HUNTINGTON UNION FREE SCHOOL DISTRICT

EXPOSURE CONTROL PLAN

2013-2014

Rev. 6/13
ESBOCES
# Bloodborne Pathogens

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Bloodborne Pathogens -
Exposure Control

The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030) requires that employers develop an Exposure Control Plan which documents those employees with work tasks that result in occupational exposure to blood. The Plan will describe how the employer protects employees from acquiring a bloodborne disease.

Introduction

This Exposure Control Plan (ECP) has been developed by The Huntington School District in order to identify, educate, and protect employees that may have occupational exposure to bloodborne pathogens. The plan is also a direct response to the OSHA Regulation 29 CFR 1910.1030, Bloodborne Pathogens. As such, the New York State Labor Department’s Employer Guide and Model Exposure Control Plan has been used extensively to assure compliance with the law. Adherence to appropriate work practices and utilization of protective equipment within the school environment will help to reduce the potential for transmission of bloodborne pathogens including but not limited to the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV). General infection control principles and hygiene measures will routinely be followed, such as the practice of universal precautions.

The concept of universal precautions will be an integral part of staff training in general infection control procedures. Whenever staff are exposed to blood or bodily fluids visibly contaminated with blood, the assumption will always be made that these fluids are infectious (contaminated with HIV or HBV for example) and therefore be dealt with in the appropriate manner. This will include the use of protective equipment (gloves, etc.), and approved sanitization and disposal procedures. It should be noted that exposure to other bodily fluids (feces, vomitus, urine) have not been documented as sources of transmission for HIV and HBV, however, their potential for transmitting other disease-causing organisms will always be considered.
The Huntington School District ECP will include at a minimum the following elements:

1. A statement of school district policy.
2. Designation of employee titles responsible for implementation of various plan elements.
3. Determination of employee exposure.
4. Implementation of various methods of exposure control, including:
   - Universal Precautions
   - Engineering Controls and Work Practices
   - Personal Protective Equipment
   - Training
   - Hepatitis B Vaccination
   - Post-Exposure Evaluation and Follow-Up
   - Housekeeping
   - Labeling
5. Recordkeeping

This Exposure Control Plan and overall infection control program will help reduce the risk of occupational exposure to bloodborne pathogens (HIV, HBV) and other infectious agents thus providing a safe environment for both students and staff.

**Policy**

The Huntington School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The Exposure Control Plan is a key document to assist The Huntington School District in implementing and ensuring compliance with the standard, thereby protecting our employees. The Exposure Control Plan includes:
• Employee exposure determination

• The procedures for evaluating the circumstances surrounding an exposure incident, and

• The schedule and method for implementing the specific sections of the standard, including:

  ⇒ Methods of compliance

  ⇒ Hepatitis B vaccination and post-exposure follow-up

  ⇒ Training and communication of hazards to employees

  ⇒ Recordkeeping

**Program Administration**

• Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infectious materials are required to comply with the procedures and work practices outlined in this Exposure Control Plan.

• The Director of Facilities will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.

• The School Nurse will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.

• The Huntington School District Health & Safety Officer will be responsible for coordinating and documenting training and making the written Exposure Control Plan available to employees and New York State Department of Labor (Public Employee Safety and Health Unit, PESH) representatives.

• The Huntington School District Health & Safety Officer will maintain and provide all necessary personal protective equipment (PPE), engineering controls (sharp containers, etc.), labels and red bags as required by the standard and will ensure that adequate supplies of this equipment are available.
Employee Exposure Determination

The following is a list of all job classifications and specific tasks within The Huntington School District that have been determined to result in occupational exposure to blood:

<table>
<thead>
<tr>
<th>Department</th>
<th>Job Title</th>
<th>Exposure Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletics</td>
<td>• P.E. Teacher</td>
<td>May be required to render first-aid or have contact with at-risk individuals.</td>
</tr>
<tr>
<td></td>
<td>• Coaches</td>
<td></td>
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<tr>
<td></td>
<td>• Aides</td>
<td></td>
</tr>
<tr>
<td>Custodial &amp; Maintenance</td>
<td>• Custodians</td>
<td>May be required to clean up blood spill or remove infectious waste.</td>
</tr>
<tr>
<td></td>
<td>• Cleaners</td>
<td></td>
</tr>
<tr>
<td>Health Office</td>
<td>• Nurse</td>
<td>Required to respond to medical emergencies and render medical care.</td>
</tr>
<tr>
<td></td>
<td>• Health Aides</td>
<td></td>
</tr>
</tbody>
</table>

Employees defined by this assessment will all receive training (see pages 7-8) and then be offered the opportunity to be vaccinated against the Hepatitis B virus, free of charge. Those refusing to be vaccinated will be documented; however, it is understood that they may change their mind at any time and still be vaccinated free of charge.

Implementation and Control

- Universal Precautions

⇒ All school district employees will utilize the concept of universal precautions. Universal precautions is an infection control method which requires employees to assume that all human blood and specified body fluids are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly.

- Exposure Control Plan (ECP)

⇒ Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session and will also be reviewed during their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting the Health & Safety Officer, who will also be able to provide a copy if requested. A copy of the Plan will be made available free of charge and within 15 days of the request.
⇒ The Health & Safety Officer will also be responsible for reviewing and updating the ECP annually, or sooner if necessary, to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

• Engineering Controls

⇒ Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls The Huntington School District will use and where they will be used are listed below:

◊ Sharps Containers - Nurse’s Office
◊ Hand Washing Facilities - Nurse’s Office
◊ Labeling and Red Bags
◊ Protective Gloves and PPE as required

• Personal Protective Equipment (PPE)

⇒ Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by the department supervisor issuing the PPE in the use of the appropriate PPE for employees’ specific job classifications and tasks/procedures they will perform.

⇒ Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

⇒ Appropriate PPE is required for the following tasks; the specific equipment to be used is listed after the task:

<table>
<thead>
<tr>
<th>Task</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical emergency response</td>
<td>Gloves, gowns, face protection</td>
</tr>
<tr>
<td>Clean-up of blood spill</td>
<td>Gloves, gowns, face protection</td>
</tr>
</tbody>
</table>

⇒ As a general rule, all employees using PPE must observe the following precautions:

◊ Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

◊ Remove protective equipment before leaving the work area and after a garment becomes contaminated.
○ Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded. This will usually be the nurse’s office.

○ Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

○ Following any contact of body areas with blood or any other infectious material, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.

○ Utility gloves may be decontaminated for re-use if their integrity is not compromised. Decontamination will utilize an appropriate agent to sanitize (such as bleach). Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.

○ **Never wash or decontaminate disposable gloves** for reuse or before disposal.

○ Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.

○ If a garment is penetrated by blood and other potentially infectious materials, the garment must be removed immediately or as soon as feasible.

○ **Repair and/or replacement of PPE will be at no cost to employees.**

- **Training**

  ➞ **All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive**. Refresher training will be conducted annually. Training will cover at a minimum the following elements:

  ○ A copy and explanation of the standard.

  ○ Epidemiology and symptoms of bloodborne pathogens.

  ○ Modes of transmission.

  ○ Our Exposure Control Plan and how to obtain a copy.

  ○ Methods to recognize exposure tasks and other activities that may involve exposure to blood.

  ○ Use and limitations of engineering controls, work practices, and PPE.
◊ PPE - types, use, location, removal, handling, decontamination, and disposal.

◊ PPE - the basis for selection.

◊ Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration.

◊ Emergency procedures for blood and other potentially infectious materials.

◊ Exposure incident procedures.

◊ Post-exposure evaluation and follow-up.

◊ Signs and labels.

◊ Questions and answer session.

⇒ An ☺ employee education and training record will be maintained and kept on file by the Health & Safety Officer (see Appendix, page 14).

- Hepatitis B Vaccination

⇒ The School Nurse and other appropriate personnel will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration, and availability. The ☺ Hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

◊ the employee has previously received the series

◊ antibody testing reveals that the employee is immune

◊ medical reasons prevent taking the vaccination; or

◊ the employee chooses not to participate.

⇒ All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an ☺ employee chooses to decline Hepatitis B vaccination, then the employee must sign a statement to this effect (see Appendix, page 15).

⇒ Employees who decline may request and obtain the vaccination at a later date at no cost. ☺ Documentation of refusal of the Hepatitis B vaccination will be kept in the employees personnel file with the employee’s other medical records.
• Post Exposure Evaluation

⇒ Should an exposure incident occur contact the immediate supervisor and School Nurse immediately. ❇ Each exposure must be documented by the employee on an "Exposure Incident Report Form." The School Nurse will add any additional information (see Appendix, pages 16-17).

⇒ An immediately available ❇ confidential medical evaluation and follow-up will be conducted by medical personnel as deemed appropriate by The Huntington School District and as dictated by the specific incident (this may be a school physician, emergency room, individual's personal physician, etc.). The following elements will be performed:

    ◊ Document the routes of exposure and how exposure occurred.

    ◊ Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by State or local law.

    ◊ Obtain consent (if possible) and test source individual’s blood as soon as possible to determine HIV and HBV infectivity and document the source’s blood test results (see Appendix, pages 18 and 19).

    ◊ If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.

    ◊ Provide the exposed employee with the source individual’s test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.

    ◊ After obtaining consent, collect exposed employees’ blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.

    ◊ If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.

⇒ The School Physician, School Nurse, and Health & Safety Officer will review the circumstances of the exposure incident to determine if procedures, protocols, and/or training need to be revised.

• Health Care Professionals and Written Opinions

⇒ The School Nurse will ensure that health care professionals responsible for employee’s HB vaccination and post-exposure evaluation and follow-up be ❇ given a copy of the OSHA Bloodborne Pathogens Standard. The School Nurse will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:
A description of the employee’s job duties relevant to the exposure incident.

Routes of exposure.

Circumstances of exposure.

If possible, results of the source individual’s blood test.

Relevant employee medical records, including vaccination status.

⇒ The Huntington School District will provide the employee with a copy of the evaluating healthcare professional’s written opinion within 15 days after completion of the evaluation.

⇒ For HB vaccinations, the healthcare professional’s written opinion will be limited to whether the employee requires or has received the HB vaccination.

⇒ The written opinion for post-exposure evaluation and follow-up (see Appendix, page 20) will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

⇒ All other diagnoses must remain confidential and not be included in the written report to The Huntington School District.

• Housekeeping

⇒ The Director of Facilities has developed and implemented a written schedule for cleaning and decontaminating work surfaces as follows:

◊ Decontaminate surfaces with an appropriate disinfectant after any spill of blood or other infectious materials and as necessary.

◊ Inspect and decontaminate regularly, reusable receptacles, pails, etc. that have a likelihood for becoming contaminated.

◊ Always use mechanical means to pick up broken glass (never use hands).

◊ Place regulated waste in closable and labeled or color-coded containers that are impervious.

◊ Place all sharps in closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof containers. Never empty or re-use sharps containers.

◊ Regulated waste and sharps containers will be disposed of routinely.
Discard all regulated waste according to Federal, State, and local regulations. This includes liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed.

⇒ The following disinfectants may be used:

◊ Sodium hypochlorite with at least 100 ppm available chlorine. A solution of 1:10 is required to be effective against hepatitis B - this will be the standard to follow for any blood/body-fluid spill.

◊ Ethyl or isopropyl alcohol (70%).

◊ Phenolic germicidal detergent (1% aqueous solution) (i.e., Lysol).

◊ Quaternary ammonia germicidal detergent (2% aqueous solution) (i.e., Triquat, Mytar, Sage).

◊ Iodor germicidal detergent with 500 ppm available iodine. (i.e., Wescodyne).

**Regulated Medical Waste**

⇒ The Huntington School District generates very small amounts of medical waste annually (often none at all). However, in the event that such an occasion arises, The Huntington School District has contracted with a licensed medical waste hauler.

◊ Licensed Hauler’s Name

◊ Identification Number

**Labeling**

⇒ The Huntington School District will utilize the following labeling systems:

◊ Red bags to signify regulated medical waste.

◊ Orange-red warning labels affixed to red sharps containers.

⇒ The Director of Facilities will ensure that all regulated medical waste is appropriately labeled. School Custodians and Cleaners will be responsible for notifying the Director of Facilities if the labeling system is not followed.

**Medical Records**

⇒ Medical Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20. The School Nurse is responsible for maintenance of the required medical records which are kept in the employee’s personnel file.
⇒ In addition to the requirements of 29 CFR 1910.20, the medical record will include:

◊ The name and social security number of the employee.

◊ A copy of the employee’s Hepatitis B vaccinations and any medical records relative to the employee’s ability to receive vaccination.

◊ A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard.

◊ A copy of all healthcare professionals’ written opinions as required by the standard.

⇒ All employee medical records will be kept confidential and will not be disclosed or reported without the employee’s express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

⇒ Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

⇒ Employee medical records will be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

• Training Records

⇒ Bloodborne pathogens training records will be maintained by the Health & Safety Officer. The training record will include:

◊ The dates of the training session.

◊ The contents or a summary of the training sessions.

◊ The names and qualifications of persons conducting the training.

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

⇒ Training records will be maintained for a minimum of 3 years from the date on which the training occurred.

⇒ Employee training records will be provided upon request to the employee or the employee’s authorized representative within 15 working days.
## Employee Vaccination Record

<table>
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<th>Date of Vac. #2</th>
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## Employee Training Record

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<th>Training Date 2002-2003</th>
<th>Training Date 2003-2004</th>
<th>Training Date 2004-2005</th>
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HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) requires employees who refuse the opportunity to be vaccinated to complete this declination form.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Social Security #</th>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
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</table>
EXPOSURE INCIDENT REPORT
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Please Print

EMPLOYEE'S NAME

SOCIAL SECURITY NO

DATE

HOME PHONE

BUSINESS PHONE

DATE OF BIRTH

JOB TITLE

EMPLOYEE VACCINATION STATUS

DATE OF EXPOSURE

TIME OF EXPOSURE

AM

PM

LOCATION OF INCIDENT

NATURE OF INCIDENT (AUTO ACCIDENT, TRAUMA, MEDICAL EMERGENCY) - 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 PERSONAL PROTECTION EQUIPMENT FAIL? YES ________ NO ________

IF YES, EXPLAIN HOW:

________________________________________________________________________

________________________________________________________________________

WHAT BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL)? BE SPECIFIC:

________________________________________________________________________

________________________________________________________________________

WHAT PARTS OF YOUR BODY BECAME EXPOSED? BE SPECIFIC:

________________________________________________________________________
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, WHERE?

________________________________________________________

WHEN?

________________________________________________________

BY WHOM?

________________________________________________________

IDENTIFICATION OF SOURCE INDIVIDUAL(S) ___________________________________________

NAME(S) ______________________________________________________

DID YOU TREAT THE PATIENT DIRECTLY? YES ______________ NO ______________

IF YES, WHAT TREATMENT DID YOU PROVIDE? BE SPECIFIC: _________________________________

________________________________________________________

OTHER PERTINENT INFORMATION

________________________________________________________
REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear (Healthcare Provider):

Recently, a school district employee was involved in an incident that may have resulted in exposure to a Bloodborne Pathogen from another (source) individual.

I am asking you to perform an evaluation of the source individual. Given the circumstances surrounding this event, please determine whether our exposed school district employee is at risk for infection and/or requires medical follow-up.

Attached is a “Documentation and Identification of Source Individual” form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,
CONFIDENTIAL

DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of Exposed Employee ________________________________

Name and Phone Number of Medical Provider Who Should be Contacted: ________________________________

INCIDENT INFORMATION

Date: ____________________________________________

Name or Medical Record Number of the Individual who is the Source of the Exposure __________________________

NATURE OF THE INCIDENT

____________ Contaminated Needlestick Injury

____________ Blood or Bodyfluid Splash onto Mucous Membrane or Non-Intact Skin

Other: ____________________________________________

REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart Reviewed By ________________________________ Date ________________

Source Individual Unknown – Researched By ________________________________ Date ________________

Testing of Source Individual’s Blood Refused Consent Obtained __________ ___

CHECK ONE:

Identification of source individual infeasible or prohibited by state or local law. State why if infeasible.

Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen.

Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.
Person completing report: ____________________________  Date: ____________________________

NOTE: Report the results of the source individual's blood tests to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

_HIV-related information cannot be released without the written consent of the source individual._
**CONFIDENTIAL**

**EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

<table>
<thead>
<tr>
<th>Employee's Name</th>
<th>Job Title</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Occurrence Date</th>
<th>Reported Date</th>
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<table>
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<tr>
<th>Occurrence Time</th>
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**SOURCE INDIVIDUAL FOLLOW-UP:**

<table>
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<tr>
<th>Request made to</th>
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**EMPLOYEE FOLLOW-UP:**

<table>
<thead>
<tr>
<th>Employee's Health File Reviewed By</th>
<th>Date</th>
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<tr>
<th>Information given on source individual’s blood test results:</th>
<th>Yes</th>
<th>Not</th>
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<tr>
<td>Obtained</td>
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<tr>
<th>Referred to Healthcare Professional with Required Information:</th>
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<tbody>
<tr>
<td>Name of healthcare professional</td>
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<table>
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<tr>
<th>By Whom</th>
<th>Date</th>
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**Blood Sampling/Testing Offered:**

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<th>By Whom</th>
<th>Date</th>
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**Vaccination Offered/Recommended:**

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<th>By Whom</th>
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**Counseling Offered:**

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**Employee Advised of Need for Further Evaluation of Medical Condition:**

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<th>By Whom</th>
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**1910.1030(a)**

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

**1910.1030(b)**

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

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

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

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

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

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

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

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

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

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

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

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

**Handwashing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or 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 soaked 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.
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.
Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

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

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

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

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

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

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.

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

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
Bloodborne pathogens. - 1910.1030

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and

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

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

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

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

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

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

1910.1030(d)(2)(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.
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.

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.

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).

Housekeeping --

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

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

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.

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

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.

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.

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

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).

HIV and HBV Research Laboratories and Production Facilities.

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)(ii) of this standard.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)(2)(iii)

**Containment Equipment.**

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

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

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

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

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

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

Access doors to the work area or containment module shall be self-closing.
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;
Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

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.

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.

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.

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

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

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.

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

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

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.

Red bags or red containers may be substituted for labels.

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).

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.

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

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

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

![Biohazard symbol]

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

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

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

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

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

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

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

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

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

The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

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

Recordkeeping --

Medical Records.

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

This record shall include:

The name and social security number of the employee;

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);

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

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

A copy of all reports of occupational exposure as required by paragraph (f)(6).
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.

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.

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.

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.

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

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.

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:

(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)

