HUNTINGTON UNION FREE SCHOOL DISTRICT

EXPOSURE CONTROL PLAN

2010-2011

Rev. 6/16/08 - JCM
ESBOCES
I. POLICY
It will be the policy of the Huntington Union Free School District to provide a safe and healthful work environment for our entire staff. The following Exposure Control Plan was developed to eliminate or minimize occupational exposure to Bloodborne Pathogens and to comply with the requirements of the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

II. INTRODUCTION
The Huntington Union Free School District has developed an Exposure Control Program to provide a safe educational and community environment for employees, students and visitors.

The focus of the program is to promote the use of "Universal/Standard Precautions" and sound work hygiene practices when confronted with a situation in which blood or potentially infectious body fluids may be involved. The use of Universal Precautions and good work practices will eliminate or greatly reduce the transmission of infectious pathogens which include, but are not limited to, the Hepatitis B Virus (HBV), Hepatitis C (HCV), and the Human Immunodeficiency Virus (HIV).

The primary and secondary educational settings are not immune to the possibility of exposure to Bloodborne Pathogens. Exposure to HBV/HCV and HIV can be greatly reduced or eliminated through education, training, the proper use of Universal Precautions, Personal Protective Equipment (PPE), housekeeping and proper hygiene practices. These are effective means for eliminating all but the most remote chance of acquiring HBV/HCV or HIV.

There is a great deal of information available about the transmission of HBV, HCV, HIV and other communicable diseases. It is important that we take advantage of this information and the resources we have to minimize exposure. The application and maintenance of a sound education and training program incorporating Universal Precautions, Standard Operating Procedures and the Hepatitis B vaccination program will be our best defense against possible exposure.

III. RATIONALE FOR AN EXPOSURE CONTROL PROGRAM
The rationale for an Exposure Control Program is based on principles of cleanliness and routine procedures of sanitation and hygiene for preventing the transmission of infectious disease.

The transmission of most infectious diseases can be prevented by all school staff using Standard Operating Procedures (SOP’S/Universal/Standard Precautions).

While blood is the most efficient vehicle for the spread of Bloodborne Pathogens, other body substances have been implicated in the transmission of the Hepatitis B/Hepatitis C and HIV viruses such as semen, vaginal secretions, breast milk and some internal body fluids. Other body substances not contaminated with blood, such as feces, urine, nasal secretions, sputum, sweat, tears and vomitus, do not transmit Bloodborne Pathogens. However, they have the potential for being contaminated with other disease-causing organisms. It is recommended to use predetermined exposure control procedures in the handling of all body substances. Reasonable precautions used by staff members at all times eliminates or greatly reduces the individual’s risk of illness from infectious organisms.
IV. IMPORTANT INFORMATION FOR SCHOOL STAFF

The school setting is a low risk environment to employees for exposure to Bloodborne Pathogens. Therefore, only some employees in the school building will be identified as having occupational risk to Bloodborne Pathogens. These individuals will have the responsibility for responding to blood/body fluid incidents, caring for the individual and/or cleaning up the blood/body fluid spill. You should know who these individuals are in your building.

When other staff members need to intervene during an incident and implement Universal/Standard Precautions, they do so from an informed voluntary response under the "Good Samaritan Act" and must use prudent public health protective procedures. Staff should direct an individual involved in a blood/body fluid incident to care for himself/herself.

However, there are situations when a staff person May need to intervene and provide assistance that requires contact. In this case, the staff member should always place a barrier between him/herself and the individual in need of assistance, using absorbent materials or latex/vinyl gloves. In most instances, the staff member would not be expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff should be called for cleanup.

Always wash your hands after providing any assistance and dispose of all barrier and cleanup materials in a sealable plastic bag.

THE DISTRICT EXPOSURE CONTROL PLAN is maintained in the offices of the Assistant Superintendent for Finance & Management Services; the Director of Facilities; the Director of Health, Physical Education & Athletics; the Executive Director of Special Education & Student Support Services; the Health Office in each building, and the district Athletic Trainer's Office. The Plan includes the following:

A. Determination and designation of those individuals who May have occupational exposure.
B. Implementation of the Plan with methods for reducing employee risks while assuring compliance with the standard.
C. Procedures to follow in the event of an exposure incident.

V. THE EXPOSURE CONTROL PLAN

A. PROGRAM ADMINISTRATION
   1. The Assistant Superintendent for Finance & Management Services is responsible for the implementation of the Exposure Control Plan (ECP). This person will maintain the plan at the District Office and arrange to update it at least annually and whenever necessary to include new personnel or modifications of tasks and procedures.

   The Assistant Superintendent for Finance & Management Services will also have responsibility for arranging training, documentation of training, maintenance of the district employee training records for a minimum or three years from training date and availability of the written ECP.

   The month of May is designated for a Plan review and/or update meeting with those having input.
2. The Executive Director of Special Education & Student Support Services will be responsible for ensuring that all medical actions required are performed and that confidential medical records are forwarded to the Assistant Superintendent for Finance & Management Services. The Executive Director of Special Education & Student Support Services will act as liaison to building nurses and district Athletic Trainer, and assist in ensuring that an adequate supply of disposable gloves, resuscitation devices with one-way valves, biohazard symbol adhesive labels, disposal bags, a sharps container and other necessary supplies are readily available to building nurses. The Athletic Department will provide coaches with needed supplies.

Nurses in the various buildings throughout the district will provide needed medical aid and assist an individual in preparing the Encounter with Body Fluids Form and/or the Exposure Incident Report Form (Appendices A and B) in the event of an exposure incident. He or she will also arrange for a meeting with a healthcare professional if indicated. See Medical Management, Appendix J.

An employee may access his/her own medical records by contacting the Office of Human Resources.

3. The Director of Facilities is responsible for maintaining adequate washing stations and facilities throughout the district.

B. EMPLOYEE EXPOSURE DETERMINATION

As defined by the standard, those employees with `occupational exposure' are those who have reasonably anticipated skin, eye, mucous membrane or parenteral (internal) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

It is determined that in our district, the job classifications in which all employees have occupational exposure are:

Nurse, Nurse Substitutes, Athletic Trainer, Custodians, Security Guards, and Groundskeepers. This determination includes all those in the above classifications in all school buildings in the district including the District Office.

It is also determined that the job classifications in our district where only certain designated employees have occupational exposure during certain procedures are:

<table>
<thead>
<tr>
<th>Task/Procedure</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Assisting an injured student or staff member</td>
<td>Coaches</td>
</tr>
<tr>
<td>- Administering CPR or First Aid</td>
<td>Coaches</td>
</tr>
<tr>
<td>- Assisting toileting</td>
<td>Aides/Paraprofessionals</td>
</tr>
</tbody>
</table>

General & Special Education Staff- Assisting toileting

This determination includes individuals performing the above tasks in all schools and the district office. The list of these occupationally exposed employees can be found in Appendix E.
Policy on Post Exposure

As defined in the standard, the true exposure incident is that specific eye, mouth, other mucous membrane, non-intact skin or parenteral (internal) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

It is the policy of the Huntington School District to offer post exposure evaluation and follow up for any other employee who has a true exposure incident while assisting an ill or injured person in a Good Samaritan Act during the workday. See Appendix J, for the Medical Management System in place.

C. PLAN IMPLEMENTATION AND CONTROL MEASURES

1. The District Universal/Standard Precautions Policy is that all district employees, regardless of title, will apply the principles of Universal Precautions for the prevention of exposure to Bloodborne Pathogens.

Universal/Standard Precautions, the theme of infection control, stresses that many people who carry infection are asymptomatic (do not exhibit symptoms of disease) and it would therefore be prudent to assume that anyone could be infectious.

Standard Operating Procedures (SOP’s) help to provide practical and timely responses to medical emergencies. Training will involve the general procedure, which can be used to address almost all situations.

The Standard Operating/Universal/Standard Precautions Procedure requires that
* a barrier, ideally latex gloves, the most effective barrier, shall be placed between yourself and the blood or body fluid of another individual;
* the ill or injured party be encouraged to assist themselves as much as possible;
* if an emergency exists, and latex gloves are not available, other barriers can be used, such as a paper towel or other absorbent material;
* an EPA approved disinfectant be used to clean and disinfect the area;
* gloves worn while assisting an individual should be removed by peeling them down and turning them inside out;
* gloves and all waste/cleanup materials be placed in a sealable plastic bag for proper disposal;
* all persons wash hands thoroughly with soap and water as soon as possible after the incident as per the standard handwashing procedure (Appendix I).

This general Standard Operating Procedure will suffice for simple emergencies likely to happen in our schools until custodial or other help can be summoned.
2. Labels/Symbols

a. The District Labeling Policy is that all potentially infectious materials will be clearly labeled. In the Huntington district, these will most likely be in the form of waste products. Regulated or medical waste as defined in the standard refers to that which is caked or dripping with blood or which can release these materials if compressed. Such materials require the use of red bags, as used almost exclusively in hospitals, or biohazard symbol labeling.

It is felt that our schools would normally not generate this kind of regulated waste and we choose not to have red bags used universally throughout our district. However, as a substitute, we will maintain a supply of standard adhesive biohazard labels to be affixed to any actual regulated or medical waste to alert any subsequent handlers of the existence of possibly infectious materials.

b. In addition, Nurses' offices will be equipped with a Sharps container labeled with the biohazard symbol for the collection of needles, lancets, broken glass or other sharp items which may be contaminated with blood or blood products. These will be appropriately sealed when full and removed for disposal yearly, or as necessary, by a qualified medical waste disposal contractor.

Sharps containers and any other regulated waste generated in the district will be so designated with red or orange biohazard labels. Alternatively, a red bag may be used where it is believed that an exceptional emergency and blood spill has occurred.

3. District Policy on Personal Protective Equipment (PPE)

It is the policy of Huntington Schools that potentially exposed employees will have personal protective equipment readily available to them as needed to perform tasks safely. The Nurse's office in each building will maintain an adequate supply of response packets. Trainer's Office at the High School will maintain a supply of response packets for coaches.
Appropriate personal protective equipment is provided for the various tasks anticipated to be encountered in our facilities. Employees are encouraged to wear latex gloves provided to them to avoid exposure to potentially hazardous body fluids. Note: Should any employee have an allergy to latex products, including gloves, the district will provide non-latex products to that employee.

<table>
<thead>
<tr>
<th>Task</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attending an ill</td>
<td>- disposable gloves</td>
</tr>
<tr>
<td>or injured person</td>
<td></td>
</tr>
<tr>
<td>b. Administering CPR</td>
<td>- resusci. devices/one-way valves</td>
</tr>
<tr>
<td>c. Changing bandaid/dressing</td>
<td>- disposable gloves</td>
</tr>
<tr>
<td>d. Use of or disposal of a lancet or needle</td>
<td>- disposable gloves</td>
</tr>
<tr>
<td>e. Cleanup of blood</td>
<td>- disposable or cleanable</td>
</tr>
<tr>
<td>or body fluid</td>
<td>- industrial gloves</td>
</tr>
<tr>
<td>f. Disposal of body fluid/cleanup equipment</td>
<td>- disposable gloves or cleanable industrial gloves</td>
</tr>
<tr>
<td>g. Performing maintenance/or cleaning equipment/machinery on which a blood spill is known</td>
<td>- disposable gloves</td>
</tr>
<tr>
<td>h. Toileting</td>
<td>- disposable gloves</td>
</tr>
</tbody>
</table>

Any personal clothing which becomes contaminated with blood must be treated in the same way as contaminated Personal Protective Equipment (PPE). It must be placed in a sealable plastic bag, and taken to a commercial laundry capable of disinfecting the clothing in compliance with Universal Precautions. The employee will be reimbursed for any reasonable expense for cleaning or laundering upon presentation of appropriate documentation to the Assistant Superintendent for Finance.

Disinfectants recommended by the Center for Disease Control and Prevention (CDC) for Bloodborne Pathogens are:

a. Isopropyl alcohol, 70 -90%

b. EPA approved germicidal

c. Hypochlorite bleach, 1/10

At Huntington, we will rely on the use of isopropyl alcohol at Nurse's office and diluted household bleach for general cleanup and disinfection.

4. Housekeeping/Work Practices/Personal Hygiene

a. It will be our goal to maintain the worksite in a clean and sanitary condition. All rooms in all buildings are cleaned daily.

Nurses will disinfect treatment cabinet and surface daily. Nurse's office floors and bathrooms and the district Trainer's office at the High School will be wet mopped with a disinfectant solution daily by the custodial staff.
Schedule of Cleaning

<table>
<thead>
<tr>
<th>Area</th>
<th>Schedule</th>
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</thead>
<tbody>
<tr>
<td>All classrooms, shops, offices</td>
<td>Daily</td>
</tr>
<tr>
<td>Gyms, auditorium, common rooms</td>
<td>Daily</td>
</tr>
<tr>
<td>Kitchen, cafeteria</td>
<td>Daily</td>
</tr>
<tr>
<td>Nurse's Office</td>
<td>Daily</td>
</tr>
</tbody>
</table>

b. Procedures for the Nurse's Office and Training Room:

1) It is prohibited to eat, drink, apply cosmetics or handle contact lenses in areas where there is a likelihood or occupational exposure to blood or other potentially infectious materials.

2) No food products will be stored or consumed in areas where potentially infectious materials could be present.

3) Handwashing must be done immediately after removal of gloves or as soon as practicable after an incident involving blood or other body fluid.

4) Anyone offering CPR will use a resuscitation device with a one way valve if available.

5) Disposable gloves or an appropriate barrier are required to be worn whenever attending an injured person where body fluids are involved.

6) Sharps containers are provided at each nurse's station and will be properly sealed for appropriate disposal before becoming overloaded.

7) Nurses will not recap needles, but dispose of these and other sharps directly into the Sharps Container.

The Director of Facilities is responsible for maintaining appropriate handwashing facilities with soap and adequate supplies of personal protective equipment including disinfectant materials which can be used by employees to prevent the spread of infection.

Nurse's Office Supplies consist of:

- band aids - disposal bags
- gauze - adhesive biohazard labels
- disinfectant - faceshields
  (isopropyl alcohol) - disinf. towelettes
- one-way resus. valves - goggles
- disposable gloves - disposable protective gown
- trauma dressing

Athletic Department Supplies consist of:

- band aids - disposable gloves
- gauze - disposable bags
- one-way resus. valves - goggles
- biohazard labels - disinf. towelettes
5. Standard Operating Procedures

The Standard Operating/Universal Precautions Procedure will suffice for almost all injuries likely to occur in a school setting. Some additional considerations for special situations are noted below.

a. Drama Class, Drama Club, Theatrical Events
When makeup is applied, students must supply and use their own makeup and equipment. Sharing can spread infection. Scissors, combs, etc., should be cleaned and disinfected before reuse.

b. Art
When activities including sharp tools or cutting instruments are used, caution should be exercised in practicing the Universal Precautions procedure in the case of an accidental cut or other injury.

c. Music Instruction, Band, Events
Students should have their own instruments or mouthpieces. Special disinfecting solutions may be used if necessary. Mentioned in the State Guidelines is Sterisol Germicide (Person-Hickrill Labs., Glendale, AZ).

d. Laboratories, Trade Shops, Home Economics
Follow the standard operating Universal Precautions procedure should an accident occur. Equipment which is contaminated with blood should be wiped down with a disinfecting agent by the custodial staff. Dismantle unit if possible to ensure all contamination is accounted for.

Contaminated clothing must be placed in a sealed plastic bag and taken to a commercial laundry capable of disinfecting the clothing in compliance with Universal Precautions. The employee will be reimbursed for a reasonable expense incurred for cleaning or laundering upon presentation of appropriate documentation to the Assistant Supt. for Finance.

e. Food Service
Kitchens and cafeterias must be kept clean and sanitary to prevent the spread of infection. Custodial staff will sanitize any contaminated machinery, tools, cutlery countertops, etc. before reuse.
Students and employees must wash hands prior to preparing or serving food or eating. If an injury occurs such as a knife cut, follow the standard operating Universal Precautions procedure when assisting.
f. Athletics, Physical Education, Playground
Prepare ahead of time for these larger activity areas and more than average physical contact with larger response kits.
* Safety rules are reviewed regularly.
* Students with open lesions are prohibited from participation in contact sports, unless lesion is dry, or can be effectively and securely dressed and bandaged.
* If blood gets into a student's mouth or eyes, the student is directed to the school nurse. Athletes should see the Athletic Trainer.
* Sharing of razors is not permitted.
* Drinking bottles shared among players can be a source of infection. The district will provide single use disposable cups to discourage sharing.
* Response kits should be brought to the site of activity.
* Use the General SOP, following Universal Precautions if an accident occurs. Decontaminate equipment - playground, athletic gear, mats, etc., if a blood or body fluid spill occurs.

g. Special Education
Due to the developmental needs of students with disabilities, this area May pose some increased risk. When possible exposure to bodily fluids could occur, a disposable smock will be made available.
Only washable toys and educational tools are used for very small children. Whether assisting with toileting, assisting with an injury or any other activity involving potential exposure to a body fluid, Universal Precautions are strictly observed.

h. School Nurse's Office
The Nurse will use the same SOP's to attend to an injury. The school nurse will share responsibility for a fully equipped station to provide for students and staff.

The Nurse will keep work surfaces disinfected and provide for the proper disposal of any regulated waste generated in the office.

The Nurse is responsible for assisting an injured employee in completing the Encounter with Body Fluids Form (Appendix A) and/or Exposure Incident Report Form (Appendix B) in the event of an incident. The Nurse will then inform the Executive Director of Special Education and Student Support Services and advise the employee to contact the Healthcare Professional.

i. Custodial/Maintenance/Buildings & Grounds
Employees in these departments use the Standard Operating Procedure and Universal Precautions. Supplies of Personal Protective Equipment (gloves), disinfectants and cleanup tools are maintained.

It is left to the Head/Chief Custodian at each facility to determine whether mops, buckets and other cleanup equipment are to be disinfected for reuse or discarded depending on the nature of the incident and cleanup activity.
Custodians ensure that restrooms are cleaned and disinfected daily and that toilet paper, paper towels and dispenser soap are in adequate supply at all times.

The Nurse's Office and the Athletic Training Room are considered as high priority and are cleaned and disinfected at least daily. All trash from the Health Office work area is double bagged and discarded daily. Regulated/medical waste receives special handling. See Appendix H for the handling and disposal procedure for regulated waste.

6. Staff Education and Training

It is the policy of the Huntington School District to provide annual refresher training for all previously trained employees and initial training within 30 days for new employees who are or May be occupationally exposed. Employees will be reminded to use the informational tools and equipment available to them for the safe completion of any task performed.

Annual training sessions are given in classroom format, during normal working hours, by a competent person designated by the school district. Handouts and visual aids May be provided to supplement the material presented.

Training will include the following:

a. Brief history and regulatory requirements;
b. Explanation of the written district Exposure Control Plan including designated employees and the jobs that constitute occupational exposure in addition to the availability of the Plan;
c. An overview of infectious diseases, their epidemiology and modes of transmission;
d. Universal Precautions - Definition and discussion including the Universal Precautions/Standard Operating Procedure to be used when attending an injured person and the handwashing protocol to be followed;
e. Measures that can be used to protect oneself from exposure including engineering and work practice controls, Personal Protective Equipment, good personal hygiene and Universal Precautions;
f. Information on what constitutes a true exposure incident, the "collateral duty" clause, the district system to be followed in cases of suspected exposure. (See Training Outline, Appendix G.)
g. The Hepatitis B vaccination information and post-exposure evaluation and follow up;
h. Labels and systems used to identify infectious waste and proper disposal:
i. Recordkeeping requirements, medical files, confidentiality and accessibility.
j. Opportunity for questions from participants. (See Training Outline, Appendix G.)
D. MEDICAL MANAGEMENT/EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

The true exposure incident is that which results when a body fluid of one individual enters the bloodstream of another. This event is extremely rare in a school setting, but may occur. Any employee, regardless of the classification of having occupational exposure or not, must use Universal Precautions.

An encounter with a body fluid is not necessarily an exposure incident, but is reported to the nurse by district procedure. An encounter with a body fluid is recorded on the ENCOUNTWE WITH BODY FLUIDS Form, Appendix A. This allows the building nurse to replace any used barrier materials with new. If, however, an incident occurs whereby an employee believes he or she has been involved in a true exposure incident, the following procedure is recommended:

PROCEDURE TO FOLLOW AT HUNTINGTON SCHOOLS IN THE EVENT OF A SUSPECTED EXPOSURE INCIDENT

1. Immediately, within 24 hours, or the next school day, notify the Nurse on duty in your building, and the administration.

2. The building Nurse, with the help of the employee, fills out one or two forms:
   a. the ENCOUNTWE WITH BODY FLUIDS FORM, if a barrier is used (Appendix A), or
   b. the EXPOSURE INCIDENT REPORT FORM (Appendix B)

3. In either case, the employee has the option of proceeding further, to the interview with
   a. Healthcare Provider for the follow-up interview and possibly receiving a series of Hepatitis B vaccination.

4. The employee should have the following information available for the Healthcare Provider:
   a. a copy of the completed Exposure Incident Report Form (Appendix B)
   b. the source individual, if Hepatitis B is suspected,
   c. any witnesses to the incident, if possible,
   d. a copy of the Bloodborne Pathogens Standard provided by the nurse. (A copy of the Standard is located in this document, Appendix K)

5. The Healthcare Provider will help the employee evaluate the need for the Hepatitis B Vaccination and/or follow-up care. (Confidential Medical Provider's Statement/Post Exposure Evaluation - Appendix C)

6. After discussion with the Healthcare Provider, the employee will either choose to take the Hepatitis B vaccination or not (Statement of Employee's Decision to Receive Hepatitis B Vaccination - Appendix D). Appendix C, and any other forms are filled out and the Healthcare Provider provides the employee with a schedule for follow-up, if necessary.

7. The Healthcare Provider prepares a Written Opinion/Evaluation as to whether the Hepatitis B vaccination was indicated and if it was given. (Appendix C). Appendix C goes to the employer in a stamped, addressed envelope to the Assistant Supt. for Finance who provides it to Human Resources to be placed in the employee's confidential medical file. This and all appropriate forms surrounding the incident will be maintained by the Office of Human Resources. Employees will have access to their own medical records by contacting the Office of Human Resources.

8. Additional aspects of the Medical Management Program can be found in Appendix J.
E. RECORDKEEPING REQUIREMENTS

1. The attendance records or sign-in sheets for training sessions must be maintained for a period of three years from the training date. This responsibility currently lies with the Assistant Superintendent for Finance.

2. Any employee exposure records or medical records, including the Hepatitis B vaccination, must be kept for the duration of employment plus 30 years. This responsibility currently lies with the Office of Human Resources.
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(Revised March 2007)

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<td>EXPOSURE INCIDENT REPORT FORM</td>
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APPENDIX A

ENCOUNTER WITH BODY FLUIDS

ATTN: ASSISTANT SUPERINTENDENT FINANCE & MANAGEMENT SERVICES

Please Note: This Confidential Medical Document must be kept for the term of employment plus 30 years.
(Please print)

Name __________________________________________

Date of Incident_________________________________

School __________________________________________

Nature of Incident________________________________

________________________________________________

Did you use a barrier in dealing with body fluids (gloves, etc.)?

Yes ___ No ___

If Yes, what barrier was used? _______________________

If No, then complete Appendix B

Nurse will notify the Building Principal
ATTN: ASSISTANT SUPERINTENDENT FINANCE & MANAGEMENT SERVICES
Please Note: This Confidential Medical document must be kept for the term of employment plus 30 years.

(Please print)

Date Completed: ___________________________

Employee's Name____________________ SS#_____________

Building:_____________________________Job Title:_____________

Date of Exposure:_____________________

Time of Exposure:____________________ AM_____________ PM

Location of incident (be specific)__________________________

________________________________________________________________________

Describe what task(s) you were performing when the exposure occurred (be specific)__________________________

Were you wearing Personal Protective Equipment (PPE)? _______Yes_______No

If Yes, List:________________________________________________________________________

Did the PPE fail?____________Yes________________________No

If Yes, explain:________________________________________________________________________

What body fluid(s) were you exposed to (blood or other potentially infectious materials)? Be specific:

What parts of your body became exposed? Be specific:______
HUNTINGTON UNION FREE SCHOOL DISTRICT
P O BOX 1500
HUNTINGTON, NEW YORK 11743

APPENDIX B
BLOOD BORNE PATHOGEN

EXPOSURE INCIDENT REPORT

Estimate the size of the area of your body that was exposed:

____________________________________________________________________

For how long? ___________________________________________________________________

Did a foreign body (needle, nail, auto part, dental wires, etc.) Penetrate your body? _____ Yes
__________________________________________No ________________

If Yes, what was the object?

____________________________________________________________________

Where did it penetrate your body?

____________________________________________________________________

Was any fluid injected into your body? ____Yes ____No

If Yes, what fluid? ___________________ How much? ___________________

Did you receive medical attention? ____________________ Yes ________________No

If Yes, describe the treatment:

____________________________________________________________________

When? ____________________ By whom? __________________

Identification of source individual(s), if possible:

____________________________________________________________________

Name(s)___________________________________________________________

Other pertinent information: ____________________________________________

Employee--Take copy of Appendices B, C, & D to Medical Provider,
and return all forms, including Appendix C - Medical Provider's Statement to the district in the self-addressed stamped envelope provided.

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APPENDIX C
CONFIDENTIAL MEDICAL PROVIDER’S STATEMENT
POST EXPOSURE EVALUATION

Attn: Assistant Superintendent Finance & Management Services

Date ____________________________________________

I have examined the following employee of Huntington UFSD:
Name __________________________________________

I have informed the above-named employee of the results of my evaluation of the possibility of exposure to the blood or body fluid exposure from the source individual.
I have advised the above-named employee of any medical conditions that May result from the blood or body fluid exposure which May require further evaluation or treatment.
I have advised the employee of my opinion of the advisability of receiving the series of the Hepatitis B Vaccination, if they have not previously received the Vaccination.
I will provide a copy of this opinion to the above-named employee within 15 days of the completion of this evaluation.

Name of Medical Provider __________________________________________

Address ________________________________________________________

Signature of Medical Provider ______________________________________

MEDICAL RELEASE

Name of employee ________________________________________________

I have reviewed this confidential evaluation.

Date ___________________________________________________________

Signature _______________________________________________________

Employee will return this Confidential Statement to Huntington School District Assistant Superintendent Finance & Management Services in the self-addressed, stamped envelope provided. ALL RECORDS SHALL REMAIN CONFIDENTIAL & SHALL REMAIN ON FILE FOR THE TERM OF EMPLOYMENT PLUS 30 YEARS.
APPENDIX D

STATEMENT OF EMPLOYEE'S DECISION
TO RECEIVE HEPATITIS B VACCINATION

I have read, and/or have had explained to me the 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. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction.

I understand that participation in this program is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts.

I believe that I have adequate knowledge upon which to base an informed consent. The vaccination will be administered in accordance with the United States Public Health Service recommended protocol. There is no guarantee that I will not experience adverse side effects from the vaccine.

__________________________  Last Name, First, Middle

__________________________  Social Security Number

__________________________  Street Address, City, State, Zip

__________________________  Signature, Date

STATEMENT OF EMPLOYEE'S DECISION
NOT TO RECEIVE HEPATITIS B VACCINATION

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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

__________________________  Last Name, First, Middle

__________________________  Social Security Number

__________________________  Street Address, City, State, Zip

__________________________  Signature, Date

_____ I have already received the Hepatitis B series.

_____ Date completed (Check with your medical provider)
APPENDIX E

**DESIGNATED OCCUPATIONALLY EXPOSED EMPLOYEES**

1. ALL NURSES and NURSE SUBSTITUTES in ALL BUILDINGS
2. ALL CUSTODIAL STAFF, GROUNDSKEEPERS
3. ALL SECURITY GUARDS
4. ALL COACHES, and the ATHLETIC TRAINER*
5. GENERAL AND SPECIAL EDUCATION - selected individuals, all buildings
6. AIDES - selected individuals, all buildings

* See attached list
HEPATITIS B/HEPATITIS C & HIV INFORMATION/VACCINATION INFORMATION

Employees with Occupational Exposure (Appendix E) are designated as those offered the hepatitis B vaccination series free of charge on a pre-exposure basis.

Hepatitis B (HBV) is a very serious, highly contagious disease, which destroys the liver. Several thousand people contract the disease each year and several thousand die from it each year. Many people are carriers without symptoms and spread the disease. It is so serious that infants are now being vaccinated against HBV to help curtail this widespread killer.

Hepatitis B is transmitted by direct inoculation through the skin (needles, bites, cuts) and by sexual intercourse. Symptoms can be flu-like - fever, chills, nausea, etc. Some individuals have no symptoms. Others progress to jaundice, enlarged liver and hospitalization.

The Hepatitis B virus is a potent virus and can remain infectious outside the body on objects and surfaces for up to 30 days. Bleach, mixed with water at a ratio of 1:10, is an effective disinfectant against the virus.

A VACCINE exists which provides immunity for about 90% of those receiving it. It requires three intra-muscular injections in the arm——
- the initial injection can be given on a pre-exposure basis, or after exposure, within 24 hours, preferably, and not later than 7 days, on a post-exposure basis.
- the second is given one month later,
- and the third is given three to four (up to six) months after the initial dose.

The vaccine is synthetically prepared in a yeast carrier without the use of blood or blood products and therefore cannot transmit any Bloodborne Pathogens. It doesn't harm someone who is already immune to the virus. Current CDC guidelines suggest that immunity may not last for a lifetime. In the future, CDC will advise if booster shots are necessary. A blood titer test may be done to test immunity if advised by a Medical Provider.

Designated employees with occupational exposure and anyone who is later involved in a true exposure incident are offered the vaccination series at no cost. An employee may decline the vaccination by signing the declination form (Appendix D). One can always request the vaccination at a later date. (Appendix D, Acceptance/Declination Form)

Hepatitis C (HCV) is a virus which, prior to 1992 was contacted through infected blood received during transfusions or organ transplants, as well as blood-to-blood and sexual contact. It is similar in transmission and symptoms to Hepatitis B. However, there is no vaccine to prevent this disease. Early detection and treatment can help control its advance.

HIV is a virus that destroys the white blood cells of our immune defense system.

It is primarily transmitted in contaminated blood through needle sharing and sexual intercourse. It is not spread by casual contact, toilet seats, doorknobs, telephones, etc., nor can the virus survive in saliva. Symptoms of infection are rash, loss of weight, diarrhea and it progresses to full-blown AIDS and opportunistic infections.

HIV is a relatively weak virus outside the body. It cannot live on surfaces, but is dead once the blood or body fluid has dried on the surface. An area can be disinfected by a dilute bleach solution or any of the previously mentioned disinfecting agents. Currently with early detection and treatment HIV is manageable, although there is no vaccine, and it can be fatal if the HIV progresses to AIDS.
ELEMENTS OF THE BLOODBORNE PATHOGENS STANDARD

1. Epidemiology of Infectious Diseases and Routes of Entry

2. Written Exposure Control Plan
   a. Designated occupationally exposed
   b. HBV vaccine availability on a pre-exposure basis

3. Control Measures
   a. Universal Precautions
      - definition and discussion
   b. Labels, symbols
      - biohazard symbol
      - regulated medical waste
   c. Protective Measures
      - work practice controls and SOP’s
      - personal hygiene/handwashing
   d. Other Protective Measures
      - Personal Protective Equipment

4. Training
   a. Annual
   b. Exposure Incident - definition
      - evaluation, reporting, follow up, medical management
   c. Hepatitis B Vaccination Program
      - availability on post exposure basis
      - collateral duty (Defined as follows by OSHA policy): Allows employer to offer Hepatitis vaccinations to certain employees after they have performed first aid, rather than offering pre-exposure vaccinations. These employees render first aid only as a collateral duty, responding solely to injuries resulting from workplace incidents generally at the location where the incident occurred. School personnel who are included in this collateral duty category include: Coaches, School bus drivers who are designated and trained to perform first aid; and office workers designated and trained to perform first aid.)
      - efficacy
      - yeast carrier
      - 3 injections
      - 90% effective, 7-10 years minimum
   d. Hepatitis C (HCV)
      - similar to Hepatitis B symptoms and transmission
      - no vaccine currently available
      - early detection and treatment best
   e. HIV
      - not transmitted by HBV vaccine
      - not transmitted by casual contact

5. Record keeping
   a. Training records
   b. Confidential medical records; Employee access to medical records
1. A very small amount of medical waste is generated in the district. Our waste is mostly in the form of sharps, which are collected in sharps containers.

2. Sharps containers are labeled with the biohazard symbol and are located in the Nurse's Office in each school building and administration building.

3. Other medical waste, if generated, is placed in regular district plastic trash bags, doubly bagged and labeled with two or more adhesive biohazard warning labels, or provided "bio bins".

4. Because of the extremely small amounts of medical waste generated by the district, removal for incineration by a licensed medical waste disposal company, and will be done on an "as needed" basis.
HUNTINGTON UNION FREE SCHOOL DISTRICT
P O BOX 1500
HUNTINGTON, NEW YORK 11743

APPENDIX I
GENERAL HANDWASHING PROTOCOL

This handwashing procedure should be followed by staff to help minimize or eliminate transmission of infectious disease.

HANDWASHING is one of the most important activities we can all do more of to prevent the spread of infectious diseases.

The proper handwashing procedure follows:
1. Use liquid soap with running water. Soap suspends easily removable soil and microorganisms, allowing them to be rinsed off. Liquid dispenser type soap is recommended. Bar soap is not recommended, nor is anti-bacterial liquid soap. Overuse of anti-bacterial products has caused bacteria to mutate, and in some cases become stronger.
2. Wet hands thoroughly under warm running water and dispense soap into wet hands.
3. Rub and scrub hands together for approximately 15 seconds to work up lather.
4. Scrub knuckles, backs of hands, nails and between fingers.
5. Rinse hands thoroughly under warm running water. Running water is necessary to carry away debris and dirt.
6. Use paper towels or a warm air dryer to thoroughly dry hands.
7. If paper towels are used, use the towel to turn off and wipe the faucet.
8. Allow sufficient time for handwashing:
   a. before meals or preparing food
   b. after handling soiled garments
   c. after using the toilet
   d. after sneezing, coughing into hand or blowing nose
   e. after contact with blood or other body fluids
   f. after touching potentially contaminated objects
   g. after removing disposable gloves

Schools must assure convenient and accessible handwashing facilities for all staff and students.

Handwashing stations should be kept stocked with adequate supplies of soap and paper towels. When handwashing facilities are not available, a waterless antiseptic hand cleaner should be used.
APPENDIX J
MEDICAL MANAGEMENT AND EXPOSURE INCIDENTAL EVALUATION
AND FOLLOW-UP PROCEDURES

In addition to the general exposure control considerations and guidelines, the employer has the specific responsibility to make a program of 'medical management' available. It is designed to prevent or reduce the risk of infection to Bloodborne Pathogens and to be managed by qualified individuals.

The program consists of:

1. Education of employees concerning possible exposure to Bloodborne Pathogens.

2. Information on the availability of the Hepatitis B vaccination for occupationally exposed individuals and those who believe they have been involved in an exposure incident (Post-Exposure Vaccination.)

3. Information on the benefits and risks associated with the HBV vaccine.

4. Documentation of an employee's consent or refusal to be vaccinated against Hepatitis B.

5. Documentation of an exposure incident including method and route of exposure.

6. Information regarding a) the requirement to obtain the source individual's written consent to examine the source's blood and b) the confidentiality requirements of Article 27 of the Public Health Law concerning any test results or any knowledge of the source's or exposed individual's serological status.

7. Timely and appropriate medical follow-up after an exposure incident.

8. Counseling and resource referral for employees on issues regarding HBV, HCV and HIV.

9. The requirement for the health care professional's written opinion for post-exposure evaluation and for prophylaxis and follow-up when medically indicated.

10. The establishment of a confidential employee medical record and maintenance for the duration of employment plus 30 years.
Bloodborne pathogens. - 1910.1030

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

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

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

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

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

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

**Personal Protective Equipment** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

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

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

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

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

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

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

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

1910.1030(c)

Exposure Control --

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)
The Exposure Control Plan shall contain at least the following elements:

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

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

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

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

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

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

1910.1030(c)(1)(iii)

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

1910.1030(c)(1)(iv)

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

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

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

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

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

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

**Exposure Determination.**

1910.1030(c)(2)(i)

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

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

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

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

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

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

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

1910.1030(c)(2)(ii)

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

1910.1030(d)

**Methods of Compliance --**

1910.1030(d)(1)

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

1910.1030(d)(2)

**Engineering and Work Practice Controls.**

1910.1030(d)(2)(i)

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
1910.1030(d)(2)(ii)

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

1910.1030(d)(2)(iii)

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

1910.1030(d)(2)(iv)

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

1910.1030(d)(2)(v)

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

1910.1030(d)(2)(vi)

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

1910.1030(d)(2)(vii)

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

1910.1030(d)(2)(vii)(A)

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

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

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

1910.1030(d)(2)(viii)

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

Labeled or color-coded in accordance with this standard;

Leakproof on the sides and bottom; and

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

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.

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.

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.

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.

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

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

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

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

1910.1030(d)(2)(xiv)

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

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

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

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

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

1910.1030(d)(3)

**Personal Protective Equipment**

1910.1030(d)(3)(i)

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

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

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

1910.1030(d)(3)(v)

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

1910.1030(d)(3)(vi)

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

1910.1030(d)(3)(vii)

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

1910.1030(d)(3)(viii)

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

1910.1030(d)(3)(ix)

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

1910.1030(d)(3)(ix)(A)
Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

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

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

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

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

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

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

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

Periodically reevaluate this policy;

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

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

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

Not discourage the use of gloves for phlebotomy; and

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

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


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.

1910.1030(d)(4)(ii)

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

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

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

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

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

1910.1030(d)(4)(ii)(C)
All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

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

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

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

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

1910.1030(d)(4)(iii)

Regulated Waste --

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

Contaminated Sharps Discarding and Containment.

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

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


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)

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)

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.
Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

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

1910.1030(e)(2)(ii)

**Special Practices.**

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)(2)(ii)(G)
Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)(2)(iii)

**Containment Equipment.**

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

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

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

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

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

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)
An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

1910.1030(e)(4)(vi)

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

1910.1030(e)(5)

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

1910.1030(f)

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

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

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

1910.1030(f)(1)(ii)

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

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

Made available at no cost to the employee;

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

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

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

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

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

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

1910.1030(f)(1)(iii)

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

1910.1030(f)(2)

**Hepatitis B Vaccination.**

1910.1030(f)(2)(i)

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

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

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

1910.1030(f)(3)(i)

Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
1910.1030(f)(3)(ii)

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

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

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

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

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

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

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

1910.1030(f)(3)(iii)

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

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

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

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

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

1910.1030(f)(4)

*Information Provided to the Healthcare Professional.*

1910.1030(f)(4)(i)

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

1910.1030(f)(4)(ii)

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

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

A copy of this regulation;

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

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

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

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

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

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

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

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

1910.1030(f)(5)

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

1910.1030(f)(5)(i)

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

1910.1030(f)(5)(ii)
The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

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

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

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

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

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

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

1910.1030(g)

**Communication of Hazards to Employees --**

1910.1030(g)(1)

**Labels and Signs --**

1910.1030(g)(1)(i)

**Labels.**

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

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

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

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

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

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

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

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

Red bags or red containers may be substituted for labels.

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

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

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

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

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

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

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

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

1910.1030(g)(1)(ii)

Signs.

1910.1030(g)(1)(ii)(A)
The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

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

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

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

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

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;

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

At least annually thereafter.

1910.1030(g)(2)(iii)

[Reserved]

1910.1030(g)(2)(iv)
Annual training for all employees shall be provided within one year of their previous training.

1910.1030(g)(2)(v)

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

1910.1030(g)(2)(vi)

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

1910.1030(g)(2)(vii)

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

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

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

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

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

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

An explanation of the modes of transmission of bloodborne pathogens;

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

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

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

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

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

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

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

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
1910.1030(g)(2)(vii)(H)

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(g)(2)(viii)

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

1910.1030(g)(2)(ix)

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

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

The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
1910.1030(g)(2)(ix)(B)

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

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

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

1910.1030(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

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

1910.1030(h)(1)(ii)

This record shall include:

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

The name and social security number of the employee;

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

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

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

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

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

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

1910.1030(h)(1)(ii)(E)
A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

1910.1030(h)(1)(iii)

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

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

Kept confidential; and

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

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

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

The dates of the training sessions;

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

The contents or a summary of the training sessions;

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

The names and qualifications of persons conducting the training; and

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

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

1910.1030(h)(2)(ii)

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

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.

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.

1910.1030(i)

**Dates --**

1910.1030(i)(1)

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

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

