have occupational exposure to bloodborne pathogens. It is the responsibility of the instructor to conduct the classroom activities in accordance with the guidelines provided in this plan and through annual training. Specifically, the instructor shall ensure that the students receive an orientation to Universal Precautions; use and properly dispose of the provided gloves; properly use the sharps containers and the biohazard bags provided by the Science Laboratory Manager (only waste considered to be a biohazard is to be placed in these containers); and refrain from eating, drinking, and applying cosmetics during the laboratory. Any incidence of blood spilling onto laboratory surfaces shall be reported to the Laboratory Manager who is responsible for disinfections and cleanup. Students and instructors are required to wear goggles when centrifuging blood as this presents a splashing hazard.

Biology labs, such as Microtechniques or Microbiology, may occasionally use pathogenic organisms or human tissue. Instructors will receive training in biosafety protocols from the Science Laboratory staff and will ensure that the students follow the established guidelines. Waste generated during these labs is placed in biohazard bags that are autoclaved. These bags, once autoclaved, are considered to be acceptable for placing in a regular trash receptacle. Housekeeping staff members assigned to Aberdeen Hall are to receive training in recognizing the autoclaved biohazard bags as an acceptable waste.
Nursing and Allied Health faculty and students in the nursing/allied health program have occupational exposure to bloodborne pathogens and receive specialized training in task specific procedures. Orientation and training is developed and documented by the Nursing and Allied Health Department and copies of these training records are provided to the Manager of Health and Safety.

The athletics environment requires the use of Universal Precautions, as there are many opportunities for occupational exposure to blood or other infectious materials to occur. Training for the employees in this area is developed in cooperation with the athletic department. Elements incorporated into this training include but is not limited the following practices:

- Employees who are responsible for the treatment of wounds shall be provided with and shall use personal protective equipment such as gloves.
- Athletes shall cover all open wounds and lesions prior to participation in the sporting event.
- Sharing of common towels and water bottles shall be discouraged to avoid the transmittance of disease through infectious body fluids.
- Contaminated surfaces shall be disinfectant as described in this document.

VII. Training

- Harford Community College is required to offer a training program to all employees who have occupational exposure to bloodborne pathogens. The training is offered at no cost to employees and during working hours. The training shall be provided at the time of initial assignment to tasks where occupational exposure may take place; thereafter, mandatory training will be offered annual. Additional training shall be offered when a change in technology or an amendment to the standard occurs that directly affects work procedures, when a new occupational exposure is created by a modification of task, or when an exposure incident indicates the need for repeated training.

- The training material’s content and vocabulary shall be offered at the educational level, literacy, and language of the affected employee.

- The training program shall be coordinated by the Manager of Health and Safety, who shall ensure that the trainer is knowledgeable in the subject matter covered by the elements in the training program as they relates to Harford Community College. Departments conducting their own task specific training shall provide copies of the training materials and a list of the employees who attended the training to the Manager of Health and Safety.

- Training shall be documented using Appendix C and Training Questionnaire.

- The training program shall include the following elements:
o A review of where employees can find in each building or on the college’s G drive the copy of Harford Community College’s Bloodborne Exposure Control Plan and the OSHA regulatory text of the Bloodborne Pathogen Standard;

o A general description of the epidemiology and symptoms of bloodborne diseases;

o An explanation of the modes of transmission of bloodborne pathogens;

o An explanation of the appropriate methods for recognizing the tasks that may involve an occupational exposure to bloodborne pathogens;

o An explanation of the use and the limitations of the methods that will prevent or reduce exposure; these methods will include engineering control, personal protective equipment (to include its location, proper use, types, removal and disposal) and procedures as detailed in this Exposure Control Plan;

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

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

o Information on the appropriate actions to take and who to contact in an emergency that involves blood or other potentially infectious material;

o An explanation of the procedures that the employee should follow in the event of an exposure, including a description of what an exposure is and how to report it;

o An explanation of the medical follow up, including the health professional’s report, that will be made available following an exposure;

o An explanation of the signs and labels and/or color coding of biohazard containers;

o An opportunity for employees to ask questions of the trainer.

VIII. Hepatitis B Vaccination

Employees with occupational exposure to bloodborne pathogens will be offered the hepatitis B vaccination at no charge, within ten days of initial assignment. Employee training with regard to the Bloodborne Pathogen Standard will include a description of the vaccine, to include a discussion of its safety, benefits, efficacy, methods of administration, and where the employee should go to receive the vaccine. Employees are encouraged to receive the vaccine but can decline; any employee who declines is required to sign a declination form that will remain on file in Human Resources. A copy of the declination form is found in Appendix A. Employees who decline may request and receive the vaccination at a later date. An employee who has previously had the vaccination, or has had antibody-testing showing the immunity, or has had a medical evaluation showing that vaccination is contraindicated, should provide this medical documentation for their file.

IX. Post-exposure Evaluation and Follow Up

An exposure incident occurs when a mucous membrane (eyes, nose, and mouth) or broken skin (also through a puncture with a contaminated sharp) has contact with human blood or other potentially infectious materials in the performance of the employee’s job duties. The initial first aid response is to clean any wound with soap
and water, and flush eyes or mucous membranes with water for 15 minutes. The employee shall be encouraged to seek medical evaluation as soon as possible. The medical evaluation and follow up procedures shall include the following elements:

- Harford Community College shall provide the following information to the Healthcare Professional: a description of the exposed employee’s duties as they relate to the exposure incident; documentation of the route of exposure and the circumstances under which the exposure incident occurred; results of the source individual’s blood testing, if available; and all medical records relevant to the appropriate treatment of the employee, such as vaccination status.

- Harford Community College is responsible for the identification and documentation of the source individual, unless such identification can be proven unfeasible or prohibited by state or local law. The source individual, upon consent, shall provide a blood sample for analysis and documentation for HBV and HIV. If the source individual is already known to be positive for these diseases, additional testing will not be required. If consent isn’t obtained, Harford Community College shall document this. Results of the source individual’s blood test shall be made available to the exposed employee; at this time, the employee shall be informed of pertinent laws and regulations regarding the disclosure of the identity and infectious status of the source individual.

- The exposed employee’s blood, upon consent, shall be collected and tested for HIV and HBV serological status. If the employee consents to baseline sampling but not HIV testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure, the employee elects to have HIV testing, the test shall be done as soon as is feasible.

- The Healthcare Professional shall administer any post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, and shall provide counseling.

- The Healthcare Professional evaluating the exposed employee shall provide a written copy of their evaluation to Harford Community College. The written evaluation shall be limited to the following information: that the employee has been informed of the results of the evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. This can be done using Appendix H. All other findings or diagnosis shall remain confidential and shall not be a part of the written report.

X. Evaluation of Exposure Incident

In the event that there is an occupational exposure to blood or other potentially infectious material, the Manager of Health and Safety will review the incident and write a follow-up report using Appendix D. The report will be shared with the supervisor and any recommendations for additional training will be followed. The report will include the following information:

- Engineering controls and work practices followed;
- Description of any device being used;
- Protective equipment or clothing used at time of exposure incident;
- Procedures being performed when incident occurred;
- Employee’s training;
• Recommendations for additional training or change in procedures.

XI. Communication of Hazards to Employees
Employee exposure to bloodborne pathogens is reduced or eliminated by the use of Universal Precautions, engineering controls, safe work practices, and by proper communication of the potential hazards to all employees. All Harford Community College employees, through the Emergency Response Guide, will receive training that blood spills or a spill of other possibly infected materials is to be cleaned up only by trained college employees or contractors.

All collected contaminated materials shall be put in proper disposal containers clearly marked or identified as biohazard waste. A biohazard-warning label shall also be attached to any equipment such as refrigerators or freezers where human blood or other potentially infectious materials are stored; to containers that are used to store, transport or ship these materials; and to equipment that has not yet been decontaminated. All employees will be taught to recognize the biohazard label and be trained to avoid handling materials containing this label.

XII. Record keeping
The following record keeping is required in keeping with the requirements of the Bloodborne Pathogen Standard:

• Medical Records: Medical records shall be maintained for each employee who has been determined to have occupational exposure to bloodborne pathogens. The records shall be kept for duration of employment plus thirty years. The records include the following information: employee name and social security number; copy of employee’s hepatitis B vaccination status to include dates of vaccination; copy of any exposure incident evaluation reports; copy of all results of examinations, medical testing and follow-up procedures relating to an exposure incident; and a copy of any Healthcare Professional’s written report regarding the incident. Human Resources will maintain these records. Employees may receive copies of their records upon written request to Human Resources. Harford Community College shall ensure that the employee medical records are kept confidential and not disclosed or reported either within or outside of the workplace unless the college secures the express written consent from the employee.

• Training Records: Employees with occupational exposure to bloodborne pathogens will receive documented training annually. The training records will be maintained by the Manager of Health and Safety and will include the following information: dates and content of training sessions; names and qualifications of trainers; names and job titles of employees attending the training sessions. These records will be maintained for three years after the date of training. Employees may receive copies of the training records upon written request to the Manager of Health and Safety.

• Harford Community College shall ensure that all records be made available upon request to the Assistant Secretary of Labor of Occupational Health and Safety or the Director of the National Institute for Occupational Health and Safety for examination and copying.
• OSHA record keeping: All exposure incidents must be evaluated to determine if the case meets OSHA’s Record keeping Requirements with respect to 29 CFR 1904. This purpose of this rule is to require employers to record and report work-related fatalities, injuries and illnesses. 29 CFR 1904.8(a) has a basic requirement of recording all work-related needle stick injuries and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material. Incidents meeting these requirements must be logged on the OSHA 300 Log as an injury; to protect the employee’s privacy, the employee’s name is not entered. The Manager of Health and Safety and Human Resources will share the responsibility for reviewing the ruling and the incident for applicability.

Appendix A: Declination of Hepatitis B Vaccine (1910.1030 App. A)

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

Print name: _______________________________________
Title: _____________________________________________
Date: _____________________________________________
Signature: _________________________________________
Appendix B: Contents of Bloodborne Pathogen Response Kit

1 pair of powder free latex gloves

2 pair of non-latex gloves, such as vinyl or nitrile

2 pair of heavy-duty gloves

1 pair of eye shields

2 large biohazard bag

2 small biohazard bags

1 pair forceps/tongs

Tie/tape for bag closure

1 disposable lab coat

Disposable Clean up towels

1 small sharps container

Disposable Bodily Fluid Cleanup Kit

Scooper and Scraper

List of Universal Precautions, kept in a sheet protector

List of steps to take in clean up of a biohazard spill, kept in a sheet protector

CPR one-way valve mask
Appendix C: Training Record

1. Date of training session ________________________________

2. Names and position of trainer ________________________________

3. Names and job descriptions of those attending training session:

<table>
<thead>
<tr>
<th>Names</th>
<th>Job Description</th>
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Appendix D: Bloodborne Pathogen Exposure Report

EMPLOYEE IDENTIFICATION

Name: ________________________  Ext: ___________
Position: ______________________

OTHER EXPOSED INDIVIDUALS

________________________________________________________________

DATE/TIME/LOCATION OF EXPOSURE

Month/Day/Time: _________ Time: ______________ Location: ____________________________________________

BODY FLUIDS INVOLVED

Blood ____  Vomit ____  Urine ____  Feces ____  Tears ____  Saliva ____

Did body fluid:  Touch unprotected skin _____  Soak through protective clothing ______

Soak through regular clothing ______

PERSONAL PROTECTIVE EQUIPMENT WORN DURING EXPOSURE INCIDENT

Gloves ____  Gown ___  Eye Protection ___  Mouth/nose protection_____
Type: _____  Type: _____  Type: _________  Type: ________________

Other _____________
Type: _____________

TYPE OF EXPOSURE

Contact with non-intact skin _____  Puncture _____  Human bite_____

Blood/body fluid to eye, nose, or mouth _____  Other _______  Intact skin _______

DEGREE OF EXPOSURE

Massive _____  Possible puncture _____  Est. amount of blood/fluid: ______

Duration of contact: ____________

SOURCE INDIVIDUAL

Source individual known?  Y ____  N ____

Source individual: HIV positive ______  HBV positive ______  Other: ____________

TYPE OF INSTRUMENT CAUSING EXPOSURE

Hand tool _____  Scissors _____  Knife ______  Other ________
Appendix E: Post-Exposure Follow-up and Evaluation Checklist

Utilize this checklist in order to document the handling of an occupational exposure incident.

_____ Immediate First Aid (washing skin, flushing mucous membranes, encourage bleeding of punctures)

_____ Incident reported to supervisor prior to end of shift

_____ Body Fluid Exposure Report Completed

_____ Source Individual identified (Indicate on body fluid exposure report if source individual is unknown)

_____ Source individual has blood sample drawn and tested.

_____ Exposed employee sent to physician with copy of body fluid exposure report

_____ Exposed employee given post-exposure follow-up, including offering HBV vaccination, and counseling. If exposed employee declines medical evaluation they must sign Appendix F Informed Refusal of Post-Exposure Medical Evaluation.
Appendix F: Informed Refusal of Post-Exposure Medical Evaluation

I ______________________ am employed by ___________________________.

My employer has provided training to me regarding infection control and the risk of disease transmission in the agency.

On ____________________, 20__, I was involved in an exposure incident when I

(Describe incident)

____________________________________
____________________________________
____________________________________
____________________________________
____________________________________
____________________________________

My employer has recommended and offered to provide follow-up medical evaluation (including testing for HBV and HIV status) in order to assure that I have full knowledge of whether I have been exposed to or contacted and infectious disease from this incident.

However, I, of my own choosing, and despite my employers offer, have elected not to have a medical evaluation.

____________________________________
Signature                     Date

Note: maintain this record for duration of employment plus 30 years.
Staff’s Name: ____________________________________________________________

Client Involved: ___________________________________________________________________

Date: _________________ Time: ______________________________

Chemicals used to clean up:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Personal Protective Equipment used: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Description of clean-up procedure

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Items taken for disposal:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix H: Healthcare Professional Written Opinion

Patient Name: ___________________________ Date: ___________________________

Is the HBV vaccination indicated for this employee? _____________________________

POST-EXPOSURE FOLLOW-UP

1. Would you please give a statement that this employee
   of_______________________________has been informed of the results of this
   evaluation.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. Would you please give a statement that this employee of
   _______________________ has been told about any medical conditions
   resulting from exposure to blood or other potentially infectious materials
   that require further evaluation of treatment.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   (Note: All other findings or diagnoses shall remain confidential and shall not
   be included in this written report.)

Please send completed form to:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Appendix: OSHA Regulation Regulatory Text

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

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 Health and Safety, 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 Health and Safety,
U.S. Department of Health and Human Services, or designated representative.

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

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

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

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

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(c)

**Exposure Control --**

1910.1030(c)(1)

**Exposure Control Plan.**

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)

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

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

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

..1910.1030(c)(1)(ii)(B)

1910.1030(c)(1)(ii)(B)

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

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

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

1910.1030(c)(1)(iii)

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

1910.1030(c)(1)(iv)

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

1910.1030(c)(1)(iv)(A)

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

1910.1030(c)(1)(iv)(B)

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

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

**Exposure Determination.**

1910.1030(c)(2)(i)

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

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

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

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

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

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

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

1910.1030(c)(2)(ii)

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

1910.1030(d)

**Methods of Compliance --**

1910.1030(d)(1)

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

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.

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

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.

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

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.

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

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

1910.1030(d)(2)(vii)(B)

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

1910.1030(d)(2)(viii)

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

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and

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

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

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

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

..1910.1030(d)(2)(xi)

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.
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.

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.

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.

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.

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 paragraph (g)(1)(i)(H) 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 that appropriate precautions will be taken.
**Personal Protective Equipment --**

**1910.1030(d)(3)(i)**

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

**1910.1030(d)(3)(ii)**

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

**1910.1030(d)(3)(iii)**

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

**1910.1030(d)(3)(iv)**

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

..**1910.1030(d)(3)(v)**

**1910.1030(d)(3)(v)**

**Repair and Replacement.** The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

**1910.1030(d)(3)(vi)**

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

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

1910.1030(d)(3)(viii)

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

1910.1030(d)(3)(ix)

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

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

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

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

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:


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


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


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

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

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

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iii)

Regulated Waste --

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

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


Closable;


Puncture resistant;

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

Leakproof on sides and bottom; and


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:


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);


Maintained upright throughout use; and


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:


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


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


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


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

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

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

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

Other Regulated Waste Containment --

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

Regulated waste shall be placed in containers which are:


Closable;


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


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:


Closable;

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


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)

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.


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)

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

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

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

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

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

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

1910.1030(e)(2)(ii)

**Special Practices.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)(2)(iii)

**Containment Equipment.**

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

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

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

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

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

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)

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

1910.1030(e)(4)(vi)

A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).
1910.1030(e)(5)

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

1910.1030(f)

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

..1910.1030(f)(1)

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.
Hepatitis B Vaccination.

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.

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

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.

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

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).

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:

Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred:
Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

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

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

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

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

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

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

1910.1030(f)(3)(iii)

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

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

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

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)
Evaluation of reported illnesses.

1910.1030(f)(4)

**Information Provided to the Healthcare Professional.**

1910.1030(f)(4)(i)

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

1910.1030(f)(4)(ii)

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

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

A copy of this regulation;

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

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

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

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

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

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

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

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

1910.1030(f)(5)

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

1910.1030(f)(5)(i)

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

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

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

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

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

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

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

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

1910.1030(g)

**Communication of Hazards to Employees --**

1910.1030(g)(1)

**Labels and Signs --**

1910.1030(g)(1)(i)

**Labels.**

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

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

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

Labels required by this section shall include the following legend:
1910.1030(g)(1)(i)(C)

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

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

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

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

Red bags or red containers may be substituted for labels.

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

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

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

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

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

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

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

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

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

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

![BIOHAZARD]

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

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

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)

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

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;
Within 90 days after the effective date of the standard; and

1910.1030(g)(2)(ii)(C)

At least annually thereafter.

1910.1030(g)(2)(iii)

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

1910.1030(g)(2)(iv)

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

..1910.1030(g)(2)(v)

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

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;

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

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

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;

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

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;

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

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

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

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

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

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

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

Recordkeeping --

Medical Records.

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

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

The name and social security number of the employee;

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

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

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

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

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

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

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

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

1910.1030(h)(1)(iii)

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

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

Kept confidential; and

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

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)(i)

Training records shall include the following information:

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

The dates of the training sessions;

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

The contents or a summary of the training sessions;

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

The names and qualifications of persons conducting the training; and

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

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

1910.1030(h)(2)(ii)

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

1910.1030(h)(3)

Availability.

1910.1030(h)(3)(i)

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

1910.1030(h)(3)(ii)

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

1910.1030(h)(3)(iii)

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

Transfer of Records.

1910.1030(h)(4)(i)

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

1910.1030(h)(4)(ii)

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

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

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

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

The type and brand of device involved in the incident,

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

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

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

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

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

1910.1030(h)(5)(iii)

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

1910.1030(i)(1)

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

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)
