

# **BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN DeForest Area School District**

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, as adopted for public agencies by the Department of Commerce, the following Exposure Control Plan has been developed.

## **EXPOSURE DETERMINATION**

For the purpose of compliance with this standard, the District has determined that the employees of the School District fall into three categories: This categories may be described as: 1) designated first aid providers: those whose primary job assignment would include rendering first aid; and 2) those employees who might render first aid only as a collateral duty; and 3) those employees who clean areas where body fluids may be present.

Forms that can be used to document School District decisions relating to exposure by job classifications are found in Appendix C.

### **A. Job Classifications**

School District has identified the following job classifications in which employees of the School District could be exposed to bloodborne pathogens in the course of fulfilling their normal job requirements.

See "Exposure Determination Form", Appendix C

### **B. Tasks and Procedures**

A list of tasks and procedures performed by employees in, which exposure to bloodborne pathogens may occur is required. This exposure determination shall be made without regard to the use of personal protective equipment. (Appendix D is a sample of a Task/Procedure Record that may be used to document this requirement.

Tasks/procedures may include, but not be limited to, the following examples:

1. Care of minor injuries that occur within the workplace, i.e., bloody nose, scrape, minor cut;
2. Initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;
3. Care of students with medical needs, i.e., tracheostomy, colostomy, injections;
4. Care of students who need assistance in daily living skills, i.e., toileting, dressing, handwashing, feeding, and menstrual needs;
5. Care of students who exhibit behaviors that may injure themselves or others, i.e., biting, hitting, scratching;
6. Care of an injured person in laboratory setting, i.e. Technology Ed setting;
7. Care of injured person during a sport activity;
8. Care of students who receive training or therapy in a home-based setting;
9. Cleaning tasks associated with body fluid spills.
10. Tasks associated with handling and disposal of waste.

## METHOD OF COMPLIANCE

### A. Universal Precautions

In this District, universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

### B. Engineering and Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in the School District and at least annually.

#### 1. Handwashing

- a. The District shall provide handwashing facilities which are readily accessible to employees, or when provision for handwashing facilities is not feasible, the District shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- b. Employees shall wash hands or 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.
- c. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleansers towelettes are used, hands shall be washed with soap and running water as soon as feasible. Do not reuse gloves.

#### 2. Housekeeping and Waste Procedures

- a. The District shall ensure that the worksite is maintained in a clean and sanitary condition. The District shall determine and implement an appropriate written schedule for cleaning.
- b. All equipment, materials, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
  - i. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion of procedures/task/therapy, 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 day if the surface may have become contaminated since the last cleaning.
  - ii. 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 contaminated with blood or OPIM.
- c. All bins, pails, cans, and similar receptacles intended for re-use 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.
- d. Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied and designated as being biohazardous. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. Bags designated as biohazardous (containing blood or OPIM contaminated materials) shall be red in color or affixed with a biohazard label and shall be located in the basement.

(Biohazardous waste for this standard's purposes shall only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass or plastic on which there is fresh blood or OPIM).

- e. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately. (A major blood or OPIM incident is one in which there will be biohazardous material for disposal).
- f. In the District, Buildings and Grounds Department shall be contacted immediately for appropriate disposal.
  - i. All individual biohazardous designated bags shall be taken to the custodial area for containment as soon as feasible after any major blood or OPIM incident.
  - ii. Bags shall be placed in the marked biohazard container in the custodial area.
  - iii. All biohazardous bags will be picked up on an on-call basis by an approved disposal firm.
- g. In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.
- h. Broken glass contaminated with blood or OPIM 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. Broken glass shall be containerized. The custodian shall be notified immediately or through verbal or written notification before scheduled cleaning.
- i. Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers. The sharps containers shall be closable, puncture resistant, labeled with a biohazard label, and leak-proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazardous container for this material.
  - i. 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.
  - ii. In the District, the employee shall notify the Buildings and Grounds Supervisor when sharp containers become  $\frac{3}{4}$  full so that they can be disposed of properly.
  - iii. Contaminated needles shall not be bent, recapped, removed, sheared or purposely broken.
- j. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of Wisconsin and its political subdivisions (currently the Department of Natural Resources regulates waste disposal in Wisconsin).
- k. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, counter tops or bench tops where blood or other potentially infectious materials are present.
- l. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited; e.g., sucking snake bite.
- m. Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazardous symbol or be colored red.

- n. Equipment which may become contaminated with blood or other potentially infectious materials is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazardous label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping.

C. Personal Protective Equipment

1. Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protection equipment available in the District are gloves, eye wear and masks.
  - a. 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; and when handling or touching contaminated items or surfaces.
  - b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use (contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags.)
  - c. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees that are allergic to the gloves normally provided.
  - d. 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.
  - e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location and degree of exposure anticipated.
2. The District shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is issued to the employees. Personal protective equipment is available in the following locations:

All Health Rooms, Custodial Areas, Science Labs, Tech Ed Areas, Physical Education Offices.

Personal protective equipment shall be given to: Health Room/Clerical Assistants, Custodians, Science Teachers, Tech Ed Teachers, Physical Education Teachers and Athletic Coaches.

  - a. The District shall clean and dispose of personal protective equipment, at no cost to the employee.
  - b. The District shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. 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.
5. The District shall ensure that the employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his/her judgement that in that particular instance it would have posed an increased hazard to the employee or others, this company shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

## **HEPATITIS B VACCINATION**

- A. Hepatitis B vaccine is available for employees whose designated job assignment includes the rendering of first aid, or who have occupational exposure to blood or other potentially infectious materials (OPIM).
1. The District shall make the Hepatitis B Vaccination series available to all employees that have occupational exposure after the employee(s) have been given information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated. The vaccine and vaccinations shall be offered free of charge.
  2. The District shall make the Hepatitis B vaccination series available after the training and within ten (10) working days of initial assignment to all employees that have occupational exposure.
  3. The Hepatitis B vaccination series shall be made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician according to the most current recommendations of the U.S. Public Health Service. The District assures that the laboratory tests are then conducted by an accredited laboratory.
  4. The District shall not make participation in a pre-employment screening program a prerequisite for receiving the Hepatitis B Vaccine.
  5. If an employee initially declines the Hepatitis B Vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, the District shall make available the Hepatitis B vaccine at that time.
  6. The District shall assure that employees who decline to accept the Hepatitis B vaccine offered by this district, sign the declination statement established under the standard. (Appendix C).
  7. 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 at no charge to the employee.
  8. Records regarding HBV vaccinations or declinations are to be kept by the office of the program director.
  9. The District shall ensure that the health care professional responsible for employee's Hepatitis B vaccination is provided with a copy of this regulation.
- B. Hepatitis B vaccine is available for employees that render first aid only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
1. The District shall provide the Hepatitis B vaccine or vaccinations series to those unvaccinated employees whose primary job assignment is not the rendering of first aid ONLY in the case that they render assistance in any situation involving the presence of blood or OPIM (as identified in Appendix C).
  2. ALL first aid incidents involving the presence of blood or OPIM shall be reported to the building principal, by the end of the work day on which the incident occurred.
  3. The District's exposure incident investigation form (see Appendix E) must be used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident", as defined by the standard, occurred (see Appendix G).

4. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard. (Appendix G).
5. The full Hepatitis B vaccination series shall be made available as soon as possible, but in no event, later than twenty-four (24) hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident", as defined by the standard, has occurred.
6. The Hepatitis B vaccination record or declination statement shall be completed (see Appendix F). All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure Hepatitis B vaccine.
7. This investigation form shall be recorded on a list of such first aid incidents. It shall be readily available to all employees.
8. This reporting procedure shall be included in the training program.

#### **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

- A. Following a report of an exposure incident, the School District shall make immediately available to the exposed employee, a confidential medical examination and follow-up, including at least the following elements (see Appendix G).
  1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
  2. Identification and documentation of the source individual, if possible, or unless the School District can establish that identification is infeasible.
    - 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.
    - b. If consent is not obtained, the affected employee has the right to subject the source individual's blood to a test or a series of tests for the presence of HIV, antigen or non antigenic products of HIV or an antibody to HIV and may receive disclosure of the results, providing the following requirements are met; the use of universal precautions against significant exposure at the time of the significant exposure, certification in writing by a physician that the affected person was significantly exposed, and submittal to a test for the presence of HIV within a specified time period. If previously drawn blood from the individual to whom the person was exposed is unavailable, the person may request a court order requiring the individual to submit to a test; after a hearing, a court may order the testing to proceed.
    - c. Results of the source individual's testing shall be made available to the exposed employee. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  3. 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 consent at that time for HIV serological testing, the sample shall be preserved for at least ninety (90) days. If, within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible;
  4. For post-exposure prophylaxis, follow recommendations established by the U.S. Public Health Service (see Appendix A and G).
  5. Counseling shall be made available by the School District at no cost to employees and their families on the implications of testing and post-exposure prophylaxis;
  6. There shall be an evaluation of reported illnesses.
- B. The District shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost, and at a reasonable time and place to the employee. All medical evaluations and procedures shall be conducted by or under the supervision of a licensed physician and laboratory tests shall be conducted in accredited laboratories.

- C. Information provided to the health care professional that evaluates the employee shall include (see Appendix G).
1. A copy of the OSHA 29 CFR 1910.1030 Standard (Appendix A).
  2. A description of the employee's duties as they relate to the exposure incident;
  3. Documentation of the route of exposure and circumstances under which exposure occurred;
  4. Results of the source individual's blood testing, if available.
  5. All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the District's responsibility to maintain.
- D. The District shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within fifteen (15) days of the completion of the evaluation.
1. The health care 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.
  2. The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
    - a. This employee has been informed of the results of the evaluation; and
    - b. This employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and/or treatment.

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

### **COMMUNICATION ABOUT HAZARDS TO EMPLOYEES**

A. Communication of Hazards

After the employer has made the exposure determination, the employees will be divided into two classifications:

- Potential for Occupational Exposure
- Occupational Exposure Unlikely

Those employees classified as "Potential For Occupational Exposure" shall be trained according to Section V, Item C. All other employees should be made aware of the District policies.

B. Warning Labels

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.

Exception: Red bags or red containers may be substituted for labels.

1. Labels required by this section shall include (see Appendix J).
2. These labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
3. These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
4. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

C. Information and Training For Employees

1. The District shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to them. Training content shall be as outlined in 1910.1030(g)(2)(vii).
2. Training shall be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.
  - a. For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were not included need be provided.
  - b. Annual training for all employees with potential for occupational exposure shall be provided within one year of their previous training.
3. The District shall provide additional training when changes such as modifications of tasks or procedures affect the employees potential for occupational exposure. The additional training may be limited to addressing the new exposures created.
4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
5. 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 school workplace.

**COMMUNICATION OF HAZARDS BLOODBORNE PATHOGENS (OSHA 1910.1030)**

Bloodborne Pathogens are micro-organisms that are present in human blood and can cause disease in humans. These pathogens include such viruses as HIV, Hepatitis B and Hepatitis C.

Human blood and other potentially infectious materials (OPIM) such as semen, vaginal secretions, fluids around vital organs, fluids contaminated with visible blood, human tissue, etc. potentially could contain these micro organisms.

The District has implemented an approach to infection control called “Universal Precautions”. This concept treats all blood and OPIM as if known to be infected with a bloodborne virus. Accordingly, the District has implemented engineering and work practice controls to eliminate or minimize exposure. These practices and controls are outlined in an Exposure Control Plan. A copy of this plan is available for review in the District Office.

Annually the District reviews tasks required for employment in the District. The District has determined that certain job classifications have a potential for occupational exposure. Employees in these job classifications are given more detailed training on bloodborne pathogens, work practices, decontamination/cleaning, health effects, PPE, etc. These employees are also offered a vaccine for the Hepatitis B virus.

Exposure incidents can occur when human blood or OPIM find their way into the blood via the eyes, mouth, open cuts or other mucous membranes. Prompt medical treatment is effective for some exposure. Report all incidents to your Building Administrator or the District Exposure Control Manager

If you have any questions about Bloodborne Pathogens, District policies or possible exposure incidents contact the Human Resources Department.



## RECORDKEEPING

### A. Medical Records

1. The District shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include (see Appendix H).
  - a. Name and social security number of employee;
  - b. Copy of employee's Hepatitis B vaccination record or declination form and any additional medical records relative to Hepatitis B;
  - c. If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures;
  - d. If exposure incident(s) have occurred, District's copy of the healthcare professional's written opinion;
  - e. If exposure incident(s) have occurred, District's copy of information provided to the healthcare professional: i.e., exposure incident investigation form and results of the source individual's blood testing, if available and consent has been obtained for release.
2. The District shall ensure that the employee's medical records are kept confidential and are NOT disclosed or reported without the employee's expressed written consent to any person within or outside of this firm, except as required by law. These medical records shall be kept separate from other personnel records.
3. These medical records shall be maintained for the duration of employment plus thirty (30) years.

### B. Training Records (See Appendix I)

1. Training records shall include:
  - a. The date of training session;
  - b. The contents or a summary of the training sessions;
  - c. The names and qualifications of persons conducting the training;
  - d. The name and job titles of all persons attending the training session.
2. Training records shall be maintained for three years from the date the training occurred.

### C. Availability of Records

1. The District shall ensure:
  - a. All records required to be maintained by this standard shall be made available upon request to the Department of Commerce (or designee) for examination and copying.
  - b. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Commerce (or designee).
  - c. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee and to the Department of Commerce.
2. The District shall comply with the requirements involving the transfer of records set forth in this standard.

**1910.1030 Bloodborne pathogens.**

**(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)

**(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) 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.

"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.

"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.

(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.

1910.1030(c)(1) (v) 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)

1910.1030(c)(2)(i)

(2) Exposure Determination. (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. (i)

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

1910.1030(d)(2) (ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1910.1030(d)(2) (iii) Employers shall provide handwashing facilities which are readily accessible to employees.

1910.1030(d)(2) (iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

1910.1030(d)(2) (v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

1910.1030(d)(2) (vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

1910.1030(d)(2) (vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

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

1910.1030(d)(2)(vii) (B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

1910.1030(d)(2)(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

1910.1030(d)(2)(viii) (A) puncture resistant;

1910.1030(d)(2)(viii) (B) labeled or color-coded in accordance with this standard;

1910.1030(d)(2)(viii) (C) leakproof on the sides and bottom; and

1910.1030(d)(2)(viii)(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

1910.1030(d)(2) (ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

1910.1030(d)(2) (x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

1910.1030(d)(2) (xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

1910.1030(d)(2) (xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

1910.1030(d)(2) (xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1910.1030(d)(2)(xiii) (A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

1910.1030(d)(2)(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 judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3) (iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

1910.1030(d)(3) (iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

1910.1030(d)(3) (v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to 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:

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

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

[iii] When the employee is receiving training in phlebotomy.

1910.1030(d)(3) (x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

1910.1030(d)(3) (xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

1910.1030(d)(3) (xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

1910.1030(d) (4) Housekeeping.

(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:

[a] Closable;

[b] Puncture resistant;

[c] Leakproof on sides and bottom; and

[d] 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:

[a] 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);

[b] Maintained upright throughout use; and

[c] 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:

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

[b] Placed in a secondary container if leakage is possible.

The second container shall be:

[i] Closable;

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

[iii] 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:

[a] Closable;

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

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

[d] 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:

[a] Closable;

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

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

[d] 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 requiring compliance with Universal Precautions.

1910.1030(d)(4)(iv)(A){3} Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

1910.1030(d)(4)(iv) (B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

1910.1030(d)(4)(iv) (C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

1910.1030 (e) HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e) (1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

1910.1030(e) (2) Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2) (i) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2) (ii) Special Practices

1910.1030(e)(2)(ii) (A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

1910.1030(e)(2)(ii) (B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before removed from work area.

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

1910.1030(e)(2)(ii) (D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

1910.1030(e)(2)(ii) (E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

1910.1030(e)(2)(ii) (F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

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

1910.1030(e)(2)(ii) (H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2)(ii) (I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

1910.1030(e)(2)(ii) (J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

1910.1030(e)(2)(ii) (K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

1910.1030(e)(2)(ii) (L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

1910.1030(e)(2)(ii) (M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

1910.1030(e)(2) (iii) Containment Equipment.

1910.1030(e)(2)(iii) (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

1910.1030(e)(2)(iii) (B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

1910.1030(e)(3) HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

1910.1030(e)(3)(ii) An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4) HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the

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

1910.1030(e)(4)(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

1910.1030(e)(4)(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

1910.1030(e)(4)(iv) Access doors to the work area or containment module shall be self-closing.

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

1910.1030(e)(4)(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

1910.1030(e) (5) Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

1910.1030 (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

1910.1030(f)(1) General. (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.** (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.** (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 will not be included in 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.**

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

1910.1030(g)(2)(ii) (C) At least annually thereafter.

1910.1030(g)(2)(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided. 1910.1030(g)(2) (iv) Annual training for all employees shall be provided within one year of their previous training.

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

(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.

(i) Training records shall include the following information:

1910.1030(h)(2)(i) (A) The dates of the training sessions;

1910.1030(h)(2)(i) (B) The contents or a summary of the training sessions;

1910.1030(h)(2)(i) (C) The names and qualifications of persons conducting the training; and

1910.1030(h)(2)(i) (D) The names and job titles of all persons attending the training sessions.

1910.1030(h)(2) (ii) Training records shall be maintained for 3 years from the date on which the training occurred.

1910.1030(h) (3) Availability.

(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 Assistant Secretary.

1910.1030(h)(3) (iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

1910.1030(h) (4) Transfer of Records. (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

1910.1030(h)(5) Sharps injury log.

(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

<p>1910.1030(h)(5)(i)(C) An explanation of how the incident occurred.</p> <p>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.</p> <p>1910.1030(h)(5)(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.</p> <p>1910.1030(i) <u>Dates</u> --</p> <p>1910.1030(i)(1) <u>Effective Date</u>. The standard shall become effective on March 6, 1992.</p> <p>1910.1030(i)(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.</p> <p>1910.1030(i)(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.</p> <p>1910.1030(i)(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.</p> <p>[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001; 71 FR 16672 and 16673, April 3, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33608, June 8, 2011]</p>	
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**DEFINITIONS FOR THE PURPOSES OF THIS  
EXPOSURE CONTROL PLAN**

Antibody	a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
Amniotic Fluid	the fluid surrounding the embryo in the mother's womb.
Antigen	any substance which stimulates the formation of an antibody.
Assistant Secretary	the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
Biohazard Label	a label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	pathogenic (disease producing) 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).
Cerebrospinal Fluid	a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
Clinical Laboratory	a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
Contaminated	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
Contaminated Sharp	any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.
Decontamination	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.
DCOMM	Department of Commerce
Engineering Controls	controls (i.e., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Control Plan	a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

**DEFINITIONS FOR THE PURPOSES OF THIS  
EXPOSURE CONTROL PLAN**

Exposure Determination	how and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment.
Exposure Incident	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	a facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes or hot air drying machines.
HBV	Hepatitis B Virus.
HIV	Human Immunodeficiency Virus.
Licensed Healthcare Professional	a person whose legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: Hepatitis B vaccination and post-exposure evaluation and follow-up. (In Wisconsin only a licensed physician meets this definition).
Medical Consultation	a consultation which takes place between an employee and a licensed healthcare professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucus	a thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
Mucous Membranes	a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
Occupational Exposure	a 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.
OSHA	the Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
Other Potentially	(1) the following human body fluids: semen, vaginal secretions, Infectious Materials menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural (OPIM) 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	piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

**DEFINITIONS FOR THE PURPOSES OF THIS  
EXPOSURE CONTROL PLAN**

Pathogen	a bacteria or virus capable of causing infection or disease.
Pericardial Fluid	fluid from around the heart.
Pericardium	the sheath of tissue encasing the heart.
Peritoneal Fluid	the clear straw-colored serous fluid secreted by the cells of the peritoneum.
Peritoneum	the lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells.
Personal Protective	specialized clothing or equipment worn by an employee for Equipment (PPE) protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, 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 membrane under normal conditions of use and for the duration of time which the protective equipment is used.
Pleural	the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
Pleural Fluid	fluid from the pleural cavity.
Production Facility	a facility engaged in industrial-scale, large volume or high concentration production of HIV or HBV.
Prophylaxis	the measures carried out to prevent diseases.
Regulated Waste	liquid or semi-liquid 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	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.
Serous Fluids	liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
Source Individual	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.

**DEFINITIONS FOR THE PURPOSES OF THIS  
EXPOSURE CONTROL PLAN**

Sterilize	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	the clear amber fluid usually present in small quantities in a joint of the body (i.e., knee, elbow).
Universal Precautions	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.
Vascular	pertaining to or composed of blood vessels.
Work Practice Controls	controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

## BLOODBORNE PATHOGEN EXPOSURE DETERMINATION FORM

**Employer:** DeForest Area School District  
**Determination Completed By:** Susan Augustine  
**Date of Determination:** August 2011

<b>Job Classification</b>	<b>Occupation Exposure Likely</b>	<b>Occupational Exposure Unlikely</b>
Athletic Director/Assistant Coaches		X
Building Administrators		X
Building Secretaries		X
Custodians	X	
District Office Administrators		X
District Office Administrative Assistants		X
First Aid Responders	X	
Food Service Personnel		X
Guidance Counselors		X
Head Coaches	X	
Instructional Educational Assistants		X
Instructional Staff		X
Librarian & Library Aids		X
Maintenance Personnel	X	
Physical Education Teachers	X	
Psychologists		X
School Nurse & Nurse's Aid	X	
Social Worker		X
Special Education Teachers & Assistants	X	
Technology Education Teachers	X	
Therapists (Physical & Occupational)	X	
Volunteers		X



## Bloodborne Pathogens Tasks and Procedures Record DeForest Area School District

Task / Procedure	Type of Bodily Fluid/Substance to Which Exposure is Likely		Protective Procedures	Protective Barriers		
	Blood & Body Fluids	Vomit, feces, urine & Saliva		Gloves	Mask	Eye Wear
<b>Job Classification: Custodial &amp; Maintenance Personnel</b>	Blood & Body Fluids	Vomit, feces, urine & Saliva	Disinfectant	Gloves	Mask	Eye Wear
Bloody Nose/cover nose and any spills with paper towels and disinfect.	X		Use appropriate disinfectant solution.	X		
Minor cuts or scrapes/cover any blood with paper towels and disinfect.	X		Use appropriate disinfectant solution.	X		
Clogged toilet/ cover toilet bowl with plastic bag to reduce any splashing, remove clog through small hole in bag/disinfect toilet.		X	Use appropriate disinfectant solution.	X		Face Shield
Throw-up / cover vomit with appropriate material to dry it up. Clean vomit up and disinfect.		X	Use appropriate disinfectant solution.	X		
Feces on classroom floor / teacher to isolate students from feces and call custodian for clean up. Cover and remove feces from classroom. Disinfect area.		X	Use appropriate disinfectant solution.	X		
<b>Job Classification: Therapists, Special Ed Teachers &amp; Aids</b>	Blood & Body Fluids	Vomit, feces, urine & Saliva	Disinfectant	Gloves	Mask	Eye Wear
Care for students in need of daily living skills assistance (toileting, feeding, diapering)		X	Use appropriate disinfectant solution.	X		
Care for students with medical needs (catherizations, tube feeding, encopresis, oral suctioning, bleeding disorders, CPR/first aide)	X	X	Use appropriate disinfectant solution.	X	X	
<b>Job Classification: PhyEd Teachers, Tech Ed Teachers, Coaches, First Aid responders, Nurses &amp; Nurse's Aids</b>	Blood & Body Fluids	Vomit, feces, urine & Saliva	Disinfectant	Gloves	Mask	Eye Wear
Initial care for injuries that require medical assistance (bloody nose, scrape, minor cut, laceration, etc.)	X		Use appropriate disinfectant solution.	X		

**School Exposure Incident Investigation Form**  
DeForest Area School District

Date of Incident	Time of Incident
Location	Person(s) Involved
<b>Potentially Infectious Materials Involved</b>	
Type	Source
Circumstances (what was occurring at the time of the incident)	
How the incident was caused (accident, equipment malfunction, and so forth; list any tool, machine, or equipment involved)	
Personal protective equipment and engineering controls being used at the time of the incident	
Actions taken (decontamination, clean-up, reporting, and so forth)	
Training of employee	
Recommendations for avoiding repetition of the incident, including any recommended changes to the ECP (Exposure Control Plan)	

## **Documentation of Significant Exposure to HIV and Information Resources for Medical Management of Significant Exposure**

The Wisconsin statutory definition of 'significant exposure' refers to an exposure which carries the potential for transmission of HIV (AIDS virus). For purposes of Worker's Compensation, a physician must certify that a significant exposure has occurred. This certification must be documented on a form developed by the Wisconsin Department of Commerce (DOC). Since other infectious diseases can also be transmitted by significant exposure to blood or body fluids, this form may be used to document any such exposure. (The order identification of this form is SBD 10781.)

Information on ordering SBD 10781 is available from the Bureau of Document Services, Wisconsin Department of Administration, at (608) 266-3358. E-mail is [docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us) or you can visit their web address at [http://www.doa.wi.gov/section\\_detail.asp?linkcatid=266&linkid=49&locid=2&sname=Enterprise%20Fleet](http://www.doa.wi.gov/section_detail.asp?linkcatid=266&linkid=49&locid=2&sname=Enterprise%20Fleet)

Completion instructions, including the definition of 'significant exposure,' are written on the form. For additional questions regarding this form, please call your local public health agency or infection control practitioner at the receiving facility where testing will be conducted.

*The following are information resources for the medical management of individuals exposed to human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) . . .*

### **Human Immunodeficiency Virus (HIV)**

Centers for Disease Control and Prevention (CDC). Public health service guidelines for the management of health-care worker exposures to HIV and recommendations for postexposure prophylaxis. Morbidity and Mortality Weekly Report (MMWR) 1998; Vol. 47; No. RR-7: 1-28 (see algorithm). This guideline recommends the use of a 2 or 3 drug antiviral regimen and further recommends the regimen be initiated as soon as possible (2-24 hours) after exposure to a source individual known to be HIV positive. Web site address for this document:

<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00052722.htm>

General web site address for CDC: <http://www.cdc.gov>

### **Hepatitis B Virus (HBV)**

Centers for Disease Control and Prevention (CDC). Immunization of health-care workers. Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC).

Morbidity and Mortality Weekly Report (MMWR) 1997; Vol. 46; No. RR-18: 22-23. Web site address for this document:

<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00050577.htm> General web site address for CDC: <http://www.cdc.gov>

### **Hepatitis C Virus (HCV)**

Centers for Disease Control and Prevention (CDC). Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. Morbidity and Mortality Weekly Report 1998; Vol. 47; No. RR-19: 19-20. Web site address for this document: <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00055154.htm> General web site address for CDC: <http://www.cdc.gov>

### **PEPLine and PEPNet**

PEPLine and PEPNet are consultation and information sources for health care providers coordinated by the University of California at San Francisco and San Francisco General Hospital.

#### **PEPLine: 888-HIV-4911**

The PEPLine hotline is available 24 hours per day, 365 days per year. It is staffed by infectious disease specialists and provides valuable information in determining if a significant exposure to a bloodborne pathogen has occurred as well as advice on appropriate post-exposure management protocols.

PEPNet is an Internet-based information resource designed to provide access to current information about post-exposure prophylaxis for preventing infection with HIV and other blood-borne viruses after exposure. The PEPNet web site is located at <http://epicenter.ucsf.edu/PEP/pepnet.html>.

## Employee Medical Record Checklist DeForest Area School District

<b>Employee Name</b> <i>Please Print</i>	<b>Social Security Number</b>  _ _ _ - _ _ - _ _ _ _
<b>Building</b>	<b>Job Classification</b>

- Copy of employee's Hepatitis B vaccination record or declination form (see appendixes G and H). Attach any additional medical records relative to Hepatitis B.

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- Brief description of exposure incident:

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- Log and attach this district's copy of information provided to the healthcare professional.
- Accident report (see appendix F).
- Results of the source individual's blood testing, if available and if consent for release has been obtained.
- Log and attach this district's copy of the healthcare professional's written opinion.

## BIOHAZARD LABEL

