CITY OF STAMFORD

Exposure Control Plan Bloodborne Pathogen Policy

I. POLICY

The City of Stamford (hereafter known as the City) is committed to providing a safe and healthy work environment for its entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the City in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes the following sections:

XIII. Authority
XIII. Program administration
XIII. Definitions
XIII. Employee
XIII. Methods of implementation and control, including:
- (a) Standard precautions
- (b) Engineering controls and work practices
- (c) Personal protective equipment
- (d) Environmental
- (e) Laundry
- (f) Labels

XIII. Hepatitis B vaccination
XIII. Post-exposure evaluation and follow-up
XIII. Procedures for evaluating circumstances surrounding an exposure incidents
XIII. Employee training
XIII. Recordkeeping
XIII. References
XIII. Signature page and revision dates
XIII. Appendix
- (a) Appendix A Hepatitis B declaration form
- (b) Appendix B Employee blood borne exposure check off
- (c) OSHA Standard 29CFR 1910.1030

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

II. AUTHORITY

OSHA standard 29 Code of Federal Regulations, Part 1910.1030.

III. PROGRAM ADMINISTRATION

The City's Safety Officer is responsible for the implementation of the ECP. The Safety Officer will maintain, review, and update the ECP at least annually. Whenever necessary the Human Resources Department will forward information to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Each City Department will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the

Standard. The Department/Division Heads will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Employees will contact their immediate supervisor for PPE.

The Office of Risk Management will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact: Matt Stuhlman Risk Management 203-977-4908. PMA (third party administration) 1-800-379-0276

The City's Safety Officer will be responsible for training, documentation of training, monitoring employee adherence to recommended protective measures, and making the written ECP available to employees, OSHA, and NIOSH representatives. When monitoring reveals a failure to follow recommended precautions, appropriate counseling, education, or retraining will be provided. If these measures are unsuccessful, appropriate disciplinary action will be considered. Contact: Matt Stuhlman, Office or Risk Management 203-977-4908.

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this plan at any time during their work shifts by contacting the Safety Officer. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

IV. DEFINITIONS

The following is an explanation of terms found in this ECP.

"Blood" means human blood, human blood components, and products made from human blood. Human blood components include: plasma, platelets, and serosanguinous fluids, (e.g., exudate from wounds). Products made from human blood include, immune globulins, albumin, and factors 8 and 9.

"Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other pathogenic microorganisms that cause diseases such as hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/lymphoma (caused by HTLV-I), HTLV-I associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever.

"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.

"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. "Non-intact skin" includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.

"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 paragraphs VII and VIII Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up respectively.

"HBV" means hepatitis B virus.

"HCV" means hepatitis C 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 fluids, 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.

"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.

"Safety sharps" shall include needles, syringes, IV catheters, lancets, scalpel blades, and IV tubing systems that are specifically designed to reduce and prevent sharp injuries. "Appropriate" safety sharps shall mean devices whose use based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

The safer medical device must also be "effective", i.e., based upon reasonable judgment an exposure incident from a contaminated sharp is less likely to occur.

"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 or 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.

"Standard Precautions" is an approach to infection control in which all persons, their secretion and excretions 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).

V. EMPLOYEE EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or OPIM, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by their Director/Supervisor or City Safety Officer. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment **(employees are considered to be exposed even if they wear personal protective equipment).**

The following is a list of all job classifications among City employees in which all employees have occupational exposure. This list shall be updated as job classifications or work situations change.

Office of Operations
Department: Water Pollution Control Authority Operations
Chemist
Laboratory Technician (STP)
Operator
Operator in Training
Plant
Pollution Control Field Operator
Sewage Plant Operator I
Sewage Plant Operator II
Shift Foreman
Supervisor of Liquid Waste

Department : Collections Bureau
Collection Driver
Laborer
Refuse Collection Foreman
Transfer Station

Department: Park & Facility Maintenance
All full/part time park employees
Arborist & Tree cutting employees
Chief Lifeguard
Custodial staff
Maintenance and Custodial Staff
Public Beach & Pool Lifeguards
Parks Security Officer
Recreation Supervisor
Recreation Worker

Department: Road & Vehicle Maintenance
Equipment Mechanics
Heavy Equipment Operators
Laborers

Office of Public Safety Health & Welfare
Department: Health
AIDs Counselor
Dental Case Manager
Dental Hygienist
Dentist
Director, Nursing Services and Dental Hygiene
Director, Environmental Inspections
Environmental Inspectors
Laboratory Director
Laboratory Technician
Physician
Public Health Nurse I
Public Health Dental Hygienist

Department: Police
Custodial Staff
Deputy Chief
Police Captain
Police Detective
Police Lieutenant
Police Marine Supervisor
Police Matron
Police Officer
Police Sergeant

Department: Fire
Deputy Fire Chief
Deputy Fire Marshal
Fire Captain
Fire Fighter
Fire Lieutenant
Fire Marshal
Personal Protective Equipment Mechanics
All Volunteer Fire Fighters

Stamford Board of Education
Athletic Team Coach
Custodian
Head Custodian
Kindergarten Aide
Kindergarten Teacher
Physical Education Teacher
Plumbers
Pre-School Teacher
Para Professionals
Security Personnel
Special Education Teachers

VI. METHODS OF IMPLEMENTATION AND CONTROL

(a) Standard Precautions

All employees will utilize Standard Precautions when executing their duties. Standard Precautions synthesize the major features of Universal Precaution (Blood and Body Fluid Precautions) (designed to reduce the risk of transmission of blood-borne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all persons regardless of their diagnosis or presumed infection status. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard Precautions apply to:

1. Blood;
2. All body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood;
3. Nonintact skin; and
4. Mucous membranes

Standard Precautions are applied always and to all persons and consist of the following requirements:

1. Sanitize hands BEFORE and AFTER patient care, regardless of whether gloves are worn.
2. Sanitize hands immediately after gloves are removed and between patient contacts.
3. Wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items.
4. Put on clean gloves just before touching mucous membranes and nonintact skin.
5. Wear mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures and activities that are likely to generate splashes or sprays of blood and body fluids.
6. Wear gown to protect skin and prevent soiling of clothing during procedures and activities that are likely to generate splashes or sprays of blood and body fluids. Remove soiled gown as promptly as possible and wash hands.
7. Take care to prevent injuries when using needles, scalpels and other sharp instruments or equipment; when handling sharp instruments after procedures; when cleaning used instruments or equipment; and when disposing of used needles.
8. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation.

(b) Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

1. No eating, drinking, smoking, application of cosmetics or lip balm or handling of contact lenses will be allowed in areas where there is a risk of occupational exposure.
2. No food or beverages shall be kept in refrigerators or other locations where blood or other potentially infectious materials (OPIM) are present.
3. All procedures involving blood or other potentially infectious materials will be performed in such a manner to minimize splashing, splattering, and generation of droplets of these substances.
4. Activities that would place the employee at risk of exposure such as mouth pipetting are prohibited.
5. Clinical specimens are handled, stored, and transported in a manner that reduces the likelihood of exposure. All specimens must be transported in a leak-proof container. These must be placed into sealable leak-proof plastic bags with a separate compartment for the paperwork. The exception to this are blood specimens being transported by a phlebotomist on his/her tray in a test tube rack. When transporting to an outside facility, specimens will be placed into a leak-proof container. This container must then be placed into a second container that is labeled with the fluorescent orange or orange-red biohazardous symbol and has the word BIOHAZARD imprinted on it in a contrasting color.
6. Only appropriate safety sharps products that have been evaluated and approved for use by City of Stamford will be utilized, and these approved items must be made available at all times for staff requiring the items for their assigned job duties. A list of currently available safety devices will be maintained by the Safety Officer and be made available to all employees. Safety device evaluation is an on-going activity at the Risk Management Department. Staff are prohibited from using non-safe products when an appropriate safer device is made available by the City. Staff must be trained in the appropriate use of newly introduced safety devices prior to the device being utilized. Staff are required to activate the safety features of all safety devices during use.
7. Staff will report all safety device failure to their supervisor who if after investigating the report determines that this is indeed a product failure will report the incident to the City's Risk Manager. All product failures must be reported to the Food and Drug Organization (FDA) or manufacturer as a medical device failure based on Medical Device Act Guidelines.
8. Immediately after use, contaminated disposable needles and sharps will be placed into appropriate sharps disposal containers.
9. All sharp containers must be:
   A. Closable
   B. Puncture resistant
   C. Leak proof
   D. Labeled with a biohazard label as described below.
   E. Padlocked
   F. Secured to the wall or cart on which they are found.
   G. No more than ¾ filled with waste.
10. Sharps disposal containers are inspected and replaced by a contracted vendor at a frequency sufficient to prevent overfilling. In addition, staff are prohibited from filling sharps containers more than three-quarter full. These are puncture resistant
11. Sharps disposal containers are located at many areas within the City, most notably the Police Department, Health Department Clinic and Laboratory, Nurse's office in all schools, and the Fire Department

13. All sharps containers must be closed when full, collected, and sent for treatment and destruction as per the agreed upon contract within each department
14. Contractors will provide each department with a manifest of the sharps containers that are removed.
12. Contaminated needles and sharps will not be bent, recapped or removed unless it is determined that no alternative is feasible or that such action is required by a specific medical or dental procedure. Bending, recapping or needle removal shall be done by a one-handed technique or mechanically.
13. Reusable contaminated sharps shall be placed into leak-proof puncture-resistant containers that are labeled with a biohazardous sign until reprocessed. These sharps shall not be stored or processed in a manner that requires the staff to reach by hand into the container.
14. Broken glassware will be cleaned up using a brush and dustpan, tongs, or forceps.
15. Evidence or impounded items which are contaminated with blood or OPIM shall be packaged in appropriate leak proof containers and labeled with a BIOHAZARD label. Any item collected which may puncture the container shall be placed into a leak proof and puncture resistant container that is label with BIOHAZARD label.
16. Hand hygiene is required by all staff. Employees will wash their hands when visibly soiled; after removal of PPE; after contact with blood, OPIM, body fluid, or feces; after contact with mucous membranes or nonintact skin; and after contact with contaminated equipment or surfaces. Hand sanitization with an alcohol-based product is an acceptable substitute when handwashing is not possible. However, employees must wash hands as soon as possible. Handwashing sinks will be available for handwashing in locations where staff may have easy access to them. Sinks must have warm and cold running water. Soap and paper towels must be present at each sink and the use of bar soap is prohibited. Sinks will be maintained in a clean and sanitary fashion free of cracks.
17. Employees shall wash exposed skin with soap and warm water immediately after a contact with blood or OPIM. If water is not readily available use a germicidal hand cleaner and paper towel, then soap and warm water as soon as possible. Should any blood or OPIM enter the eyes, nose or mouth, these areas should be flushed with water immediately.
18. Bottles of eye washing liquid will be readily accessible to at risk staff.
19. BIOHAZARD waste (gloves, masks, etc.) that is contaminated with blood or OPIM shall be appropriately packaged and disposed of in the red plastic biohazard bags for disposal.
20. Reusable items/equipment (handcuffs, pens, etc.) which are contaminated with blood or OPIM shall be decontaminated as soon as possible,

The City identifies the need for changes in engineering control and work practices through committee activities, and review of the injury records.

The City evaluates new procedures or new safety products by pilot testing these products in the pertinent department. Products to be evaluated are given to a subset of the staff who will utilize these products while executing their job duties. The staff are first taught how to use the new products, then products are utilized for a period of time that is deemed appropriate to ensure a valid evaluation. After that time has elapsed, staff assessments are requested in the form of written evaluations or group input. Documentation of this input is included in the latter part of the plan. The Safety Officer and Department Heads will ensure effective implementation of these recommendations.

(c) Personal Protective Equipment (PPE)

The Department shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained. Personal protective equipment shall be chosen based on

the anticipated exposure to blood or OPIM. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.

Supervisors shall ensure that employees are trained in the use of the appropriate PPE for the tasks or procedures employees will perform and will also ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may prevent delivery of healthcare or pose an increased hazard to the safety of the worker or co-worker, then the supervisor shall investigate and document the situation to determine whether changes can be instituted to prevent such occurrences in the future.

Supervisor shall ensure that appropriate PPE in the necessary sizes is readily accessible at the work site and is issued at no cost to employees. The types of PPE available to employees are as follows: Latex or vinyl gloves as well as 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. Masks, masks with eye shields, goggles, water-resistant gowns, aprons, plastic utility gloves, and lab coats will also be provided. PPE is located at the sites where utilized.

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
2. PPE will be removed prior to leaving the work area and placed into the appropriate receptacle.
    A. Blood-soaked disposable must be placed into biohazardous waste receptacles.
    B. Other disposable PPE are placed into the regular waste.
    C. Blood-soaked re-usable PPE must be placed into red-bags, tied and sent for laundering.
3. Garments that have been penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible
4. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
5. Utility gloves may be decontaminated for reuse if their integrity is to compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
6. Never wash or decontaminate disposable gloves for reuse.
7. Wear a mask and appropriate face and eye protection (such as goggles or glasses with solid side shield, or chin-length face shields) when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
8. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
9. Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be expected.
10. Cap/hoods and shoe covers or boots shall be worn when gross contamination is reasonably expected.
11. All specimens must be collected while wearing gloves, a laboratory coat, and when appropriate, masks and/or goggles.

(d) Environmental

1. The Supervisor shall ensure that equipment that has become contaminated with blood or OPIM is examined prior to servicing or shipping. Contaminated equipment shall be

decontaminated, unless decontamination is not feasible. Contaminated equipment shall be tagged and labeled as such when the equipment or a portion of the equipment cannot be decontaminated. Tagging and labelling shall be as follows:

A. the label shall be orange or orange-red in color, and
B. the label shall contain the biohazard symbol, and
C. the label shall have the word BIOHAZARD written in a contrasting color, and
D. the label shall state when positions of the equipment remain contaminated.
E. prior to servicing or shipping, all affected employees, the servicing representative and/or manufacturer shall be informed which positions of the equipment is contaminated.

2. Contaminated equipment shall be cleaned and disinfected between use on different patients and at the end of the work shift if it became contaminated since last cleaning.
3. Protective covering used to cover equipment or environmental surfaces shall be removed and replaced:
   A. when they become overly contaminated or
   B. at the end of the work shift if they may have become contaminated during the shift.
4. Bins, pails, and cans that are reused and may become contaminated with blood or other body fluids shall be inspected daily, and
   A. cleaned and disinfected immediately when contaminated, and
   B. cleaned and disinfected on a routine schedule when no contamination is visible.
5. All areas of the worksite contaminated with biological hazards shall be thoroughly cleaned and disinfected as soon as possible with an Environmental Protection Agency (EPA)-approved product before continuation of or return to service. Each operational unit shall make the appropriate arrangements for thorough cleaning. Vehicles so contaminated should be considered out of service until this cleaning is accomplished.
6. Cleaning and disinfecting shall occur using an EPA product that is approved for the respective equipment or surface that is being cleaned and disinfected. Staff will follow the manufacturer's instruction for cleaning and disinfecting the equipment that is being cleaned and disinfected and the manufacturers' instructions for the cleaning and disinfecting agent(s) that is/are being utilized for such purposes.
7. Personnel shall clean and disinfect equipment as outlined in this plan. The following sequence shall be used for the handling and cleaning of contaminated equipment and spills:
   A. Personnel shall wear the appropriate PPE
   B. Physically remove as much blood or body fluid as possible using absorbent materials (paper towels, etc.).
   C. Discard materials in a red biohazard bag.
   D. Apply warm soapy water and physically remove the remaining blood or OPIM and repeat until all blood or OPIM is removed; rinse with water; after all possible visible contamination has been removed, apply the disinfectant following the manufacturer's recommended contact time and rinse as directed; and allow to air dry; OR
   E. If using a cleaner-disinfecting agent, apply agent and physically remove the remaining blood or OPIM and repeat until all blood or OPIM is removed; rinse with water; after all possible visible contamination has been removed, apply cleaner-disinfectant again following the manufacturer's recommended contact time and rinse as directed; and allow to air dry.

(e) Laundry

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry that is wet shall be bagged in a red bag and the bag tied at the location where it was used then placed into a designated storage contained for laundering.
2. Uniforms contaminated shall be bagged and labeled with a biohazard label to alert cleaning agencies of potential contamination. Contaminated clothing must not be cleaned at home.
3. If leather gloves or uniform items become contaminated with blood or OPIM and can not be effectively cleaned or disinfected, they must be disposed of.

(f) Labels

The following labeling method(s) is used by the City:

EQUIPMENT TO BE LABELED	LABEL TYPE
Sharps containers	Red colored and Biohazardous Label
Biomedical waste container	Red colored and Biohazardous Label
Contaminating equipment requiring service	Biohazardous Label
Biomedical waste	Red Bags
Freezers and refrigerators that store clinical specimens	Biohazardous Label

The Safety Officer will ensure warning labels are affixed or red bags are used as required for regulated waste or contaminated equipment. Employees are to notify the Safety Officer if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

VII. HEPATITIS B VACCINATION

The City complies with the OSHA mandate by providing the Hepatitis B vaccination free of charge to all employees classified "at risk" for exposures and it will be provided after the employee receives the Bloodborne Pathogens training. In all cases, vaccinations will be provided within 10 days of assignment to a position, which will involve potential exposures. All employees classified "at risk" as outline in the Employee Exposure Determination section of this procedure are required to do ONE of the following:

1. Accept the FREE Hepatitis B vaccination series as provided by the City.
2. Sign a refusal indicating that the FREE vaccination series is declined, (Appendix A). This documentation of refusal of the vaccination is kept in Employee file in HR office.
3. Provide medical documentation that the vaccination series is not required due to:
    A. immunity from previous vaccination; or
    B. immunity due to prior exposure to Hepatitis B virus; or
    C. the Hepatitis B vaccination is contraindicated as determined by a licensed healthcare professional.
4. The employee may change their mind and receive the inoculation at any time.

The Safety Officer will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

1. Greenwich Hospital Occupational Health Service
   - 2015 West Main Street, Stamford, CT 06902
   - (203) 863-3483
2. Doctors Express
   3,000 Summer St. Stamford CT. (Bulls Head)
3. Concentra Medical Center
   - 15 Commerce Road, 3rd Floor, Stamford, CT 06901
   - (203) 324-9100
4. FOR EMERGENCEES or after hours service report to Stamford Hospital (203) 276-1000

VIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Serologic testing is available through the City of Stamford's workers compensation medical providers. This is available to all employees with concern about a possible exposure to OPIM, provided that they have documented the potential exposure.

(a) **Exposed Employee's Responsibilities**

1. Percutaneous / Mucocutaneous Exposures
   A. Initiate immediate self care:
      i. Milk" any needle sticks, then wash the wound with to soap and warm water, rinse and pat dry with paper towel and cover with a "band-aid" or dry dressing.
      ii. Flush eyes, nose, or mouth exposures with water or a sterile solution.
2. Make an immediate verbal report of the exposure to the supervisor on duty.
3. Immediately report to

Greenwich Hospital Occupational Health Service
   A. 2015 West Main Street, Stamford, CT 06902
   B. (203) 863-3483
Doctors Express
   3,000 Summer St. Stamford CT. (Bulls Head)
Concentra Medical Center
   C. 15 Commerce Road, 3rd Floor, Stamford, CT 06901
   D. (203) 324-9100
FOR EMERGENCIES OR AFTER HOURS TESTING Stamford Hospital (203) 276-1000

(b) **Employer's responsibilities**

1. Document the routes of the exposure and how the exposure occurred.
2. Identify and document the source individual (unless it has been established that identification is infeasible or prohibited by law).
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; if tested, document that the source individual's test results were conveyed to the employee's health care provider.
4. If the source individual is already known to be HIV, HBV and/or HCV positive, new testing need not be performed.
5. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual. Employee will be told that this information is confidential and can only be shared with a health care provider who is providing care to the employee.
6. Determine if rein-servicing is needed

(c) **Healthcare provider's responsibility**

1. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, HCV, and HIV serological status.
2. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
3. Refer for Infectious Disease physician follow-up.
4. Provide City's Safety Officer and Third Party Administrator with Written Opinion, treatment and follow-up recommendations within 24 hours.

(d) The following forms must be completed:

1. City of Stamford's *First Report of Injury Form* must be completed by the supervisor and submitted to the Safety Officer within 24 hours. http://citynetstfd.com/risk-management.aspx
2. City of Stamford's *Sharps Injury Log* must be completed by the supervisor within 24 hours, reviewed by the Department Head and submitted to the Safety Officer within five (5) working days. http://citynetstfd.com/risk-management.aspx
3. *OSHA FORM 300* will be completed annually by the City's Safety Officer.

(e) The Risk Management Department provides the employee with a copy of the evaluating healthcare professional's Written Opinions within 15 days after completion of the evaluation. This will include a Written Opinion for Hepatitis B vaccination and a Written Opinion for post-exposure evaluation and follow-up.

IX. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Safety Officer will review the circumstances of all exposure incidents to determine:

(a) Engineering controls in use at the time
(b) Work practices followed
(c) A description of any device/equipment that was being used at the time of the exposure
(d) Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
(e) Location of the incident (e.g., clinic, jail, etc.)
(f) Procedure or activity being performed when the incident occurred
(g) Employee's training

If it is determined that revisions need to be made, the Safety Officer will ensure that appropriate changes are made to this ECP and this will be reported to the City's Risk Management.

X. EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens must receive training coordinated by the City's Safety Officer

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

(a) A copy and explanation of the standard (a copy is included in this plan).
(b) An explanation of the City's ECP and how to obtain a copy

(c) An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
(d) An explanation of the use and limitations of engineering controls, work practices, and PPE
(e) An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
(f) An explanation of the basis for PPE selection
(g) Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
(h) Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
(i) An explanation of the procedure to follow if an incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
(j) Disinfecting procedures
(k) Proper handling of bio-hazard waste
(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 for the signs and labels and/or color coding required by the standard and used at this facility
(n) An opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available in the office of Risk Management.

XI. RECORDKEEPING

(a) Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years the Risk Management office.

The training record include:
1. The dates of the training session
2. The contents or summary of the training sessions
3. The names and qualifications of persons conducting the training
4. The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the City's Risk Manager.

(b) Medical Records

Medical records will be maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records." Risk Management is responsible for maintenance of the required medical records. Pennsylvania Management Corporation (our TPA PMA) phone number 1-800-379-0276, or by contacting Matt Stuhlman Safety Officer at 203-977-4908

Employee medical records are provided upon request of the employee or anyone having written consent of the employee within 15 working days. Such requests should be sent to City's Risk Manager.

(c) Transfer of Records

If the City ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the City's Risk Manager shall contact the Director of the National Institute for Occupational Safety and Health (NIOSH) three months prior to cessation of business for instruction on final disposition of the records.

(d) Evaluation and Review

The City Safety Officer shall review this ECP for effectiveness at least annually and as needed to incorporate changes to the standard or changes in the work place

(e) Sharps Injury Log

The Sharps Injury Log shall be maintained in a manner as to protect the confidentiality of the employee. Therefore, when data from this log is released, information which directly identifies the employee (e.g. name, address, social security number, payroll number, ID number etc.), or information which indirectly identifies the employee (e.g. exact age, date of initial employment, department, work unit etc.) will not be released. To overcome this problem, data may be aggregated and released in instances where non-aggregate data would identify the employee(s).

Information that must be collected on the Sharps Injury Log are:

1. Employee's name
2. Employee ID number
3. Sex
4. Incident Report Form number
5. Sharps Injury Log number
6. Job classification
7. Initial date of hire with the City
8. Date of hire in current job classification
9. Type of device/equipment involved in the injury
10. Brand name of device/equipment involved in the injury. If using a safety device document the following:
    A. Date(s) employee received training on use
    B. Was the safety feature activated during use.
11. Work area where the injury occurred.
12. Procedure/activity being performed when exposure injury occurred.
13. Body part(s) affected.
14. Objects or substances involved and how were they involved in the injury.
15. Risk determination and outcome.

The Sharps Injury Log shall be maintained for five (5) years following the end of the year to which they are related.

XII. REFERENCES

1. Guidelines for Isolation Precautions in Hospitals. Infection Control and Hospital Epidemiology 1996.

2. Infection Control in Ambulatory Care. Eds Freidman C and Petersen K. Publisher Jones and Bartlett, Sudbury MA. 2004

3. Guideline for Hand Hygiene in Health Care Settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SEA/APIC/IDSA Hand Hygiene Task Force MMWR 2002; 51. No. RR-16.

4. Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule. – 66:5317-5325 OSHA Regulations (Standard 29CFR) Retention of Record. – 1904.6

5. Miller, J and Holmes, H. Specimen Collection, Transport and Storage. In: Murray, P. et al. eds. Manual of Clinical Microbiology 7th edition. Washington, D.C. ASM; 1999: 33-63.

6. Berrouane, Y. Laboratory - Acquired Infections: In Prevention and Control of Nosocomial Infections 3rd Edition. Ed. Wenzel. Williams & Wilkins. Philadelphia 1997: 607.

7. OSHA Regulations (Standards - 29CFR) #1910.1030. Bloodborne Pathogens.

XIII. REVISION HISTORY:

Creation date: March 2009
Revision date: August 2017

WRITTEN BY:
Mathew Stuhlman
Safety Officer
DATE: 8/28/2017

REVIEWED/APPROVED
Jennifer Calder, DVM, MPH, PhD
Director of Health
DATE: August 30, 2017

APPENDIX A

CITY OF STAMFORD

Hepatitis B Declination Form

The following statement of declination of Hepatitis B vaccine must be signed by an employee who chooses not to accept the vaccine. The statement can only be signed by the employee following appropriate training regarding Hepatitis B, Hepatitis B vaccine, the efficacy, safety, method of administration, benefits of the vaccination, the availability of the vaccine and that the vaccination is free of charge to the employee. The statement is not a waiver; an employee can request and receive the Hepatitis B vaccine at a later date if they remain occupationally at risk for Hepatitis B.

DECLINATION STATEMENT

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease Hepatitis B.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Employee Signature Date

_____

Print Full Name

_____

Department/Division

APPENDIX B

CITY OF STAMFORD

Bloodborne Pathogen Exposure Protocol

Employee Name:_____

To Be Done	Date (Time) Completed
Initiate Self Care	____/___/_____ (___:___ am/pm)
Report exposure to Supervisor	____/___/_____ (___:___ am/pm)
Employee reports to:[1] ☐ Concentra Medical Center ☐ Greenwich Hospital ☐ Stamford Hospital Emergency Room	____/___/_____ (___:___ am/pm)
Incident Report Form filled out and submitted	____/___/_____ (___:___ am/pm)
Request Donor blood sample to be collected if permitted by law and tested for HIV, Hep B, and Hep C.	____/___/_____ (___:___ am/pm)

[1] Employee should preferably report to Concentra Medical Center, however, do not delay treatment, so please report to the most convenient facility for treatment

Appendix C

Regulations (Standards - 29 CFR)
Bloodborne pathogens. - 1910.1030

Regulations (Standards - 29 CFR) - Table of Contents

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

1910.1030(a)

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

1910.1030(b)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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

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

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

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly

contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

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

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

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

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

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

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

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

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

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

1910.1030(c)

Exposure Control --

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)

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

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

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

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

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

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

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

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

1910.1030(c)(1)(iii)

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

1910.1030(c)(1)(iv)

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

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

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

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

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

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

Exposure Determination.

1910.1030(c)(2)(i)

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

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

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

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

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

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

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

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

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

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

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

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

..1910.1030(d)(2)(ii)

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)

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

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

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

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

1910.1030(d)(2)(viii)

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

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and

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

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

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

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

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

1910.1030(d)(2)(xi)

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

1910.1030(d)(2)(xii)

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

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)

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)

1910.1030(d)(3)(v)

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

1910.1030(d)(3)(vi)

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

1910.1030(d)(3)(vii)

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

1910.1030(d)(3)(viii)

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

1910.1030(d)(3)(ix)

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

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

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

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

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

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

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

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

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

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

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

Periodically reevaluate this policy;

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

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

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

Not discourage the use of gloves for phlebotomy; and

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

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

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

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

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

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

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

When the employee is receiving training in phlebotomy.

..1910.1030(d)(3)(x)

1910.1030(d)(3)(x)

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

1910.1030(d)(3)(xi)

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

1910.1030(d)(3)(xii)

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

1910.1030(d)(4)

Housekeeping --

1910.1030(d)(4)(i)

General. Employers shall ensure that the worksite is maintained in a clean and sanitary

condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

1910.1030(d)(4)(ii)

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

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

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)

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:

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

Closable;

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

Puncture resistant;

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

Leakproof on sides and bottom; and

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

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:

1910.1030(d)(4)(iii)(A)(2)(i)

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);

1910.1030(d)(4)(iii)(A)(2)(ii)

Maintained upright throughout use; and

1910.1030(d)(4)(iii)(A)(2)(iii)

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:

1910.1030(d)(4)(iii)(A)(3)(i)

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

1910.1030(d)(4)(iii)(A)(3)(ii)

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

1910.1030(d)(4)(iii)(A)(3)(ii)(A)

Closable;

1910.1030(d)(4)(iii)(A)(3)(ii)(B)

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

1910.1030(d)(4)(iii)(A)(3)(ii)(C)

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:

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

Closable;

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

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

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

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

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

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:

1910.1030(d)(4)(iii)(B)(2)(i)

Closable;

1910.1030(d)(4)(iii)(B)(2)(ii)

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

1910.1030(d)(4)(iii)(B)(2)(iii)

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

1910.1030(d)(4)(iii)(B)(2)(iv)

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

1910.1030(d)(4)(iii)(C)

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

..1910.1030(d)(4)(iv)

1910.1030(d)(4)(iv)

Laundry.

1910.1030(d)(4)(iv)(A)

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

1910.1030(d)(4)(iv)(A)(1)

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

1910.1030(d)(4)(iv)(A)(2)

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

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)

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

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

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

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

tissues, or organs. These requirements apply in addition to the other requirements of the standard.

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

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

1910.1030(e)(2)(ii)

Special Practices.

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

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

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

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

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

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

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

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

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

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

All activities involving other potentially infectious materials shall be conducted in biological

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

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

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

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

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)

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)

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)

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)

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

1910.1030(e)(4)(vi)

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

1910.1030(e)(5)

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

1910.1030(f)

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

..1910.1030(f)(1)

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

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

1910.1030(f)(1)(ii)

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

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

Made available at no cost to the employee;

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

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

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

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

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

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

1910.1030(f)(1)(iii)

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

..1910.1030(f)(2)

1910.1030(f)(2)

Hepatitis B Vaccination.

1910.1030(f)(2)(i)

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

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

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

1910.1030(f)(3)(i)

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

..1910.1030(f)(3)(ii)

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)

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

1910.1030(f)(4)

Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)

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

1910.1030(f)(4)(ii)

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

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

A copy of this regulation;

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

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

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

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

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

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)

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

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

1910.1030(g)

Communication of Hazards to Employees --

1910.1030(g)(1)

Labels and Signs --

1910.1030(g)(1)(i)

Labels.

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

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

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

Labels required by this section shall include the following legend:

1910.1030(g)(1)(i)(C)

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

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

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

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

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)

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

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

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

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

1910.1030(g)(2)(ii)

Training shall be provided as follows:

1910.1030(g)(2)(ii)(A)

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

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

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

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

At least annually thereafter.

1910.1030(g)(2)(iii)

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

1910.1030(g)(2)(iv)

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

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

1910.1030(g)(2)(v)

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

1910.1030(g)(2)(vi)

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

1910.1030(g)(2)(vii)

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

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

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

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

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

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

An explanation of the modes of transmission of bloodborne pathogens;

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

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

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)

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)

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

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

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

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

1910.1030(g)(2)(viii)

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

1910.1030(g)(2)(ix)

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

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

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

1910.1030(g)(2)(ix)(B)

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

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

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

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

1910.1030(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

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

1910.1030(h)(1)(ii)

This record shall include:

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

The name and social security number of the employee;

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

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

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

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

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

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

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

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

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

1910.1030(h)(1)(iii)

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

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

Kept confidential; and

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

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

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

The dates of the training sessions;

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

The contents or a summary of the training sessions;

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

The names and qualifications of persons conducting the training; and

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

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

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

1910.1030(h)(2)(ii)

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

1910.1030(h)(3)

Availability.

1910.1030(h)(3)(i)

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

1910.1030(h)(3)(ii)

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

1910.1030(h)(3)(iii)

Employee medical records required by this paragraph shall be provided upon request for

examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

..1910.1030(h)(4)

1910.1030(h)(4)

Transfer of Records.

1910.1030(h)(4)(i)

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

1910.1030(h)(4)(ii)

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

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

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

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

The type and brand of device involved in the incident,

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

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

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

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

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

1910.1030(h)(5)(iii)

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

1910.1030(i)

Dates --

1910.1030(i)(1)

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

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

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.

[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]