SCOPE:

County Mental Health/Mental Retardation Administrators
Community Homes for Individuals with Mental Retardation
Non-State Operated Intermediate Care Facility for the Mentally Retarded (ICF/MR) Directors
Early Intervention Program Directors
Adult Training Facility Directors
Vocational Facility Directors

PURPOSE:

The purpose of this bulletin is to disseminate information on key provisions of the federal regulations on Occupational Exposure to Bloodborne Pathogens and to provide appropriate guidelines for precautions and responses to transmissible infectious diseases.

BACKGROUND:


The Occupational Safety and Health Administration (OSHA) is the enforcement authority for the Occupational Exposure to Bloodborne Pathogen standards, but will defer to Pennsylvania's Department of Environmental Resources (DER) for the enforcement of regulations regarding handling and disposals of infectious materials.

REFER COMMENTS AND QUESTIONS TO:

Appropriate Office of Mental Retardation Regional Staff
The OSHA standards on Occupational Exposure to Bloodborne Pathogens are applicable to all blood or other potentially infectious materials and, as such, govern services provided in the mental retardation system. While these standards are extensive, all employers and employees are obligated to become aware of the standards and application to specific circumstances. The mental retardation service provider has the responsibility of developing appropriate precautions and procedures to ensure that training, educational materials, and personal protective equipment are provided to all individuals. It is incumbent upon each employee to ensure that the OSHA standards are applied while preserving the dignity and quality of life of the individuals receiving services.

APPLICABILITY:

The OSHA standards on Occupational Exposure to Bloodborne Pathogens are applicable to all employees who could be reasonably anticipated as the result of performing their job duties to have exposure to blood or other potentially infectious materials.

As defined in the OSHA standards on Occupational Exposure to Bloodborne Pathogens, other potentially infectious materials include 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 visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids." Also included are any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures and HIV or hepatitis B (HBV)-containing culture medium or other solutions as well as blood, organs, or other tissues from experimental animals infected with HIV or HBV.

EXPOSURE CONTROL PLAN:

The OSHA standards on Occupational Exposure to Bloodborne Pathogens require each employer to establish a written Exposure Control Plan identifying employees with occupational exposure to blood and other potentially infectious materials and specifying means to protect and train employees. 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."

The Exposure Control Plan developed by each program site needs to contain:

1) An exposure determination.

2) Procedures for evaluating the circumstances surrounding an exposure incident.

3) Schedules and methods for implementation of compliance, post exposure, follow-up, hepatitis B vaccination, communication of hazards to employees, and recordkeeping.
The plan should be tailored to meet the specific needs of the organization in light of the OSHA standard. Each employer should ensure that a copy of the exposure control plan is accessible to employees in accordance with the OSHA standards. The exposure control plan must be accessible to OSHA inspectors, and the Director of the National Institute for Occupational Safety and Health (NIOSH). In order to develop an effective exposure control plan, each employer should thoroughly review the OSHA Standards on Occupational Exposure to Bloodborne Pathogens, develop and implement policies and procedures which do not compromise the integrity of services to individuals. The Exposure Control Plan should be reviewed, updated at least annually, or whenever new tasks and procedures affect occupational exposure. The following describe the key provisions of the Exposure Control Plan:

1. **Exposure Determination:**

OSHA requires employers to perform an exposure determination which entails identifying which employees are likely to incur exposure or potential exposure to blood or other potentially infectious materials. This exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). The exposure determination is made by reviewing job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency, and listing exposures into two groups. The first group would include job classifications in which all of the employees have occupational exposure, such as direct care staff. The second group would include job classifications in which some of the employees have occupational exposure. Examples of such job positions include, but are not limited to medical personnel, staff who give injections, and staff who are in danger of bites or exposure to blood or other potentially infectious materials.

Once the exposure determination has been made, those employees who have potential for occupational exposure need to be informed of such hazards and prevention.

2. **Implementation Schedule and Methodology:**

The exposure control plan should include a schedule and method of implementation for the requirements of the OSHA standards on Occupational Exposure to Bloodborne Pathogens which are applicable to the program site.

a. **Compliance Method:**

The OSHA standards on Occupational Exposure to Bloodborne Pathogens require the adoption of universal precautions, procedures and engineering and work practice controls for the safe handling of bodily fluids, and other potentially infectious materials to minimize exposure or risk of exposure to blood or other potentially infectious bodily fluids.
b. **Universal Precautions:**

All individuals are to be instructed on the use of universal precautions. Universal precautions are an approach to infection control in which all human blood and certain body fluids are to be treated as if they are known to be infectious for HIV, HBV, or other bloodborne pathogens. Since blood is the single most important source of HIV, Hepatitis B virus, and other bloodborne pathogens in an occupational setting; infection control practices must stress preventing exposure to blood or fluids containing visible blood.

c. **Engineering and Work Practice Controls:**

Engineering and work practice controls are to be utilized to eliminate or minimize exposure where occupational exposure remains. After institutionalization of these controls, personal protective equipment should be utilized. Appropriate personal protective equipment should be provided to the employee at no cost to the employee. A more detailed discussion of personal protective equipment is included on pages 6 and 7, item d, of this bulletin.

Employers should insure that handwashing facilities are also available to employees who incur exposure to blood or other potentially infectious materials. OSHA requires that handwashing facilities be readily accessible after incurring exposure. If handwashing facilities are not feasible, the employer is required to provide either an appropriate antiseptic cleaner in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible handwashing facilities should list the location, tasks and responsibilities to ensure maintenance and accessibility of these alternatives.

After the removal of personal protective gloves, employees shall wash hands and other potentially contaminated skin area immediately or as soon as possible following contact to minimize the risk of exposure. The OSHA standards on Occupational Exposure to Bloodborne Pathogens require a written schedule for cleaning, identifying the method of decontamination to be used, in addition to cleaning following contact with blood or other potentially infectious materials. Specific methods for disposing of contaminated sharps are described in the OSHA standards and they also discuss containers for these items and other regulated waste.

Municipal waste management regulations promulgated by the Pennsylvania Department of Environmental Resources (DER), which govern the management of infectious and chemotherapeutic waste, may be found at 25 Pa. Code Chapters 271, 273, 283, and 285. Further information on this topic may be obtained by contacting the DER Bureau of Waste Management, 14 Floor, Market Street State Office Building, P.O. Box 8472, Harrisburg, PA 17105-8472, (717) 787-7381.
1) Contaminated Needles and Other Contaminated Sharps

Contaminated needles and other contaminated sharps should not be used if bent, recapped, removed, sheared or broken. An exception to this provision is allowed if the procedure would require that the contaminated needle be recapped or removed, and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. The Exposure Control Plan should list the procedures to be used by the employee, and also list the mechanical device to be used or alternately if a one-handed technique will be used. Please note that only reusable contaminated sharps fall into this category. Reusable sharps must also be sterilized prior to reuse. If sharps are not sterilized prior to reuse, they must be managed as infectious waste.

2) Containers for Reusable Sharps:

The OSHA standards on Occupational Exposure to Bloodborne Pathogens define contaminated sharps as "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." Contaminated sharps that are not reusable are to be placed immediately, or, as soon as possible, after use into appropriate sharps containers. The employer should ensure that these containers are:

- puncture resistant
- labeled or color coded with a biohazard label
- leakproof on sides and bottoms

Containers for contaminated sharps are to be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).

3) Work Area Restrictions:

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited under the OSHA standards for Occupational Exposure to Bloodborne Pathogens.
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. The methods that will be implemented to meet the OSHA standards are to be developed by the employer.

4) Specimens:

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standards. The standards provide for an exemption for specimens from the labeling/color coding requirement of the standard provided that the program site utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. If the employer chooses to use this exemption, it must be stated in the exposure control plan discussed on page 2 of this bulletin.

Any specimen which could puncture a primary container is to be placed within a secondary container which is puncture resistant. The employer is to identify how this will be carried out. This includes specifying in the exposure control plan which specimens, if any, could puncture a primary container, which containers can be used a secondary containers, and where the secondary containers are located at the program site, etc.

If outside contamination of the primary container occurs, the primary container is to be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

5) Contaminated Equipment:

Equipment which has 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 decontamination of the equipment is not feasible. Employers should identify in the exposure control plan any equipment which it is felt cannot be decontaminated prior to servicing or shipping.

d. Personal Protective Equipment:

The OSHA standards on Occupational Exposure to Bloodborne Pathogens define personal protective equipment as "specialized clothing or equipment worn by an employee for protection against hazard
or exposure”. Personal protective clothing and equipment should fit the expected exposure. General work clothes (e.g., uniforms, pants, shirts) not intended to function as protection against a hazard are not considered to be personal protection equipment. Where there is occupational exposure, the employer is to provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, one-way/rate mouthpieces, resuscitation bags, gowns, etc. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, 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. The employer is required to ensure appropriate use of the equipment, ensure that appropriate equipment is readily accessible at the work site, identify who has responsibility for the distribution of protective clothing, which procedures or tasks require the use of protective clothing and the type of protection required.

1) All personal protective equipment will be provided, cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to the employees. Personal protective equipment must be provided in appropriate sizes. Hypoallergenic gloves or other similar alternatives must be made available to employees with an allergic sensitivity to latex gloves. All garments that are penetrated by blood or other potentially infectious materials are to be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The program site is to develop specific protocols for leaving the equipment at the work area. These protocols are to be identified in the exposure control plan.

2) Special care should be taken to avoid skin contact with other potentially infectious materials, gloves are to be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin and mucous membranes. Disposable gloves used at the program site are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will 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. Protective gloves and equipment must be changed after care is provided to one individual.
3) **Exception to Requirement for Personal Protection Equipment**

An employee may choose, temporarily and briefly, under extraordinary circumstances, to forego the equipment. It must be the employee's professional judgement that using the protective equipment would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or coworker, when one of these excepted situations occurs, employers are to investigate and document the circumstances to determine if there are ways to avoid it in the future. Exceptions should be limited.

e. **Laundry:**

The OSHA standards on Occupational Exposure to Bloodborne Pathogens specify that contaminated laundry be handled as little as possible. Contaminated laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps. Contaminated laundry is to be placed in appropriately marked bags or containers at the location where is it to be used. The contaminated laundry should not be sorted or rinsed in the area of use. It is to be placed and transported in bags or containers which are labeled or color coded.

When a program site utilizes universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.

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

The employer is to ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment. When the program site ships the 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 the laundry in bags or containers that are labeled or color-coded.

f. **Labeling:**

The OSHA standard on Occupational Exposure to Bloodborne Pathogens requires that fluorescent orange or orange-red warning labels be attached to containers of requested waste, to refrigerators and freezers containing blood another potentially infectious materials, and to other containers used to store, transport or ship blood, or other potentially infectious materials.
g. **Hepatitis B Vaccination:**

In accordance with the OSHA standards on Occupational Exposure to Bloodborne Pathogens, "the hepatitis B vaccination must be offered within 10 working days of initial assignment to a job where there is exposure to blood or other potentially infectious material unless the employee has previously received the completed hepatitis B vaccination series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated for medical reasons." The requirement for vaccination of those already on the job was effective as of July 6, 1992.

The standards also require that the hepatitis vaccination be made available only after the employee has received specific training. This training should include information on the hepatitis B vaccine, information on its efficacy, safety, method of administration, the benefits of being vaccinated, and notice that the vaccine will be offered free to employees.

The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screenings a condition of receiving vaccination nor are employers required to provide prescreening. If the employee initially declines the hepatitis B vaccination, but at a later date while still covered under the standard, decides to accept the vaccination, the employer shall make the hepatitis B vaccine available to the employee at that time at no cost. Employees who decide to decline the vaccination must complete a declination form. (See Appendix A to Section 1910.1030 of the OSHA standards on Occupational Exposure to Bloodborne Pathogens for the Hepatitis B Vaccine Declination.)

A signed declination by the employee will satisfy the OSHA requirement however, to ensure employe safety, more accurate verification is suggested. Employers are to keep a copy of the declination statements signed by the employee on file so that the vaccination status of everyone who is exposed to blood is known to the employer. If an employee has already received the hepatitis B vaccination at another job site prior to obtaining employment at the current program site, the current employer need only provide the opportunity for the employee to complete the series. The employer must first verify that the employee actually received the hepatitis B vaccination. A copy of the employee's medical record can provide the appropriate verification. The medical record can only be obtained by the employer with the written consent of the employer for whom verification is being sought.

The hepatitis B vaccination is given in a series of three injections. The second injection should be given one month after the first, and the third injection six months after the initial dose. To ensure immunity to the hepatitis B virus, it is important for individuals to receive all three injections. At this point, it is unclear how long the immunity lasts, so booster shots may be
required at some point in the future. Currently, there is no requirement for routine booster dose(s) of the hepatitis B vaccine, however, if the U.S. Public Health Service recommends such booster doses in the future, they should be made available to the employee.

The Centers for Disease Control is offering the Hepatitis B vaccine at a reduced cost to publicly funded agencies that meet specific criteria. Information may be obtained by contacting Mr. Robert Longenecker, Health Advisor, Immunization Program, Pennsylvania Department of Health, (717) 787-5681.

h. Post Exposure Evaluation and Follow-up:

All employees who incur an exposure incident will be immediately offered a post-exposure medical evaluation and follow-up in accordance with the OSHA standards on Occupational Exposure to Bloodborne Pathogens. This will include at least the following elements:

- Documentation of the route of exposure and the circumstances related to the incident.

- If possible, the identification of the source individual and, if possible, the status of the source individual unless identification is infeasible or prohibited by state or local law. The blood of the source individual will be tested for HIV/HBV infectivity with his/her written consent in accordance with applicable state law.

- Results of testing the source individual will be made available to the exposed employee(s) in accordance with the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. Employers may need to modify this provision in accordance with local laws on this subject. Such modifications should be identified in the exposure control plan.

- The employee will be offered the option of having their blood collected for test of the employee's HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded. State law governing HIV-related information and incidents requires the employee to make the decision prior to 90 days (see Act 148 of 1990).

- The employee will be offered post exposure prophylaxis when medically indicated in accordance with the current recommendations of the U.S. Public Health Service.
The employee will be given appropriate medical counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and be advised to report any related experiences to appropriate personnel.

The employer should designate specific person(s) to assure that the policy on post exposure and follow-up are effectively carried out as well as to maintain records related to the policy.

i. Interaction with Health Care Professionals:

In accordance with the OSHA standards on Occupational Exposure to Bloodborne Pathogens, within 15 days of the completion of the evaluation, the health care professional who conducted the evaluation will provide a written opinion to the employer. Written opinions will be obtained in the following instances:

- when the employee is sent to obtain the hepatitis B vaccine,
- whenever the employee is sent to a health care professional following an exposure incident.

The health care professional's written opinion for hepatitis B vaccination is to be limited to whether hepatitis B vaccination is indicated and if the employee has received the vaccination or for post exposure evaluation and follow-up following an incident that the employee has been informed of the results of the evaluation, and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report in accordance with applicable state law.

j. Training and Communication of Hazards:

All employees at risk of occupational exposure were required to receive training as of June 4, 1992. This training needs to be documented and available upon inspection, including the dates of training, content, summary, qualifications of people conducting the training, names and job titles of people who attended. All training needs to be conducted at no cost to the employee and during work hours. The training must be provided at the time of initial assignment to tasks/procedures where occupational exposure may take place, within 90 days after the effective date of the standard; and at least annually thereafter (provided within one year of their previous training). Training materials should be appropriate in content and vocabulary to the educational level, literacy, and language of employees. Whenever necessary, appropriate adaptations should be made to meet the needs of individuals receiving the training.
All program sites should foster a positive educational environment by providing necessary information to clients, staff, volunteers, and families. Notices, written information and group educational sessions offered at different times are recommended. The training program should include the following elements:

- An accessible copy of the regulatory text of the OSHA standards and an explanation of its content.

- A general explanation of bloodborne pathogens and the modes of transmission.

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

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

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

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

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

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

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

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

- An explanation of the signs and labels and/or color coding required under the standard.

- An opportunity for interactive questions and answers with the person conducting the training session.
The person conducting the training should 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. The OSHA standards on Occupational Exposure to Bloodborne Pathogens do not reference formal or approved training programs implemented to meet the requirements of OSHA, nor do the standards provide specific qualifications for trainers. An individual who is knowledgeable about blood and potentially infectious materials, as well as the OSHA standards on Occupational Exposure to Bloodborne Pathogens could appropriately provide the necessary training. For example, a nurse with knowledge of the OSHA standards may be appropriate to provide OSHA training.

k. Consultation/Resources:

Staff in the Department of Public Welfare provide consultation on the OSHA standards on Occupational Exposure to Bloodborne Pathogens. Information regarding consultative services that are available may be obtained by contacting Ms. Carol S. Ranck at (717) 772-2681. The Office of Mental Retardation, in conjunction with the Pennsylvania Association of Resources for Persons with Mental Retardation (PAR), the Pennsylvania Association of Rehabilitation Facilities (PARF), and the Community Mental Health/Mental Retardation Providers Associations, has provided training service to providers, county and government employees, and other interested individuals on the OSHA standards and universal precautions throughout the state.

The Local OSHA Offices are also available for technical assistance and to respond to questions on the OSHA standards. OSHA officials have taken steps to ensure consistent enforcement of the standards nationwide by appointing regional bloodborne pathogens coordinators, providing informational materials (written and audio-visual), training, and making these interpretations available.

OSHA interpretations of the Occupational Exposure to Bloodborne Pathogens standards are provided through directives which are written to help compliance officers know how to interpret the regulations during their compliance reviews. The latest directive includes an index of all of the OSHA interpretations. Providers may request a copy of the directive from the local OSHA office.

1. Recordkeeping:

   1. Post Exposure Records:

      The OSHA standards require that the employer establish and maintain accurate medical records for each employee with occupational exposure. The record is to contain a copy of the employee's social security number, a copy of the hepatitis B status, including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to
receive vaccination, a copy of examinations, medical testing and follow-up procedures, the employer's copy of the health care professional's written opinion, and a copy of information provided to the health care professional, if applicable. Employee medical records must be kept confidential, not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law. Records are to be maintained for at least the duration of employment plus 30 years.

2. Training Records:

The OSHA standard also requires the employer to maintain and to keep accurate training records for three years, and to include the training date, content/summary of the training, names, and qualifications of the trainer, names, and job titles of trainees.

m. Attached Information:


2. A list of Regional Occupational Safety and Health Administration (OSHA) Offices in Pennsylvania is attached. See Attachment #2.

OBSELETE BULLETIN:

XI. The Standard

General Industry

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—AMENDED

Subpart Z—(Amended)

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for §1910.1030 is added:

   Authority: Secs. 8 and 8. Occupational Safety and Health Act, 29 U.S.C. 653, 657, Secretary of Labor’s Orders Nos. 12-71 (36 FR 3854), 8-78 (41 FR 25059), or 9-83 (48 FR 33736), as applicable, and 29 CFR part 1911.

   Section 1910.1030 also issued under 29 U.S.C. 652.

2. Section 1910.1030 is added to read as follows:

   §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.

   (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-sharpening 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 bodily 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).

   (c) Exposure control—(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
(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.

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

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

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

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

(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.

(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. Sharpening or breaking of contaminated needles is prohibited.

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

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

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. The not be wipers shall be:

(A) puncture-resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

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

(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.

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

(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.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.

(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.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(ii) 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)(ii) is required when such specimens/containers leave the facility.

(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.

(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.

(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.

(A) A readily observable label in accordance with paragraph (g)(3)(i)(H) shall be attached to the equipment stating which portions remain contaminated.
(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 that appropriate precautions will be taken.

(3) Personal protective equipment—(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.

(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 employer 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.

(iii) Acquisition. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees.

(iv) 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.

(v) 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.

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

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

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

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

(x) 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)(ii)(D) and when handling or touching contaminated items or surfaces.

(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.

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

(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, exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

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

(1) Periodically reevaluate this policy.

(2) Make gloves available to all employees who wish to use them for phlebotomy.

(3) Not discourage the use of gloves for phlebotomy.

(E) 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 body 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.

(F) 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.

(G) 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.

(H) Surgical caps or hoods and/or shoe covers or boots shall be worn in circumstances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(I) Housekeeping. (1) 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 duties being performed in the area.

(2) The employer shall ensure that all equipment and environmental surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(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.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperiously-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.

(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.

(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.

(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.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(i) Closable;
(ii) Puncture resistant;
(iii) Leakproof on sides and bottom; and
(iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

(i) Easily accessible to personnel and located as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
(ii) Maintained upright throughout use; and
(iii) Replaced routinely and not be allowed to overfill.

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

(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
(ii) Placed in a secondary container if leakage is possible. The second container shall be:

(A) Closable;
(B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
(C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(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.

(B) Other Regulated Waste Containment.

(1) Regulated waste shall be placed in containers which are:

(i) Closable;
(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(2) If, as a result of 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.

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

(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.

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

(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.

(ii) Special practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in process.

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

(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.

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

(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.

(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.

(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.

(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.
(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.

(II) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diplomate 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, reshaped, 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.

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

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

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

(iii) Containment equipment. (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 associated with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

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

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

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

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

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

(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.

(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.

(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.

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

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

(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 outside, and shall be operated to disperse away from occupied areas and air intakes.

The proper direction of the airflow shall be verified (i.e., into the work area).

(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)(ii)(x).

(i) Hepatitis B vaccination and post-exposure evaluation and follow-up—(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.

(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:

(A) Made available at no cost to the employee.

(B) Made available to the employee at a reasonable time and place.

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

(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)] (ii).

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

(ii) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(ii)(V) 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 vaccine series. Antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

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

(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.

(iv) The employer shall ensure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A.

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

(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:

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

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

(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.

(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.

(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.

(iii) Collection and testing of blood for HBV and HIV serological status:
(A) The exposed employee’s blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HBV 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.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
(v) Counseling; and
(vi) Evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional. (f) The employer shall ensure that the healthcare professional responsible for the employee’s Hepatitis B vaccination is provided a copy of this regulation.

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

(A) A copy of this regulation;

(B) A description of the exposed employee’s duties as they relate to the exposure incident;

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

(D) Results of the source individual’s blood testing, if available; and

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

(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.

(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.

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

(A) That the employee has been informed of the results of the evaluation; and

(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.

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

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

(g) Communication of hazards to employees—(1) Labels and signs. (1) Labels. (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; 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).

(B) Labels required by this section shall include the following legend:

**BIOHAZARD**

- **BIOHAZARD**

  (A) (Name of the Infectious Agent)

  (B) (Name, telephone number of the laboratory director or other responsible person)

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

  (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.

  (ii) Training shall be provided as follows:

  (A) At the time of initial assignment to tasks where occupational exposure may take place;

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

  (C) At least annually thereafter.

  (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.

  (iv) Annual training for all employees shall be provided within one year of their previous training.
(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 exposures and additional training may be limited to addressing the new exposures created.
(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
(vii) The training program shall contain at a minimum the following elements:
(A) A accessible copy of the regulatory text of this standard and an explanation of its contents;
(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;
(C) An explanation of the modes of transmission of bloodborne pathogens;
(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;
(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
(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;
(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
(H) An explanation of the basis for selection of personal protective equipment;
(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;
(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
(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;
(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1)(vii) and
(N) An opportunity for interactive questions and answers with the person conducting the training session.
(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.
(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.
(A) The employer shall ensure 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.
(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.
(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.
(h) Recordkeeping—(1) Medical Records. (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure. in accordance with 29 CFR 1910.20.
(ii) This record shall include:
(A) The name and social security number of the employee;
(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); and
(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3); and
(D) The employer’s copy of the healthcare professional’s written opinion as required by paragraph (f)(5); and
(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).
(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:
(A) Kept confidential; and
(B) Are not divulged 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.
(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 1910.20.
(2) Training Records. (i) Training records shall include the following information:
(A) The dates of the training sessions;
(B) The content or a summary of the training sessions;
(C) The names and qualifications of persons conducting the training; and
(D) The names and job titles of all persons attending the training sessions.
(ii) Training records shall be maintained for 3 years from the date on which the training occurred.
(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.
(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.
(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 1910.20.
(4) Transfer of Records. (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).
(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.
(i) Dates—(1) Effective Date. The standard shall become effective on March 8, 1992.
(2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed on or before May 5, 1992.
(3) Paragraph (g)(2) Information and Training and (b) Recordkeeping shall take effect on or before June 4, 1992.


Appendix A to Section 1910.1030—Hepatitis B Vaccine Declination (Mandatory)

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

[FR Doc. 91-29888 Filed 12-3-91; 8:45 am]
BILLING CODE 4190-24-G
U.S. DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
REGION III OFFICES—PENNSYLVANIA

REGIONAL OFFICE
Suite 2100, Gateway Bldg.
3535 Market Street
Philadelphia, PA 19104-3309
Telephone: (215) 596-1201
FAX: (215) 596-4872

PHILADELPHIA AREA OFFICE
Room 242, U.S. Customs House
Second and Chestnut Street
Philadelphia, PA 19106-2902
Telephone: (215) 597-4955
FAX: (215) 597-1956

HARRISBURG AREA OFFICE
Progress Plaza
49 North Progress Avenue
Harrisburg, PA 17109-3550
Telephone: (717) 782-3902
FAX: (717) 782-3746

WILKES-BARRE AREA OFFICE
Penn Place, Room 2005
20 North Pennsylvania Avenue
Wilkes-Barre, PA 18701-3505
Telephone: (717) 826-6538
FAX: (717) 821-4170

ALLENTOWN AREA OFFICE
850 North 5th Street
Allentown, PA 18102-1731
Telephone: (215) 776-0592
FAX: (215) 776-1913

ERIE AREA OFFICE
Suite B-12
3939 West Ridge Road
Erie, PA 16506-1857
Telephone: (814) 833-5758
FAX: (814) 833-8919

PITTSBURGH AREA OFFICE
Room 1428, Federal Building
1000 Liberty Avenue
Pittsburgh, PA 15222-4101
Telephone: (412) 644-2903
FAX: (412) 644-6380