

EXPOSURE CONTROL PLAN

Parkland College

Revised September, 2014

**PARKLAND COLLEGE
EMPLOYEE EXPOSURE CONTROL PLAN**

I. Introduction

Many workers face a daily risk of occupational exposure to blood and other potentially infectious materials that may contain hepatitis B virus (HBV) or hepatitis C virus (HCV), which can cause a potentially fatal liver disease; human immunodeficiency virus (HIV), the cause of acquired immunodeficiency syndrome (AIDS); or other bloodborne pathogens. To help minimize or eliminate workplace exposure, the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (see Appendix A) was enacted. In response to that standard, this exposure control plan has been developed in order to provide guidelines for promoting a safe work environment and education and training to assist workers in avoiding exposure to bloodborne pathogens.

For the purpose of this plan, *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 are defined as: 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.

II. Program Management

- A. The Wellness Coordinator is responsible for the overall management of compliance efforts with OSHA's Bloodborne Pathogen Standard. This includes:
 - 1. Overall responsibility for implementing the exposure control plan
 - 2. Review of the exposure control plan at least once per year and revision of the plan as often as necessary
 - 3. Acting as liaison during OSHA/Department of Labor inspections related to bloodborne pathogens

- B. Department Heads are responsible for exposure control in their respective areas. They work directly with employees to assure employees are following proper exposure control procedures. In addition, they are responsible for:
 - 1. Maintaining a current list of personnel requiring training
 - 2. Scheduling training for new employees and annual training for other personnel

3. Consulting with the Wellness Coordinator about scheduling new employees for hepatitis B vaccination as appropriate

C. Employees are responsible for:

1. Knowing what tasks they perform that have the potential for occupational exposure
2. Attending bloodborne pathogens training sessions
3. Following procedures in accordance with this exposure control plan

III. Distribution of Exposure Control Plan

The exposure control plan is an appendix to the College's Policy and Procedure Manual and may be accessed from the College's homepage on the Internet. A hard copy of the exposure control plan will be located in the following areas:

- Wellness Coordinator's office, Room U112
- Department of Public Safety, Room X109

IV. Exposure Determination

The determination of which employees are at risk for exposure to blood or other potentially infectious materials takes into consideration the risks incurred while performing ones' job or procedures without the use of personal protective equipment.

Please note: Public Safety Officers and certain Child Development Center staff members are the only college employees who administer emergency medical assistance and first aid to others on campus as one of their job responsibilities. All other employees who choose to administer first aid on campus are considered to be acting as "Good Samaritans" and the college is not obligated to provide medical evaluations for these employees in the event an exposure incident or injury results. If you witness an accident or injury, immediately dial "0," ext. 2369, or press the "911" button on in-house telephones to summon the Public Safety Officers.

- A. The following is a listing of job classifications in which all employees may be occupationally exposed (Category 1 - high risk):

Athletic coach
Athletic trainer
Athletic support staff
Physical Education faculty
Security Patrol Officer

Public Safety Officer
 Director of Public Safety
 IMC Supervisor
 IMC Student Workers
 IMC Lab Technologist
 Dental Hygiene program faculty
 Nursing Assistant program faculty
 Nursing program faculty
 Respiratory Care program faculty
 Surgical Technology program faculty
 Practical Nursing program faculty
 Child Development Center Director
 Child Development Center Teaching Associate
 Child Development Center Teaching Assistant
 Child Development Center Aide
 Custodian
 Grounds crew

- B. The following is a listing of job classifications in which some employees may be occasionally exposed (Category 2 - low risk):

Massage Therapy program faculty
 Medical Assisting program faculty
 Occupational Therapy Assistant program faculty
 Radiologic Technology program faculty

- C. The following is a listing for each job classification of the tasks or procedures that involve exposure:

<u>Job Classification</u>	<u>Tasks</u>
Athletic coach Athletic trainer Athletic support staff	Caring for injured athletes at practices and events
Physical Education faculty	Contact with students who become injured during class activities
IMC Supervisor IMC Student Worker IMC Lab Technologist	Handling full bio-hazard bags and dental instruments after use in dental clinic
Public Safety Officer Director of Public Safety	Responding to medical emergencies and crimes in which trauma is involved

Child Development Center: Director, Teaching Associate, and Teaching Assistant	Caring for children with cuts, scrapes, blood noses and other minor injuries; changing diapers
Dental Hygiene program faculty	Exposure to bloody saliva during dental procedures
Surgical Technology program faculty	Exposure to blood during surgical procedures
Custodian	Handling bloody waste in bathrooms, cleaning up bloody spills, cleaning the dental clinic, inadvertent exposure to contaminated syringes when cleaning bathrooms
Occupational Therapy Assistant program faculty Radiologic Technology program faculty Respiratory Care program faculty Nursing program faculty EMS program faculty Medical Assisting program faculty Massage Therapy program faculty Nursing Assistant program faculty Practical Nursing program faculty	Exposure to patients during clinic; no exposure if not assigned to clinic or if there is no patient contact
Grounds Crew	Inadvertent exposure to contaminated syringes and bloody trash when emptying trash bins located outside the college buildings

D. Job classifications listed below have no occupational exposure:

Administrators, faculty and staff in the following areas:

Academic Services
Admissions and Records
Adult and Continuing Education
Adult Degree Completion Center

Advising and Transfer Center
Alumni Association
Assessment Center
Automotive Technology
Bookstore
Business and Agri-Industries
Business Office
Business Development Center
Campus Technologies
The Career Center
Center for Excellence in Teaching and Learning
Computer Science and Information Technology
Construction Technology
Cooperative Education
Counseling Center
Development and Planning
Distance and Virtual Learning
Electrical Power
Emergency Medical Services program
English and Critical Studies
Financial Aid
Fine and Applied Arts
Foundation
Health careers faculty not assigned to clinic
Human Resources
Information Systems & Services
Institutional Research and Evaluation
International Education
Learning Lab
Library
Mailroom
Manufacturing Operations
Marketing and Creative Services
Mathematics
Natural Sciences
Planetarium
Purchasing
Reprographics
Social Sciences and Human Services
Student Life
Student Support Services
Veterinary Technology
Visual Art
Welding
Other non-academic, professional support, and academic staff not listed in
IV(A) and IV(B)

V. Methods of Compliance

A. Universal Precautions

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 infected with HIV, HBV, HCV, and other bloodborne pathogens. Universal precautions will be used at all times to prevent contact with blood or other potentially infectious materials.

B. Engineering and Work Practice Controls

Engineering controls serve to reduce exposure to bloodborne pathogens and other infectious materials in the workplace by either removing the hazard or isolating the worker from it. *Work practice controls* reduce the likelihood of exposure through changes in the way in which a task is performed. Engineering and work practice controls include but are not limited to the following:

1. Handwashing

- a. Employees are to wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- b. Employees are to 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.
- c. Antiseptic hand cleanser is to be used when handwashing facilities are not available, such as at athletic events. Whenever antiseptic cleaners are used, hands should be washed with soap and water as soon as possible following exposure.

2. Sharps

- a. Contaminated needles and other contaminated sharps should not be bent, recapped, or removed. Employees are never to shear or break contaminated needles.

- b. Any necessary needle recapping or removal must be accomplished through the use of a mechanical device or a one-handed technique.
 - c. Immediately or as soon as possible after use, contaminated sharps are to be placed in appropriate containers until they can be disposed of. Contaminated reusable sharps should be placed in appropriate containers until properly reprocessed. The containers for these purposes must be puncture-resistant, leak-proof on the sides and bottom, and labeled with the biohazard symbol (see Appendix B) or color coded in red. They must be readily available at sites where they might be needed.
3. Minimize exposure
- a. All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
 - b. Employees with skin lesions or weeping dermatitis should avoid duties that might result in exposure to blood or other potentially infectious materials.
 - c. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
4. Personal habits and eating
- a. Employees are not to eat, drink, smoke, apply cosmetics or lip balm, and handle contact lenses in areas where there is a reasonable possibility of coming in contact with blood or other body fluids.
 - b. Food and drinks are not to be stored in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
5. Equipment
- a. Equipment which becomes contaminated with blood or other potentially infectious materials shall be examined

prior to servicing or shipping and should be decontaminated as necessary.

- b. If decontamination is not feasible, then a biohazard label shall be attached to the equipment stating which portions remain contaminated. This information should be conveyed to all affected employees, the servicing representative, and/or the manufacturer prior to handling, servicing, or shipping.

C. Personal Protective Equipment (PPE)

Personal protective equipment (PPE) acts as a barrier between the employee and the source of bloodborne pathogens.

1. When there is the risk of occupational exposure, appropriate PPE is provided by the college at no cost to the employee.
2. Such equipment is considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use, and only if it continues to be effective for the entire length of time it is in use.
3. Appropriate personal protective equipment may include, but is not limited to, such items as:
 - a. Disposable (single-use) gloves
 1. Gloves should be worn when there is a reasonable likelihood of hand contact with blood or other potentially infectious material, mucous membranes, or non-intact skin; when performing vascular access procedures; when handling or touching contaminated items or surfaces.
 2. Disposable gloves, such as surgical or examination gloves, should be replaced after handwashing 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.
 3. Disposable gloves should not be reused.

- b. Utility gloves
 - 1. Utility gloves worn by housekeeping and laundry personnel can be cleaned, disinfected (soaked for 10 minutes in a freshly mixed 10% bleach solution then rinsed with water), and reused if they show no signs of deterioration.
 - 2. Discard utility gloves if they are cracked, peeling, torn, punctured, or otherwise deteriorating.
- c. Masks, eye protection, and face shields
 - 1. Wear masks, eye protection, and face shields whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials are likely to occur.
- d. Protective clothing
 - 1. Gowns, aprons, lab coats, jackets and other protective clothing should be worn when exposure to blood or other potentially infectious materials is likely to occur.

D. Housekeeping

- 1. Scheduled cleaning and decontamination of worksites
 - a. The worksite is to be maintained in a clean and sanitary condition.
 - b. The schedule for general cleaning and disinfection is based on the location within the college, the type of surface to be cleaned, the type and amount of soil present, and the tasks or procedures that are performed in that area.
- 2. Cleaning of contaminated equipment and working surfaces

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

- a. Work surfaces are to be washed with soap and water and then decontaminated with an appropriate EPA approved disinfectant.

- b. Protective coverings for equipment are to be removed and replaced as soon as they become contaminated.
- c. Broken glassware that may be contaminated should never be picked up with the hands. It should be cleaned up using mechanical means, such as a brush and dustpan, forceps, or tongs, and placed in a sharps container.
- d. Reusable sharps contaminated with blood or other potentially infectious materials should be decontaminated prior to washing and/or reprocessing. These items should not be stored in a manner that requires employees to reach by hand into containers where these sharps have been placed.
- e. Reusable receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials should be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- f. Appropriate personal protective equipment should be used as needed.

E. Laundry

- 1. Laundry contaminated with blood or other potentially infectious materials should be handled as little as possible with a minimum of agitation. Contaminated laundry should be:
 - a. Bagged or put in a container at the location of use. Items should not be sorted or rinsed at the location of use.
 - b. Placed and transported in bags or containers labeled with the biohazard symbol or color coded in red in accordance with the OSHA standard.
 - c. Placed and transported in bags or containers that prevent soak-through and/or leakage.
 - d. Cleaned or laundered by the college or contracted laundry service using methods shown to be effective in eliminating

bloodborne pathogens (see Appendix C). Contaminated laundry is not to be taken home by the employee.

2. The college shall ensure that employees who have contact with contaminated laundry wear protective clothing and other appropriate personal protective equipment (gloves, aprons, etc).

F. Disposing of Regulated Waste

1. OSHA regulates disposal of the following infectious wastes:
 - a. Liquid or semi liquid blood or other potentially infectious materials.
 - b. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed.
 - c. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
 - d. Contaminated sharps.
 - e. Pathological and microbiological wastes containing blood or other potentially infectious materials.
2. Disposal guidelines
 - a. Sharps should be disposed of in sealable, puncture-resistant, disposable containers that are leakproof on the sides and bottom and that are labeled with the biohazard symbol or coded in red. Appropriate containers are provided by the college and can be obtained by calling IMC at ext. 2397.
 - b. When moving containers of contaminated sharps, they should be closed to prevent spillage or protrusion of contents. If leakage is possible, they should be placed in a second container that has the same characteristics as the first.
 - c. Other items soaked or caked with blood or other potentially infectious materials should be placed in biohazard bags and disposed of in the provided receptacle. Bio-hazard bags are available in wall receptacles in designated areas of the

college (see Appendix D). A locked disposal container located in the basement of the stairwell outside the dental hygiene clinic (L148) is available for disposal of bio-hazard bags. Access to this locked container may be obtained in IMC (L163, ext. 2397), or by calling the Department of Public Safety at ext. 2369.

- d. All regulated waste shall be disposed of by the licensed infectious waste hauler contracted by the college.

G. Hepatitis B Vaccination and Post-Exposure Evaluation

1. Vaccination

- a. Parkland provides, at no cost to employees, vaccination against hepatitis B virus (HBV; see Appendix E) to employees who have occupational exposure to blood and other potentially infectious materials. This consists of three inoculations over six months with a follow-up blood test (titer) to assure the vaccinations have provided adequate protection. This applies to both full- and part-time employees of the college.
- b. Vaccination will be made available after the employee has received the appropriate training and within 10 working days of assignment to a task that produces occupational exposure.
- c. This requirement is waived if the employee has previously received the complete HBV vaccination series, if antibody testing reveals that the employee is immune, or if the vaccine is contraindicated for medical reasons.
- d. Employees who decline vaccination must sign the "Declination Statement for Hepatitis B Vaccine" (see Appendix F). If an employee decides to accept vaccination at a later date, it will be made available at no charge.

2. Post-exposure evaluation and follow-up

An *exposure incident* is defined as specific eye, nose, mouth, nonintact skin, or parenteral (i.e. needle stick) contact with blood or other potentially infectious materials that results from an employee's or other exposed person's (e.g. student's) duties.

- a. Employee responsibility

In the event an exposure incident occurs, the exposed employee should:

1. Immediately flood the contaminated area with water.
2. Wash the exposed area thoroughly with soap and water or a skin disinfectant if available.
3. Reporting the incident
 - a. Incidents occurring on campus: Incident reports (Appendix G) are available in department offices, from the Wellness Coordinator (U112, ext. 3879), in Public Safety (ext. 2369) and on line at www.parkland.edu/wellnesscenter and clicking on Incident Report. Immediately following the incident, report the incident to your supervisor and complete an incident report and submit it to Human Resources. If you are a health career student, report the incident to your instructor and submit an incident report to the Wellness Coordinator in U112.
 - b. Incidents occurring off-campus at clinical sites: Report the incident to the supervisor of the unit where the incident occurred and complete the necessary incident report and medical evaluation according to that facility's protocol. Submit a Parkland incident report to Human Resources as soon as possible. The bill for services rendered will only be paid by Parkland if a report is made to Parkland Human Resources in a timely manner. If you are a health career student, submit a Parkland incident report to the Wellness Coordinator in U112.
4. Medical Evaluation:

- a. Incidents occurring on campus: If between 7 a.m. and 5 p.m., Monday - Friday, evaluation is available at Carle Occupational Medicine Department (810 W. Anthony Dr., Urbana, 383-3077). At all other times, evaluation is available at Provena Covenant Emergency Department (1400 W. Park Street, Urbana, 337-2131) or Carle Emergency Department (611 W. Park Street, Urbana, 383-3313). A confidential medical evaluation and follow-up is required immediately following an exposure incident. If the employee refuses this medical evaluation, an "Informed Refusal of Post-exposure Medical Evaluation and Follow-up" form (see Appendix H) should be signed. All post-exposure medical evaluations and follow-up procedures performed by the facilities above will be paid for by the college. Health career students should be seen for a post-exposure medical evaluation following the same procedure as outlined for employees. See Appendix L for specific details for health career staff and students.

- b. Incidents occurring off-campus at clinical sites should be evaluated by the Employee Health Department (or Emergency Department, if after hours or if there is no Employee Health Department) at the facility where the incident occurred. All necessary post-exposure medical evaluations and follow-up procedures performed at the health care facility will be paid for by the college only if the incident is reported to Parkland Human Resources in a timely manner and a copy of the incident report filed with Human Resources. The health care provider should be asked to send the bill for services rendered to Parkland College Human Resources. Students should follow the same protocol but should request that the bill for services be sent to the Wellness Coordinator in U112.

b. Source individual

1. The source (the individual whose blood or body fluid caused the exposure) should be identified and documented on the incident report, unless identification is not feasible or is prohibited by state or local law.
2. The source individual's blood should be tested as soon as possible after the exposure incident in order to determine HIV, HBV, and/or HCV infectivity if desired by the exposed employee. For incidents occurring on campus, this testing is to be performed at the same facility where the employee is evaluated. For incidents occurring at clinical sites, the health care facility where the incident occurred is responsible for any testing of the source.
3. The result of this testing will be made available to the medical personnel evaluating the employee's exposure and the exposed employee only.

c. Health care professional

1. To ensure that a complete medical assessment and post-exposure evaluation have been completed, the health care professional will provide both the employer and employee a written opinion within 15 days of the evaluation. It must contain ONLY the following information:
 - a. Whether HBV vaccination is required for the employee.
 - b. Whether the employee has received the Hepatitis B vaccine.
 - c. Confirmation that the employee has been informed of the results of the evaluation.
 - d. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident.

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

H. Hazard Communication

Specific labeling is required to warn employees of potential hazards. The following are requirements for these labels:

1. The label must be fluorescent orange or orange-red and show the biohazard symbol and the word "Biohazard" in a contrasting color (see Appendix B).
2. Labels should be affixed or attached as closely as possible to the container by string, wire, or adhesive, or other method that prevents their loss or unintentional removal. Alternatively, labels can be imprinted on the container or bag.
3. Red bags or red containers may be substituted for labels.
4. Regulated waste that has been decontaminated need not be labeled or placed in red bags. For example, autoclaved waste does not need to be labeled.
5. Biohazard labels are to be placed on containers of regulated waste, e.g., sharps containers. Laundry contaminated with blood or other potentially infectious materials must also be labeled or color coded.

I. Employee Training

1. OSHA Requirement
 - a. Specific information and training regarding occupational exposure, required protective measures, and other contents of the exposure control plan must be provided for all employees who have occupational exposure to bloodborne pathogens.
 - b. The training will be provided to employees at the time of the initial assignment to duties that may result in occupational exposure and at least annually or as soon as possible when there are changes in procedures or job assignments. A training log (see Appendix I) will be kept by the Wellness Coordinator. If the training is done electronically, the submitted answer sheet to the quiz will be considered proof of completion.
 - c. The initial training program will be interactive and allow time for employees to ask questions.
 - d. Annual training will be done in one of three ways:

1. At a department meeting
2. Independently with written material
3. Independently on line by going to the Personnel Resources tab on the My.Parkland site.

2. Content of Training

This training shall include the following information:

- a. How to access a copy of the exposure control plan and a copy of the OSHA standard.
- b. How HIV, HBV, and other bloodborne diseases can be transmitted.
- c. The symptoms of HIV, HBV, and other bloodborne diseases, and what behaviors put employees at risk of contracting these diseases.
- d. What an exposure control plan is and how it works.
- e. How to recognize job tasks that involve exposure to infectious materials.
- f. The limits of, and how to use, universal precautions; engineering controls; work practice controls; personal protective equipment, including information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE, and why the particular PPE has been chosen.
- g. The benefits and safety of the HBV vaccination, and the fact that it is free of charge through the college for anyone whose job has the potential for occupational exposure.
- h. How to report an exposure incident and what to do when one occurs.
- i. What the post exposure evaluation and follow-up examination involves.

- j. How the hazard labeling system works, and what the biohazard symbol means.

J. Recordkeeping

1. Wellness Center

- a. The Wellness Coordinator will establish an electronic file that includes the name of each employee with potential occupational exposure to blood or other potentially infectious materials.
- b. The file will contain:
 - 1. The name and department of the employee.
 - 2. The employee's hepatitis B vaccination status, including dates received, and any documentation relative to the employee's ability to receive the vaccination.
 - 3. Bloodborne pathogen training records.

2. Human Resources

- a. Human Resources will establish a file separate from the personnel file for each employee with occupational exposure to blood or other potentially infectious materials.
- b. The file will contain:
 - 1. The name and I.D. number of the employee
 - 2. A copy of the employee's vaccination status and a copy of the training record obtained from the Wellness Coordinator as needed.
 - 3. Copies of all examinations, medical testing, and follow-up procedures, as well as the written opinion of the health care professional.
 - 4. A copy of the information about an employee that has been provided to the health care professional.

- c. No medical information will be disclosed to any persons in or outside of the college without the employee's written consent (see Appendix K).
- d. Upon request, medical records will be provided to the employee for examination and copying.
- e. Employee medical records will be maintained as long as the employee works for the college and for 30 years afterward.

3. Employee Training Record (see Appendix I)

- a. Records which document employee training will include:
 - 1. Dates of training
 - 2. Summary of the contents of training
 - 3. Names and qualifications of the person conducting the training
 - 4. Names and job titles of all persons attending the training session
- b. Training records will be maintained for three years from the date on which training occurred.
- c. Training records are available upon request to an employee and his or her representatives, and to anyone having the written consent of the employee.
- d. If the training is done on line, documentation will be done by completing a quiz and submitting it to the Wellness Coordinator for verification.

4. Hepatitis B Vaccine Declination

- a. OSHA requires that an employee who declines to accept hepatitis B vaccination offered by the employer sign the "Declination Statement for Hepatitis B Vaccine" (see Appendix F).
- b. This form must be retained by the college for the duration of employment and for 30 years after employment ends.

5. Informed refusal of post-exposure medical evaluation and follow-up

- a. An employee who does not wish to receive post-exposure medical evaluation and follow-up must sign a statement to that effect (see Appendix H).

Any questions about the exposure control plan should be directed to the Wellness Coordinator, ext. 3879.

Revised September, 2014

APPENDICES

Appendix A: Federal Rule: "OSHA Occupational Exposure to Bloodborne Pathogens"

Appendix B: Biohazard symbol

Appendix C: Approved laundry methods

Appendix D: Locations of bio-hazardous waste disposal supplies

Appendix E: Information sheet on hepatitis B virus and vaccine

Appendix F: Hepatitis B vaccine declination form

Appendix G: Exposure incident report

Appendix H: Informed refusal of post-exposure medical evaluation and follow-up

Appendix I: Employee training record

Appendix J: Employee medical record

Appendix K: Authorization to release information

APPENDIX A

OSHA Regulations (Standards - 29 CFR)

Bloodborne pathogens - 1910.1030

- 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(c)(2)(i)(C)

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

1910.1030(c)(2)(ii)

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

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

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

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

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

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

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 judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

..1910.1030(d)(3)(v)

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 overflow.

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 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:

BIOHAZARD

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:

BIOHAZARD

BIOHAZARD

(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]

APPENDIX B

BIOHAZARD SYMBOL



APPENDIX C

APPROVED LAUNDRY METHODS

All contaminated linens, athletic uniforms, and other laundry items shall be mechanically washed using soap or detergent and warm or hot water. Linens shall be disinfected by using one of the following procedures:

1. Thermal disinfection: Linen must be exposed to water with a minimum of hot water at least 160 degrees Fahrenheit for a cumulative time of at least 25 minutes.
2. Chemical and thermal disinfection: Linen must be exposed to wash and bleach bath water at least 140 degrees Fahrenheit. The bleach bath must be at least 10 minutes long and have a starting bleach concentration of 100 parts per million. This bleach concentration should be measured by titration on a periodic basis.
3. Other: A step-wise wash process which has been previously documented by microbiological study published in a scientific journal. The results must indicate no surviving pathogenic microorganisms and a low level of other organisms. Low level is defined as nine out of ten samples with less than two colonies per ten square centimeters of test surface.

Source: Illinois Administrative Code, Chapter 1, Section 250.1740 Subchapter b.

APPENDIX D

LOCATION OF BIOHAZARDOUS WASTE DISPOSAL SUPPLIES

Biohazard disposal (locked) in utility area behind the L wing

Dental Clinic (by the sink):

biohazard disposal bin
sharps disposal

Room L157:

biohazard disposal bin
sharps disposal

Room L143:

sharps disposal

Room L160:

biohazard disposal bin
Sharps disposal

P building (in trainer's room):

7.5 gallon bin with lid & deodorizer
(portable)
1 rack 'n sack

Department of Public Safety (X109):

biohazard disposal bin
1 rack 'n sack

Child Development Center (in bathrooms)

3 rack 'n sacks
7.5 gallon bin with lid & deodorizer
(portable; in custodian's closet)

Behind L wing in service area

locked green dumpster disposal bin

APPENDIX E

<http://www.cdc.gov/vaccines/vpd-vac/hepb/default.htm>

APPENDIX F

**PARKLAND COLLEGE
DECLINATION STATEMENT FOR HEPATITIS B VACCINE**

Employee Name _____

ID# _____ Job Title _____

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

Signature of Employee

Date

Signature/Title of Authorized
Employer Representative

Date

**APPENDIX G
PARKLAND COLLEGE
INCIDENT REPORT: EXPOSURE TO BLOOD OR BODY FLUIDS**

Name: _____ Faculty/Staff/Student

Department _____

Date of Incident: _____ Time of Incident: _____

Incident Reported to: _____ Instructor/Supervisor

Description of the incident (provide all details of what happened, including location of incident, how it happened, work being performed, type of exposure, part of body exposed, etc.):

Personal protective equipment used at time of incident (gloves, eye protection, etc.):

Actions taken (washing skin, decontamination of area, etc.):

Date Hepatitis B vaccine series completed _____

Was an incident report completed at another facility? Yes/No where? _____

Signature _____ Date _____

*Faculty/staff submit to Human Resources
Student submit to Wellness Coordinator in U112*

APPENDIX H

INFORMED REFUSAL OF POSTEXPOSURE MEDICAL EVALUATION AND FOLLOW-UP

I, the undersigned, am employed by Parkland College as a _____.
(job title)

On _____, 20____, I was involved in an exposure incident (describe details below):

Parkland College has offered to provide post-exposure medical evaluation and follow-up for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.
However, I, of my own free will and volition, and despite the college's offer, have elected not to have a medical evaluation.

Witness

Signature

Printed Name

Address

City

State

Zip

Date

APPENDIX I

PARKLAND COLLEGE BLOODBORNE PATHOGEN TRAINING

DATE

SESSION SUMMARY

INSTRUCTOR(S)

QUALIFICATIONS

ATTENDEE SIGNATURE

JOB TITLE & DEPARTMENT

APPENDIX J

**PARKLAND COLLEGE
EMPLOYEE MEDICAL RECORD**

Employee Name _____ ID# _____

Job Title _____

Hepatitis B Vaccination Status

Has employee received hepatitis B vaccine? _____ Yes _____ No

If yes, dates hepatitis B vaccine received: #1 _____

 #2 _____

 #3 _____

If no, is there a signed declination statement for hepatitis B vaccine on record?

 _____ Yes _____ No

Exposure Incident Information

Date of incident _____

Date seen for medical evaluation _____

The following documents must be attached: Physician examination notes _____

 Medical testing documentation _____

 Recommendations made by
 physician for follow-up _____

 Copy of all information about the
 employee that was given to the
 examining physician _____

APPENDIX K

AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, authorize and request _____

PERSON OR AGENCY

STREET CITY STATE ZIP

to release information regarding _____ to Parkland
NAME OF PERSON

College, 2400 W. Bradley Ave., Champaign IL 61821, attention:_____.

Disclosure of the following information is requested: _____

Signature ID # Date

Witness Signature: _____ Date: _____

I, the undersigned, authorize and request Parkland College to release information regarding

services received by _____ from Parkland College to
NAME OF PERSON

PERSON/AGENCY STREET CITY STATE ZIP

Disclosure of the following information is requested: _____

Signature ID # Date

Witness Signature: _____ Date: _____