

Hampton City Schools

Exposure Control Plan

Revised January 2018

HAMPTON CITY SCHOOLS

EXPOSURE CONTROL PLAN

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**HAMPTON CITY SCHOOLS
BLOODBORNE PATHOGENS STANDARD
EXPOSURE CONTROL PLAN**

SECTION I. INTRODUCTION

The OSHA/VOSH 29 CFR 1910.1030 Bloodborne Pathogens Standard (Appendix E) was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses. In the course of their work, workers may be exposed to such viruses through routes such as needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent the exposure of workers to bloodborne pathogens.

Hampton City Schools is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following exposure control plan has been provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standards.

All employees who may be exposed to blood and other potentially infectious materials as a part of their job duties are included in this program. This plan will be reviewed at bi-annually and updated as necessary by the Coordinator of Health Services and a review committee consisting of, but not limited to, the Assistant Superintendent over Support Services; representatives of the departments of Food and Nutrition Services, Operations and Maintenance, Physical Education, Science, Security, Special Education and Transportation; designated school principals and designated school nurses.

Copies of this plan are available in the following locations:

Hampton City Schools website
Health Services Office
Human Resources Department
Individual School Clinics
Operations and Maintenance Department
Transportation Department
Adult Education Office

An employee may obtain a copy of this plan within 5 days of his/her written request to the Coordinator of Health Services.

SECTION II. EXPOSURE DETERMINATION

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (see table below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). For more specific information see Appendix A: Potentially Infectious Material, their Potential Infective Agents, and Concerns for Transmission.

Other Potentially Infectious Materials (OPIM) as defined by 29 CFR 1910.1030

BODY FLUIDS	OTHER MATERIALS
Amniotic Fluid Any body fluid visibly contaminated with blood Cerebrospinal Fluid Pericardial Fluid Peritoneal Fluid Pleural Fluid Saliva Semen Synovial Fluid Vaginal Secretions	Any unfixed tissue or organ (other than intact skin) from a human (living or dead) HIV/HBV containing cell or tissue cultures, organ cultures, and culture medium Blood, organs or other tissues from experimental animals infected with HIV or HBV

LIST A HIGH RISK OF EXPOSURE

All employees in the job categories listed below have been identified as being at high risk of exposure:

- Assistant Principal
- Athletic Coach
- Athletic Trainer
- Day Custodial Staff
- Evening Custodial Staff--Middle and High School only
- First responders who may not qualify otherwise
- Health Clerk
- Occupational Therapist
- PE Teacher
- Physical Therapist
- Plumber
- Principal
- School Bus Attendant
- School Bus Driver
- School Nurse
- School Security Officer
- Special Education Teacher or Instructional Assistant for Autism, Severe Learning Disabilities, MR Functional, Emotional

Disturbance, and Early Childhood
Speech Pathologist
Student Attendant
Student Health Attendant
Teacher or Instructional Assistant for classrooms or students, who have been identified by Human Resources as having the expectation for exposure.

**LIST B
MODERATE RISK OF EXPOSURE**

Job classifications in which some employees may have a moderate risk of occupational exposure are included on this list. Tasks or procedures that would qualify these employees are: responding to accidental injuries, providing immediate first aid when needed, and/or providing instruction in laboratory situations conducive to accidents.

Classroom teacher
Instructional Assistant
Evening Custodial Staff-Elementary Schools
Other School Staff

SECTION III. METHODS OF COMPLIANCE

A. Universal Precautions

All employees shall follow Universal Precautions. All blood or other potentially infectious materials shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering and Work Practice Controls

Engineering and Work Practice Controls 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. The following engineering controls shall be utilized:

- Sharps Containers shall be maintained in all school clinics and other school sites as necessary
- Regulated waste containers shall be located in all clinics and other assigned locations within each school

The above controls shall be maintained or replaced on regular schedule by the school nurse, who shall arrange for appropriate disposal through Health Service or custodial contractor.

C. Handwashing and Other General Hygiene Measures

Handwashing is a primary infection control measure that protects both the employee and the student. Appropriate handwashing shall be diligently practiced (see Appendix B). Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water. Mucous membranes shall be flushed with water, as soon as possible.

Handwashing facilities with antiseptic soap are present at all sites. Health Services, when contacted by department heads, for use when handwashing facilities are not available, shall provide antiseptic towelettes or instant hand sanitizer.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.

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

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

Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

D. Sharps Management

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Contaminated disposable or reusable sharps and contaminated broken glass shall be discarded in the disposable sharps containers.

Sharps containers shall be closeable, puncture resistant, labeled or color-coded, leak proof on sides and bottom, and maintained in an upright position throughout use. Containers shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found.

Sharps containers shall be available in the clinic in each school.

Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers shall be promptly disposed of and replaced.

Through an agreement with a service company, sharps containers shall be removed and replaced routinely. Scheduling the removal and replacement of sharps containers is the responsibility of the school nurse in each school.

Staff and students who have any health condition that requires the carrying of any medically necessary sharp (i.e. needles, lancets, etc.) shall carry or have access to an appropriate sharps disposal container.

E. Personal Protective Equipment

E-1. General Guidelines

The body fluids of all persons must be considered potentially hazardous. Direct skin contact with all body fluids should be avoided. All personal protective equipment shall be provided, repaired, cleaned and disposed of by the employer at no cost to the employees. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Hypoallergenic gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, and pocket masks are available to all employees as needed through Health Services.

If blood or other potentially infectious material penetrates a garment, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work areas; it shall be placed in assigned containers for storage, washing, decontamination or disposal.

Regulated waste containers shall be available in each school clinic and in the Health Services office of the central administration building. Spill kits shall be available on all buses, in all school clinics, and to each Athletic Director.

Recommendations for choosing appropriate personal protective equipment are included in Appendix B: Guidelines for Handling Body Fluids in School.

E-2. Protection for Hands

Gloves shall be worn in the following situations:

- When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin;
- When handling or touching contaminated items or surfaces.

Disposable Gloves

- Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
- Do not wash or decontaminate single use gloves for re-use.

Utility Gloves (Work Gloves)

- Decontaminate for re-use if the gloves are in good condition. See Appendix C appropriate decontamination recommendations.
- Discard when gloves are cracked, peeling, torn, punctured, or show other signs of deterioration (whenever their ability to act as a barrier is compromised).

E-3. Protection for Eyes/Nose/Mouth

Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields 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.

Should Cardiopulmonary Resuscitation (CPR) be needed, a disposable mask with a one-way valve should be used. Disposable CPR masks will be available in the “To-Go” emergency bags in each school clinic, every Automated External Defibrillator (AED) cabinet, and in other designated locations in each building as necessary.

E-4. Protection for the Body

A variety of garments including gowns, aprons, lab coats, clinic jackets, etc. are to be worn in occupational exposure situations. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

F. Housekeeping

F-1. General Policy

The principle task of custodians is to maintain a clean and sanitary workplace. A written housekeeping procedure guide for blood and body fluids, see Appendix C, must be followed.

F-2. Equipment and Environmental and Working Surfaces

Clean contaminated reusable medical equipment (i.e. tweezers, otoscope probes, scissors, etc.) with soap and water followed by appropriate disinfectant. (See Appendix C for appropriate disinfectant recommendations.)

Clean contaminated work surfaces with appropriate disinfectant:

- After completing procedures
- Immediately or as soon as feasible when overtly contaminated or after any spill of blood or other potentially infectious material
- At the end of the work shift if the surface may have become contaminated since the last cleaning

Remove and replace protective coverings (e.g. plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces as soon as feasible when overtly contaminated or at the end of the work shift if they may have become contaminated.

Regularly inspect and decontaminate all reusable bins, pails, cans, and similar receptacles that may become contaminated with blood or other potentially infectious material. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible.

Custodial personnel will inspect, clean, and decontaminate those bins, pails, trash cans, etc. in clinic areas and other areas as needed daily.

F-3. Special Sharp Precautions

Clean up broken glass that may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. DO NOT pick up directly with hands.

Sharps containers are not to be reopened (once full), emptied or cleaned manually or in any other manner which will expose employees to the risk of sharps or needlestick injury. DO NOT reach into a sharps container.

F-4. Regulated Waste Containers

Containers must be closed prior to moving or removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated, it is to be placed in a second container that must have the same characteristics as the initial container as discussed above.

Regulated Waste containers are to be disposed of according to guidelines (See Appendix B).

Regulated Waste includes:

- 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
- Pathological and microbiological wastes containing blood or other potentially infectious materials

F-5. Laundry

Employees who handle contaminated laundry are to wear protective gloves and other appropriate personal protective equipment to prevent exposure to blood and other potentially infectious material and utilize other universal precautions during and after handling.

- Contaminated laundry shall be handled as little as possible with a minimum of agitation
- Do not sort/rinse laundry in location of use
- Place in container/bag where it was used
- Wet, contaminated laundry, which may soak through, or cause leakage from bag or container, will be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior

If an employee's clothing is soiled, the employee shall be sent home to change. If the clothing is a dry cleanable item, the employee shall have the clothing cleaned at a dry cleaner of their choice. The employee shall then submit a receipt to the Coordinator of Health Services for reimbursement of the expense of cleaning the soiled item. If clothing item can not be appropriately cleaned, the Coordinator of Health Services will work with the employee to replace the item.

F-6. Communication of Hazards to Employees

Employees will be informed of hazards through a training program, which is discussed in Section VI of this written plan. Hampton City Schools shall use the following measures for regulated waste designation:

- Warning labels shall be affixed to containers of regulated waste.
- Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
- The label is to be either an integral part of the container or affixed as close as feasible to the container by a method that prevents loss or unintentional removal of the label.
- The label shall have: the biohazard symbol and the text Biohazard.
- Red bags or red containers may be substituted for the warning label.

The label color-coding as described above is not required when regulated waste has been decontaminated.

SECTION IV. HEPATITIS B VACCINATION

A. General Statement

All employees who have been identified as having a moderate or high risk of exposure to bloodborne pathogens (see Section II Exposure Determination) shall be offered the Hepatitis B vaccination series at no cost to them. Some job classifications may be prioritized. In addition, all employees shall be offered post-exposure evaluation and follow-up at no cost to the employee should the employee experience an exposure incident on the job.

All medical evaluations and procedures, including the Hepatitis B vaccination series, whether prophylactic or post-exposure, shall be made available to the employee at a reasonable time and place. This medical care shall be performed by, or under the supervision of, a licensed physician, physician's assistant, or nurse practitioner. Medical care and the vaccination series

shall be administered according to the most current recommendations of the U.S. Public Health Service. A copy of the Bloodborne Pathogens Standard (29 CFR 1910.1030—see Appendix D) will be provided to the healthcare professional responsible for the employee's Hepatitis B vaccination.

All laboratory tests will be conducted at an accredited laboratory at no cost to the employee.

B. Hepatitis B Vaccination

The vaccination for Hepatitis B is a series of three injections following recommended timelines. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service or CDC change requirements in the future, boosters will be provided free of charge to employees with high to moderate risk of occupational exposure.

The vaccination will be made available to eligible employees indicated by Human Resources after they have processed and given their initial assignment to a job category with a high to moderate risk of exposure. The vaccination series will not be made available to employees who have previously received the complete Hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.

Any eligible employee who chooses not to take the Hepatitis B vaccination shall be required to sign a declination statement. This decline statement will be placed in their employee folder in Human Resources office. The Hepatitis B vaccination series shall be made available to an eligible employee who initially declines vaccination, but later decides to accept vaccination.

All designated employees who choose to obtain Hepatitis B vaccination shall be referred to the designated healthcare professional for evaluation of any contraindications to vaccination. If no contraindications exist and the worker has no documentation of immunity, the employee will be allowed to start the vaccination series.

SECTION V. EXPOSURE INCIDENTS

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (refer to the definitions in Appendix E) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Employees who experience an exposure incident must immediately report their exposure to the principal, school nurse, or their immediate supervisor and follow procedures for Workers' Compensation and complete all forms required for blood exposure (Appendix D). When an employee reports an exposure incident, following the initial first aid treatment, he/she shall immediately be offered a confidential medical evaluation and follow-up at the employer's expense, including the following elements:

- Documentation and reporting of the route(s) of exposure, and circumstances under which the exposure incident occurred
- Identification and documentation of the source individual unless identification is not feasible

If the infectivity status of the source individual is unknown, the individual's blood shall be tested as soon as feasible after consent is obtained. (Appendix D) The exposed employee shall be informed of the results of the source individual's testing. (Legal reference: Appendix G) If the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status need not be repeated.

The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV, and HIV serological status. 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.

The exposed employee shall be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee shall be offered counseling concerning precautions to take during the period after the exposure incident. The employee also shall be given information on what potential illnesses may result and instructions to report any related symptoms to the appropriate personnel.

The following information shall be provided to the healthcare professional evaluating an employee after an exposure:

- A copy of 29 CFR 1910.1030 Bloodborne Pathogens Standard
- A description of the exposed employee's duties as they relate to the exposure incident
- The documentation of the route(s) of exposure and circumstances under which exposure occurred
- The results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee including vaccination status

The City of Hampton's Risk Management office 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. The written opinion shall be limited to the following information:

- The employee has been informed of the results of the evaluation.

- 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.

NOTE: All other findings shall remain confidential and shall not be included in the written report.

SECTION VI. EMPLOYEE TRAINING

Employees shall be trained regarding bloodborne pathogens at the time of initial assignment and annually thereafter during work hours. Additional training may be needed whenever there are changes in tasks or procedures that affect employees' exposure to bloodborne pathogens.

The training approach shall be tailored to the educational level, literacy, and language of the employees. The training plan shall include an opportunity for employees to have their questions answered by the trainer.

Training shall consist of media presentation, lecture, demonstration, or written materials. A Hampton City Schools' Registered Nurse or designee shall be available for questions.

The following content shall be included:

- Explanation of the contents of the bloodborne pathogens standard regulatory text and where it can be located
- General explanation of the epidemiology, modes of transmission, and symptoms of diseases
- Explanation of the contents of this exposure control plan and where a written copy is located or may be obtained
- Procedures which may expose employees to blood or other potentially infectious materials
- Control methods that will be used at this facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials
- Information on the types, selection, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- Information on the Hepatitis B vaccination program including the benefits and safety of vaccination
- Information on procedures to use in an emergency involving blood or other potentially infectious materials
- Procedures to follow if an exposure incident occurs
- Explanation of post-exposure evaluation and follow-up procedures
- Explanation of warning labels and/or color coding

SECTION VII. RECORDKEEPING PROCEDURES

Procedures are in place for maintaining both medical and training records. If Hampton City Schools should cease business, and there is no successor employer to receive and retain the records for the prescribed period, the Director of the National Institute for Occupational Safety and Health (NIOSH) shall be notified at least three months prior to the disposal of records. The records shall be transmitted to NIOSH, if required by the Director, within the three-month period.

A. Medical Recordkeeping

A medical record shall be established and maintained for each employee with occupational exposure to bloodborne pathogens or other potentially infectious materials. The record shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.1020 (see Appendix F- Access to employee exposure and medical records.) The City of Hampton's Risk Management office shall be responsible for maintaining confidential medical records.

The record shall include the following:

- Name and social security number/employee ID number of the employee
- A copy of the employee's Hepatitis B vaccination status with dates of Hepatitis B vaccinations and any medical record relative to the employee's ability to receive vaccination
- A copy of examination results, medical testing, and any follow-up procedures
- A copy of the healthcare professional's written opinion
- A copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive Hepatitis B vaccination after an exposure incident

B. Confidentiality of Medical Records

The medical record shall be held confidential. The contents shall not be disclosed or reported to any person within or outside the workplace without the employee's expressed written consent, except as permitted or required by law or regulation. Employee medical records required under 29 CFR 1910.1020 shall be provided upon request for examination and copying to the subject employee and the Assistant Secretary of Labor for the Occupational and Safety Administration and the Director of the National Institute for Occupational Safety and Health (NIOSH) in accordance with 29 CFR 1910.1020.

C. Training Records

Training records shall be maintained in the office of Human Resource or Coordinator of Health Services for three (3) years from the date on which the training occurred.

The following information shall be included:

- Dates of training sessions
- Contents or a summary of the training sessions
- Names and qualifications of trainer(s)
- Names and job titles of all persons attending

Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Assistant Secretary of Labor for the Occupational and Safety Administration and the Director of the National Institute for Occupational Safety and Health (NIOSH) in accordance with 29 CFR 1910.1020.

Appendices

Appendix A: Potentially Infectious Materials Chart

Appendix B: Guidelines for Handling Body Fluids In School
Table One: Choosing the Appropriate Personal Protective
Equipment

Appendix C: Hampton City Schools' Housekeeping Guide

Appendix D: Forms

Appendix E: 29 CFR 1910.1030 Bloodborne Pathogen Standard

Appendix F: 29 CFR 1910.1020 Access to employee exposure and medical records

Appendix G: Code of Virginia § 32.1-45.1. Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses.

APPENDIX A

Potentially Infectious Materials, Their Potential Infective Agents, and Concerns for Transmission

Body Fluids	Potential Organisms	Transmission
Blood cuts/abrasions nosebleed menses used needles	Hepatitis B	Person to person by direct inoculation with secretions containing blood or by needle stick.
	HIV (Human Immunodeficiency Virus/AIDS)	Only documented transmission is by inoculations through needle stick or direct introduction through lacerations
	Cytomegalovirus (CMV)	Risk is to pregnant women and immune-compromised individuals
Respiratory Secretions nasal discharge sputum	Mononucleosis Virus Common Cold Virus Influenza Virus CMV	Secretions to hands, nose, mouth or eyes Bloodstream inoculation and perhaps oral inoculations from hands
Saliva	Hepatitis B	Bloodstream inoculation through cuts and abrasions, bites
	HIV	No evidence of transmission through this fluid. Caution should be followed.
	CMV	Bloodstream inoculation and perhaps oral inoculations from hands
Vomit Feces	Gastrointestinal Virus Norwalk Agent Rotavirus Salmonella Bacteria Shigella Bacteria Rotavirus Hepatitis A Virus	Fluid/food to hands to mouth
Urine	CMV	Bloodstream inoculation and perhaps oral inoculations from hands
Semen Vaginal Secretions	AIDS Hepatitis B Gonorrhea and other STDs	Bloodstream inoculation through sexual contact or perhaps other intimate contact

APPENDIX B

Guidelines For Handling Body Fluids In Schools

Universal Precautions

Body fluids of all individuals should be considered as potential carriers of infectious agents. Individuals who are not known to be infected may present as a greater danger since relaxation of simple precautions may follow. Universal precautions require the use of protective barriers whenever there is a reasonable likelihood of exposure to blood or other body fluids. Examples of protective barriers include CPR masks, gloves, gowns, masks, and protective eyewear.

Use of Gloves

Whenever possible, direct skin contact with body fluids should be avoided. Disposable gloves are available in the school clinic. Gloves shall be worn when making contact with body fluids. As important as wearing gloves, is the correct procedure for removing them. With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second. Never touch the outside of the glove with the bare hand. Contaminated gloves shall be disposed of in an appropriate container. Thorough handwashing shall be required after removal of gloves. If employee is unsure how to remove gloves see clinic nurse or Health Services for training.

Handwashing Technique

1. Use ample soap and running water
2. Rub hands together to produce abundant lather for 10 to 15 seconds
3. Clean under nails, scrub knuckles, back of hands and nails, and between fingers
4. Dry thoroughly with warm air or disposable towels
5. When soap and running water is not available, the use of an anti-bacterial hand sanitizer is permissible. However, when soap and running water becomes available, hands should be washed.

Disposal of Regulated Waste Containers

All school clinics are supplied with Regulated Waste Containers, red bags, and spill kits. When sharps containers are full, they should be securely closed and placed in the Regulated Waste Containers. The school nurse is responsible for contacting the company contracted to pick up or Health Services and destroy regulated waste.

Choosing the Appropriate Personal Protective Equipment (PPE)

Table One

PPE	When the PPE should be worn	Examples of tasks that would require PPE
Single Use, Disposable Gloves	Should be worn whenever there is a reasonable expectation for exposure to blood or other potentially infectious materials	Wound care or dressing changes Blood glucose monitoring Injections Topical Medications Catherization Diapering/toileting Emesis Cleanup Feeding (oral or gastrostomy) Changing menstrual pads
Utility Gloves	Should be worn when handling or cleaning up contaminated materials	Cleaning body fluids Emptying trash cans Handling sharps/containers Handling regulated waste Cleaning/sweeping up contaminated broken glass/sharps Handling contaminated laundry
Gowns, aprons	Should be worn when there is an expectation for exposure to blood or other potentially infectious materials from splashes, sprays and splatters. Disposable gloves or utility gloves should be worn as indicated by the specific task.	Wound care for combative child Diapering/toileting with gross contamination Diapering, toileting, feeding, suctioning, and cleaning of students with little or no impulse control Sorting or bagging contaminated laundry Disposing of regulated waste with gross contamination
Face/Eye Protection	Should be worn when there is an expectation of exposure to blood or other potentially infectious materials to the face, nose, or eyes. Disposable or utility gloves, gowns or aprons should be worn as indicated by the specific task.	Feeding a child with a history of spitting, forceful vomiting, or coughing Suctioning tracheotomy with history of forceful coughing or copious secretions Assisting with severe injuries and wounds with spurting blood.
CPR Masks	Should be worn to provide a barrier from exposure to blood or other potentially infectious materials when giving CPR.	Performing CPR

APPENDIX C
Housekeeping Guide for Blood and Body Fluid Spills

1. Cleaning routines do not require modification unless contaminated with blood or body fluids.
2. Secure and contain area
3. Secure cleaning supplies as necessary
 - a. Spill Kit
 - b. Absorbent material (Voban or D'Vour)
 - c. Broom
 - d. Dust Pan
 - e. Rags
 - f. Mop and Bucket
 - g. Bleach (1:10 ratio), Neutral-Q, or Airx44 (use only ONE chemical)
4. Use personal protective equipment as indicated by the spill
 - a. Disposable gloves
 - b. Eye Protection
 - c. Gown or apron
 - d. Shoe covering
5. The size of the spill will determine material required to clean up the spill:
 - a. Small areas: use a rag to wipe up contaminates
 - b. Large areas: use the absorbent material
6. Follow the instructions on the packaging to mix the disinfectant.
7. After the area has been wiped up, flood area with the disinfectant, let stand for ten (10) minutes.
8. Dispose of all items (except the mop bucket, mop handle, broom and dust pan) properly (see chart below).
9. Disinfect all equipment.
10. Place secured biohazard bag in the Regulated Waste Container in the clinic.
11. NEVER PUT A BIOHAZARD BAG IN THE TRASH!!
12. For spills on carpeted areas:
 - a. Use Airx44 or Neutral-Q to spray on blood (DO NOT USE BLEACH).
 - b. Use a cloth to absorb blood from carpet.
 - c. Use a carpet extractor with AirX80 to clean carpet
 - d. Disinfect and clean carpet extractor with Airx44 or Neutral-Q, then rinse with clean water
 - e. Dispose of cloth and other items in biohazard bag

Disposal of Contaminated Waste

Regular Trash (in sealed, plastic bag)	Biohazard Trash (in red biohazard bag)
Gloves and other barriers	Sharps Containers (sealed)
Sanitary napkins	Over-saturated (drippy) items
Band-Aids	
Urine, Vomit (contained within absorbent material)	

Appropriate Disinfectant Solution

For disinfecting reusable medical equipment, first wash with soap and water to remove debris. Then, disinfect equipment with an Environmental Protection Agency (EPA) approved, hospital-grade germicide/tuberculocide according to container directions.

This disinfectant is effective against Hepatitis B (HBV) and Hepatitis C (HCV) viruses.

A 1:10 Bleach solution is appropriate for environmental disinfecting and is effective against HIV/AIDS. In preparing the solution, mix with cool water and place in a clearly labeled, tightly sealed bottle. Remix after 24 hours. Disposable or utility gloves should be worn. The bleach solution needs to remain on the surface for 10 to 15 minutes to be effective.

These disinfectant solutions are recommended by the Centers for Disease Control and Prevention (CDC).

**APPENDIX D
FORMS**

1. Employee Annual Bloodborne Pathogen Training Form
2. Exposure Incident Procedure/Report Form
3. Consent for Blood Testing of Source Individual
4. Refusal for Blood Testing of Source Individual
5. Healthcare Professional Written Opinion
6. Informed Refusal of Post-Exposure Medical Evaluation
7. Employee Eligibility Determination for Hepatitis B Immunizations
8. Employee Declination of Hepatitis B Immunization

Employee Annual Bloodborne Pathogens Training

NAME OF SCHOOL _____

Name of Instructor _____

Name of media presentation, if used. _____

(If no media presentation is used, attach contents or summary of presentation.)

Date _____

PRINT NAME

JOB TITLE

SIGNATURE

PRINT NAME	JOB TITLE	SIGNATURE

Exposure Incident Procedure

1. Perform immediate First Aid procedures (such as thorough washing of skin or flushing of mucous membranes, or encouraging bleeding from puncture wounds.)
2. If possible, identify source or keep syringe/needle for possible testing.
3. Report immediately to the principal, school nurse, or your supervisor, if the nurse is not available.
4. Complete the Workers' Compensation Employee Report of Work-Related Injury or Illness Form including all details of the incident.
5. Complete the Exposure Incident Report Form.
6. Choose a doctor from the approved list. Have school nurse or supervisor fill out the top portion of the Physician's Medical Report. Take that form and a copy of the Exposure Report Form to the appointment.
7. The school nurse or supervisor will fill out the Employer's Report of Work-Related Injury ("Brown form").
8. If source individual is known, the school nurse or supervisor will contact the individual, or parent if a minor student, and obtain consent for testing of their blood. The source individual, or their parent, if a minor, may decline blood testing. Signed documentation of consent or declination must be obtained.
9. Notify Risk Management by phone of the exposure. All completed forms shall be forwarded to Risk Management.
10. Any follow-up information or appointments will be handled through Risk Management.

-front-

Exposure Incident Report

Date of Incident _____

Employee Name _____

Employee Address _____

Social Security Number (optional) _____

Employee Phone Number _____

Employee Job Title _____

Source Name _____

Source Address _____

Source Phone Number _____

Exposure Incident Circumstances (describe what happened and route and place of exposure)

Person(s) notified of exposure: _____

Employee's Hepatitis B Vaccine History:

- No Hepatitis B Vaccination history
 History of ___ Vaccines

Dates, if available: Dose #1 _____

Dose #2 _____

Dose #3 _____

Employee's Signature/Date

School Nurse/Supervisor Signature/Date

-back-

CONSENT FOR BLOOD TESTING OF SOURCE INDIVIDUAL

I understand that my child or legal ward has been identified as a source individual where an employee of Hampton City Schools may have been exposed to blood or other potentially infectious materials. I am giving consent for blood testing for HBV, HCV, and HIV and the exchange of the results between the two agencies/persons listed below. I also authorize the Coordinator of Health Services to exchange the results with the exposed Hampton City School employee.

- 1. Coordinator of Health Services
Hampton City Schools
One Franklin Street
Hampton, VA 23669

- 2. Source Individual's Healthcare Provider:
Name _____
Address _____
Phone _____

Source Individual's Name _____

Source Individual's Date of Birth _____

Parent/Guardian's Printed Name _____

Signature of Parent/Guardian _____

Date _____

Witness Signature _____

Date _____

REFUSAL FOR BLOOD TESTING OF SOURCE INDIVIDUAL

I have been informed by Hampton City Schools that my child or legal ward has been identified as being a source individual in an employee exposure incident to blood or other potentially infectious materials. I am aware of the risks to the employee and understand that, if tested, the results of the testing would have only been released to the Coordinator of Health Services and the exposed employee. I am also aware that the Code of Virginia § 32.1-45.1 Subsection K states that the school board may petition the Juvenile and Domestic Relations District Court for an order requiring this testing. Nevertheless, I am declining blood testing for HBV, HCV, and HIV.

Name of Source Individual _____

Parent's/Guardian's Name _____

Phone _____

Address _____

Date Employee Exposed _____

Date parent/guardian notified _____

Notifying Individual _____

Signature: _____

Date: _____

HEALTHCARE PROFESSIONAL WRITTEN OPINION

Patient Name _____ Date _____

Is the Hepatitis B vaccination indicated for this employee? _____

Has this employee ever received the Hepatitis B Vaccine before? _____

POST-EXPOSURE FOLLOW-UP

1. Would you please verify and provide a statement that this employee of Hampton City Schools has been informed of the results of this evaluation.

2. Would you please verify and provide a statement that this employee of Hampton City Schools has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

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

Please send this completed form to:
Risk Management
22 Lincoln Street
Hampton, Virginia 23669

INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

I, _____, am an employee of Hampton City Schools. My employer has provided Bloodborne Pathogens training to me.

On _____ (insert date), I was involved in an exposure incident when I (describe incident):

My employer has offered to provide follow-up medical evaluation (including testing for HBV immunity and HIV status) 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 my employer's offer, have elected not to undergo a medical evaluation.

Signature

Print Name

Address

City State Zip Code

Date

Witness Date

Eligibility Determination for Employee Hepatitis B Immunizations

As directed by the OSHA/VOSH 1910 Bloodborne Pathogens Standard, Hampton City Schools has instituted an Exposure Control Plan in order to minimize and to prevent, when possible, the exposure of our employees to disease-causing microorganisms transmitted through human blood. Because we are committed to providing a safe and healthful work environment for our entire staff, we have established the following criteria for all employees:

1. All Employees must have yearly training regarding blood-borne pathogens to include an explanation of the blood-borne pathogens standard; a general explanation of the epidemiology, modes of transmission, and symptoms of blood-borne diseases; an explanation of the exposure control plan and how it will be implemented; procedures which may expose employees to blood or other potentially infectious materials; and control methods that will be used to prevent/reduce the risk of exposure to blood or other potentially infectious materials.
2. In addition, all employees, who have been identified as employees in job categories identified as high risk of exposure to blood-borne pathogens, will be offered the Hepatitis B Immunization series at no cost to them. The following job categories fall under this designation:

- Assistant Principal
- Athletic Coach
- Athletic Trainer
- Custodial Staff, Day
- Custodial Staff, evening (Middle and High School only)
- First Responders who may not qualify otherwise
- Health Clerk
- Occupational Therapist
- PE Teacher
- Physical Therapist
- Plumber
- Principal
- School Bus Attendant
- School Bus Driver
- School Nurse
- School Security Officer
- Special Education Teacher or Instructional Assistant for Autism, Severe Learning disabilities, MR Functional, Emotional Disturbance, and Early Childhood
- Speech Pathologist
- Student Attendant
- Student Health Attendant

-page one of three-

Teachers or Instructional Assistants for classrooms or students, who have been identified by Human Resources as having the expectation for exposure

3. Any employee exposed to any blood-borne pathogens at the workplace must immediately report such exposure to their supervisor or school nurse and follow the procedures for Worker's Compensation.

Hampton City School's Hepatitis B vaccinations are performed by the Hampton Health Department. The Health Services Department will review this Eligibility Determination form and notify employees by letter if they qualify and provide specific information about receiving the immunization series. The referred employee is responsible for their own transportation to the Immunization clinic and for adhering to the schedule for the immunization series as set by the Hampton Health Department Immunization Clinic. The Health Services Department of Hampton City Schools is responsible for maintaining the record of Hepatitis B immunizations given to employees.

If you have any questions about blood-borne pathogens, the Exposure Control Plan, or the eligibility for Hepatitis B immunizations, please contact your school nurse or the Health Services Department at 727-2363.

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To assist the Health Services Department in identifying eligible employees, please **completely** fill out the following information and return with your new employee packet:

Please Print Legibly or Type:

Complete Name:
Home address:
Home/cell phone number:
Work phone number:
School/ Department/Site Assignment:
Job Title:
Have you ever had ANY Hepatitis B immunizations? Yes No
If yes, did you complete the 3 shot series? Yes No
If no, how many in the series did you complete?
If yes, do you know the dates of your immunization series?

An employee who meets the eligibility criteria as designated by the Exposure Control Plan will be offered the Hepatitis B vaccination series at no cost to them. The vaccination is a series of three injections. You should not consent to receiving the vaccine if you have had a serious allergic reaction to a prior dose of Hepatitis B vaccine or if you are allergic to common baker’s yeast. If you have ever had the Hepatitis B series, you do not need to receive any further booster doses. If you have started, but not completed, the three shot series, you do not have to start the series over, only finish the remaining doses.

Please check your immunization record before signing if you have been a member of any military service, police, fire, or EMT organization, or are a recent college graduate. You may have already received the series.

Please check one of the below and sign.

<input type="checkbox"/> I would like to be considered for the Hepatitis B series if my job category and exposure determination makes me eligible.
<input type="checkbox"/> I have already completed the Hepatitis B series.
<input type="checkbox"/> I am declining the Hepatitis B series at this time. I understand that if I am eligible and decide to receive the series at a later date, I will contact the Health Services Department of Hampton City Schools.

Signature

Date

Employee Declination of Hepatitis B Immunization

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

Employee's Name _____

Employee's Signature _____

Date _____

Witness Signature _____

Date _____

APPENDIX E

29 CFR 1910.1030

Code of Federal Regulations Bloodborne Pathogen Standard

<http://www.osha.gov>

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 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)

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 1910.20(e).

1910.1030(c)(1)(iv)

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

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

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

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

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

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

Exposure Determination.

1910.1030(c)(2)(i)

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

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

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

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

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

1910.1030(c)(2)(i)(C)

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

1910.1030(c)(2)(ii)

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

1910.1030(d)

Methods of Compliance –

1910.1030(d)(1)

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

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

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

1910.1030(d)(2)(ii)

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

1910.1030(d)(2)(iii)

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

1910.1030(d)(2)(iv)

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

1910.1030(d)(2)(v)

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

1910.1030(d)(2)(vi)

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

1910.1030(d)(2)(vii)

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

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

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

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

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

1910.1030(d)(2)(viii)

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

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and

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

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

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

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

1910.1030(d)(2)(xi)

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

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

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

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

1910.1030(d)(2)(xiii)(B)

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

1910.1030(d)(2)(xiii)(C)

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

1910.1030(d)(2)(xiv)

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

1910.1030(d)(2)(xiv)(A)

A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

1910.1030(d)(2)(xiv)(B)

The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

1910.1030(d)(3)

Personal Protective Equipment –

1910.1030(d)(3)(i)

Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

1910.1030(d)(3)(ii)

Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

1910.1030(d)(3)(v)

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

1910.1030(d)(3)(vi)

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

[1910.1030\(d\)\(3\)\(vii\)](#)

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

[1910.1030\(d\)\(3\)\(viii\)](#)

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

[1910.1030\(d\)\(3\)\(ix\)](#)

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

[1910.1030\(d\)\(3\)\(ix\)\(A\)](#)

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

[1910.1030\(d\)\(3\)\(ix\)\(B\)](#)

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

[1910.1030\(d\)\(3\)\(ix\)\(C\)](#)

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

[1910.1030\(d\)\(3\)\(ix\)\(D\)](#)

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

[1910.1030\(d\)\(3\)\(ix\)\(D\)\(1\)](#)

Periodically reevaluate this policy;

[1910.1030\(d\)\(3\)\(ix\)\(D\)\(2\)](#)

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

[1910.1030\(d\)\(3\)\(ix\)\(D\)\(3\)](#)

Not discourage the use of gloves for phlebotomy; and

[1910.1030\(d\)\(3\)\(ix\)\(D\)\(4\)](#)

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

[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)

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)

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 dustpan, tongs, or forceps.

1910.1030(d)(4)(ii)(E)

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

1910.1030(d)(4)(iii)

Regulated Waste –

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

Contaminated Sharps Discarding and Containment.

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

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

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

Closable;

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

Puncture resistant;

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

Leakproof on sides and bottom; and

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

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

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

During use, containers for contaminated sharps shall be:

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

Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

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

Maintained upright throughout use; and

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

Replaced routinely and not be allowed to overfill.

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

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

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

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

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

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

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

Closable;

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

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

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

Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

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

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

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

Other Regulated Waste Containment –

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

Regulated waste shall be placed in containers which are:

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

Closable;

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

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

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

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

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

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

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

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

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

Closable;

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iv)

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)

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

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

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

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

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

1910.1030(e)(2)(ii)

Special Practices.

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

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

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

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

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

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

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

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

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

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

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

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

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

Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)(2)(iii)

Containment Equipment.

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

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

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

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

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

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)

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

1910.1030(e)(4)(vi)

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

1910.1030(e)(5)

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

1910.1030(f)

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

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

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

1910.1030(f)(1)(ii)

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

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

Made available at no cost to the employee;

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

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

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

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

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

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

1910.1030(f)(1)(iii)

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

1910.1030(f)(2)

Hepatitis B Vaccination.

1910.1030(f)(2)(i)

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

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

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

1910.1030(f)(3)(i)

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

1910.1030(f)(3)(ii)

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

1910.1030(f)(3)(ii)(A)

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

1910.1030(f)(3)(ii)(B)

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

1910.1030(f)(3)(ii)(C)

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

1910.1030(f)(3)(iii)

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

1910.1030(f)(3)(iii)(A)

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

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

1910.1030(f)(4)

Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)

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

1910.1030(f)(4)(ii)

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

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

A copy of this regulation;

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

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

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

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

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

Results of the source individual's blood testing, if available; and

1910.1030(f)(4)(ii)(E)

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

1910.1030(f)(5)

Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

1910.1030(f)(5)(i)

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

1910.1030(f)(5)(ii)

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

1910.1030(f)(5)(ii)(A)

That the employee has been informed of the results of the evaluation; and

1910.1030(f)(5)(ii)(B)

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

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

1910.1030(g)

Communication of Hazards to Employees –

1910.1030(g)(1)

Labels and Signs –

1910.1030(g)(1)(i)

Labels.

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

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

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

Labels required by this section shall include the following legend:



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)

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

(Name of the Infectious Agent)

(Special requirements for entering the area)

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

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

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

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.

1910.1030(g)(2)(ii)

Training shall be provided as follows:

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

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

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

At least annually thereafter.

1910.1030(g)(2)(iii)

[Reserved]

1910.1030(g)(2)(iv)

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

1910.1030(g)(2)(v)

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

1910.1030(g)(2)(vi)

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

1910.1030(g)(2)(vii)

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

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

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

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

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

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

An explanation of the modes of transmission of bloodborne pathogens;

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

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

1910.1030(g)(2)(vii)(E)

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

1910.1030(g)(2)(vii)(F)

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

1910.1030(g)(2)(vii)(G)

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

1910.1030(g)(2)(vii)(H)

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

1910.1030(g)(2)(vii)(I)

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

1910.1030(g)(2)(vii)(J)

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

1910.1030(g)(2)(vii)(K)

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

1910.1030(g)(2)(vii)(L)

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

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

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

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

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

1910.1030(g)(2)(viii)

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

1910.1030(g)(2)(ix)

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

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

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

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

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

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

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

1910.1030(h)

Recordkeeping –

1910.1030(h)(1)

Medical Records.

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)

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

1910.1030(h)(1)(iii)

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

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

Kept confidential; and

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

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

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

The dates of the training sessions;

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

The contents or a summary of the training sessions;

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

The names and qualifications of persons conducting the training; and

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

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

1910.1030(h)(2)(ii)

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

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)

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

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

he 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 part 1904.

1910.1030(h)(5)(iii)

The sharps injury log shall be maintained for the period required by 29 CFR 1904.33.

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)

Paragraphs (g)(2) Information and Training and (h) Recordkeeping of this section 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 of this section, 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; 71 FR 16672 and 16673, April 3, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33608, June 8, 2011; 76 FR 80740, Dec. 27, 2011; 77 FR 19934, April 3, 2012]

APPENDIX F

29 CFR 1910.1020

Code of Federal Record: Access to employee exposure and medical records

<http://www.osha.gov>

1910.1020(a)

"Purpose." The purpose of this section is to provide employees and their designated representatives a right of access to relevant exposure and medical records; and to provide representatives of the Assistant Secretary a right of access to these records in order to fulfill responsibilities under the Occupational Safety and Health Act. Access by employees, their representatives, and the Assistant Secretary is necessary to yield both direct and indirect improvements in the detection, treatment, and prevention of occupational disease. Each employer is responsible for assuring compliance with this section, but the activities involved in complying with the access to medical records provisions can be carried out, on behalf of the employer, by the physician or other health care personnel in charge of employee medical records. Except as expressly provided, nothing in this section is intended to affect existing legal and ethical obligations concerning the maintenance and confidentiality of employee medical information, the duty to disclose information to a patient/employee or any other aspect of the medical-care relationship, or affect existing legal obligations concerning the protection of trade secret information.

1910.1020(b)

"Scope and application."

1910.1020(b)(1)

This section applies to each general industry, maritime, and construction employer who makes, maintains, contracts for, or has access to employee exposure or medical records, or analyses thereof, pertaining to employees exposed to toxic substances or harmful physical agents.

1910.1020(b)(2)

This section applies to all employee exposure and medical records, and analyses thereof, of such employees, whether or not the records are mandated by specific occupational safety and health standards.

1910.1020(b)(3)

This section applies to all employee exposure and medical records, and analyses thereof, made or maintained in any manner, including on an in-house or contractual (e.g., fee-for-service) basis. Each employer shall assure that the preservation and access requirements of this section are complied with regardless of the manner in which records are made or maintained.

1910.1020(c)

"Definitions."

1910.1020(c)(1)

"Access" means the right and opportunity to examine and copy.

1910.1020(c)(2)

"Analysis using exposure or medical records" means any compilation of data or any statistical study based at least in part on information collected from individual employee exposure or medical records or information collected from health insurance claims records, provided that either the analysis has been reported to the employer or no further work is currently being done by the person responsible for preparing the analysis.

1910.1020(c)(3)

"Designated representative" means any individual or organization to whom an employee gives written authorization to exercise a right of access. For the purposes of access to employee exposure records and analyses using exposure or medical records, a recognized or certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

1910.1020(c)(4)

"Employee" means a current employee, a former employee, or an employee being assigned or transferred to work where there will be exposure to toxic substances or harmful physical agents. In the case of a deceased or legally incapacitated employee, the employee's legal representative may directly exercise all the employee's rights under this section.

1910.1020(c)(5)

"Employee exposure record" means a record containing any of the following kinds of information:

1910.1020(c)(5)(i)

Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained;

1910.1020(c)(5)(ii)

Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc.) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs;

1910.1020(c)(5)(iii)

Material safety data sheets indicating that the material may pose a hazard to human health; or

1910.1020(c)(5)(iv)

In the absence of the above, a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent.

1910.1020(c)(6)

1910.1020(c)(6)(i)

"Employee medical record" means a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician, including:

1910.1020(c)(6)(i)(A)

Medical and employment questionnaires or histories (including job description and occupational exposures),

1910.1020(c)(6)(i)(B)

The results of medical examinations (pre-employment, pre-assignment, periodic, or episodic) and laboratory tests (including chest and other X-ray examinations taken for the purpose of establishing a base-line or detecting occupational illnesses and all biological monitoring not defined as an "employee exposure record"),

1910.1020(c)(6)(i)(C)

Medical opinions, diagnoses, progress notes, and recommendations,

1910.1020(c)(6)(i)(D)

First aid records,

1910.1020(c)(6)(i)(E)

Descriptions of treatments and prescriptions, and

1910.1020(c)(6)(i)(F)

Employee medical complaints.

1910.1020(c)(6)(ii)

"Employee medical record" does not include medical information in the form of:

1910.1020(c)(6)(ii)(A)

Physical specimens (e.g., blood or urine samples) which are routinely discarded as a part of normal medical practice, or

1910.1020(c)(6)(ii)(B)

Records concerning health insurance claims if maintained separately from the employer's medical program and its records, and not accessible to the employer by employee name or other direct personal identifier (e.g., social security number, payroll number, etc.), or

1910.1020(c)(6)(ii)(C)

Records created solely in preparation for litigation which are privileged from discovery under the applicable rules of procedure or evidence; or

1910.1020(c)(6)(ii)(D)

Records concerning voluntary employee assistance programs (alcohol, drug abuse, or personal counseling programs) if maintained separately from the employer's medical program and its records.

1910.1020(c)(7)

"Employer" means a current employer, a former employer, or a successor employer.

1910.1020(c)(8)

"Exposure" or "exposed" means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure and potential (e.g., accidental or possible) exposure, but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

1910.1020(c)(9)

"Health Professional" means a physician, occupational health nurse, industrial hygienist, toxicologist, or epidemiologist, providing medical or other occupational health services to exposed employees.

1910.1020(c)(10)

"Record" means any item, collection, or grouping of information regardless of the form or process by which it is maintained (e.g., paper document, microfiche, microfilm, X-ray film, or automated data processing).

1910.1020(c)(11)

"Specific chemical identity" means a chemical name, Chemical Abstracts Service (CAS) Registry Number, or any other information that reveals the precise chemical designation of the substance.

1910.1020(c)(12) 1910.1020(c)(12)(i)

"Specific written consent" means a written authorization containing the following:

1910.1020(c)(12)(i)(A)

The name and signature of the employee authorizing the release of medical information,

1910.1020(c)(12)(i)(B)

The date of the written authorization,

1910.1020(c)(12)(i)(C)

The name of the individual or organization that is authorized to release the medical information,

1910.1020(c)(12)(i)(D)

The name of the designated representative (individual or organization) that is authorized to receive the released information,

1910.1020(c)(12)(i)(E)

A general description of the medical information that is authorized to be released,

1910.1020(c)(12)(i)(F)

A general description of the purpose for the release of the medical information, and

1910.1020(c)(12)(i)(G)

A date or condition upon which the written authorization will expire (if less than one year).

1910.1020(c)(12)(ii)

A written authorization does not operate to authorize the release of medical information not in existence on the date of written authorization, unless the release of future information is expressly authorized, and does not operate for more than one year from the date of written authorization.

1910.1020(c)(12)(iii)

A written authorization may be revoked in writing prospectively at any time.

1910.1020(c)(13)

"Toxic substance or harmful physical agent" means any chemical substance, biological agent (bacteria, virus, fungus, etc.), or physical stress (noise, heat, cold, vibration, repetitive motion, ionizing and non-ionizing radiation, hypo - or hyperbaric pressure, etc.) which:

1910.1020(c)(13)(i)

Is listed in the latest printed edition of the National Institute for Occupational Safety and Health (NIOSH) Registry of Toxic Effects of Chemical Substances (RTECS) which is incorporated by reference as specified in Sec. 1910.6; or

1910.1020(c)(13)(ii)

Has yielded positive evidence of an acute or chronic health hazard in testing conducted by, or known to, the employer; or

1910.1020(c)(13)(iii)

Is the subject of a material safety data sheet kept by or known to the employer indicating that the material may pose a hazard to human health.

1910.1020(c)(14)

"Trade secret" means any confidential formula, pattern, process, device, or information or compilation of information that is used in an employer's business and that gives the employer an opportunity to obtain an advantage over competitors who do not know or use it.

1910.1020(d)

"Preservation of records."

1910.1020(d)(1)

Unless a specific occupational safety and health standard provides a different period of time, each employer shall assure the preservation and retention of records as follows:

1910.1020(d)(1)(i)

"Employee medical records." The medical record for each employee shall be preserved and maintained for at least the duration of employment plus thirty (30) years, except that the following types of records need not be retained for any specified period:

1910.1020(d)(1)(i)(A)

Health insurance claims records maintained separately from the employer's medical program and its records,

1910.1020(d)(1)(i)(B)

First aid records (not including medical histories) of one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and the like which do not involve medical

treatment, loss of consciousness, restriction of work or motion, or transfer to another job, if made on-site by a non-physician and if maintained separately from the employer's medical program and its records, and

1910.1020(d)(1)(i)(C)

The medical records of employees who have worked for less than (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.

1910.1020(d)(1)(ii)

"Employee exposure records." Each employee exposure record shall be preserved and maintained for at least thirty (30) years, except that:

1910.1020(d)(1)(ii)(A)

Background data to environmental (workplace) monitoring or measuring, such as laboratory reports and worksheets, need only be retained for one (1) year so long as the sampling results, the collection methodology (sampling plan), a description of the analytical and mathematical methods used, and a summary of other background data relevant to interpretation of the results obtained, are retained for at least thirty (30) years; and

1910.1020(d)(1)(ii)(B)

Material safety data sheets and paragraph (c)(5)(iv) records concerning the identity of a substance or agent need not be retained for any specified period as long as some record of the identity (chemical name if known) of the substance or agent, where it was used, and when it was used is retained for at least thirty (30) years(1); and

1910.1020(d)(1)(ii)(C)

Biological monitoring results designated as exposure records by specific occupational safety and health standards shall be preserved and maintained as required by the specific standard.

1910.1020(d)(1)(iii)

"Analyses using exposure or medical records." Each analysis using exposure or medical records shall be preserved and maintained for at least thirty (30) years.

1910.1020(d)(2)

Nothing in this section is intended to mandate the form, manner, or process by which an employer preserves a record so long as the information contained in the record is preserved and retrievable, except that chest X-ray films shall be preserved in their original state.

1910.1020(e)

"Access to records" –

1910.1020(e)(1)

"General."

1910.1020(e)(1)(i)

Whenever an employee or designated representative requests access to a record, the employer shall assure that access is provided in a reasonable time, place, and manner. If the employer cannot reasonably provide access to the record within fifteen (15) working days, the employer shall within the fifteen (15) working days apprise the employee or designated representative requesting the record of the reason for the delay and the earliest date when the record can be made available.

1910.1020(e)(1)(ii)

The employer may require of the requester only such information as should be readily known to the requester and which may be necessary to locate or identify the records being requested (e.g. dates and locations where the employee worked during the time period in question).

Footnote(1) Material safety data sheets must be kept for those chemicals currently in use that are effected by the Hazard Communication Standard in accordance with 29 CFR 1910.1200(g).

1910.1020(e)(1)(iii)

Whenever an employee or designated representative requests a copy of a record, the employer shall assure that either:

1910.1020(e)(1)(iii)(A)

A copy of the record is provided without cost to the employee or representative,

1910.1020(e)(1)(iii)(B)

The necessary mechanical copying facilities (e.g., photocopying) are made available without cost to the employee or representative for copying the record, or

1910.1020(e)(1)(iii)(C)

The record is loaned to the employee or representative for a reasonable time to enable a copy to be made.

1910.1020(e)(1)(iv)

In the case of an original X-ray, the employer may restrict access to on-site examination or make other suitable arrangements for the temporary loan of the X-ray.

1910.1020(e)(1)(v)

Whenever a record has been previously provided without cost to an employee or designated representative, the employer may charge reasonable, non-discriminatory administrative costs (i.e., search and copying expenses but not including overhead expenses) for a request by the employee or designated representative for additional copies of the record, except that

1910.1020(e)(1)(v)(A)

An employer shall not charge for an initial request for a copy of new information that has been added to a record which was previously provided; and

1910.1020(e)(1)(v)(B)

An employer shall not charge for an initial request by a recognized or certified collective bargaining agent for a copy of an employee exposure record or an analysis using exposure or medical records.

1910.1020(e)(1)(vi)

Nothing in this section is intended to preclude employees and collective bargaining agents from collectively bargaining to obtain access to information in addition to that available under this section.

1910.1020(e)(2)

"Employee and designated representative access" –

1910.1020(e)(2)(i)

"Employee exposure records."

1910.1020(e)(2)(i)(A)

Except as limited by paragraph (f) of this section, each employer shall, upon request, assure the access to each employee and designated representative to employee exposure records relevant to the employee. For the purpose of this section, an exposure record relevant to the employee consists of:

1910.1020(e)(2)(i)(A)(1)

A record which measures or monitors the amount of a toxic substance or harmful physical agent to which the employee is or has been exposed;

1910.1020(e)(2)(i)(A)(2)

In the absence of such directly relevant records, such records of other employees with past or present job duties or working conditions related to or similar to those of the employee to the extent

necessary to reasonably indicate the amount and nature of the toxic substances or harmful physical agents to which the employee is or has been subjected, and

1910.1020(e)(2)(i)(A)(3)

Exposure records to the extent necessary to reasonably indicate the amount and nature of the toxic substances or harmful physical agents at workplaces or under working conditions to which the employee is being assigned or transferred.

1910.1020(e)(2)(i)(B)

Requests by designated representatives for unconsented access to employee exposure records shall be in writing and shall specify with reasonable particularity:

1910.1020(e)(2)(i)(B)(1)

The record requested to be disclosed; and

1910.1020(e)(2)(i)(B)(2)

The occupational health need for gaining access to these records.

1910.1020(e)(2)(ii)

"Employee medical records."

1910.1020(e)(2)(ii)(A)

Each employer shall, upon request, assure the access of each employee to employee medical records of which the employee is the subject, except as provided in paragraph (e)(2)(ii)(D) of this section.

1910.1020(e)(2)(ii)(B)

Each employer shall, upon request, assure the access of each designated representative to the employee medical records of any employee who has given the designated representative specific written consent. Appendix A to this section contains a sample form which may be used to establish specific written consent for access to employee medical records.

1910.1020(e)(2)(ii)(C)

Whenever access to employee medical records is requested, a physician representing the employer may recommend that the employee or designated representative:

1910.1020(e)(2)(ii)(C)(1)

Consult with the physician for the purposes of reviewing and discussing the records requested,

1910.1020(e)(2)(ii)(C)(2)

Accept a summary of material facts and opinions in lieu of the records requested, or

1910.1020(e)(2)(ii)(C)(3)

Accept release of the requested records only to a physician or other designated representative.

1910.1020(e)(2)(ii)(D)

Whenever an employee requests access to his or her employee medical records, and a physician representing the employer believes that direct employee access to information contained in the records regarding a specific diagnosis of a terminal illness or a psychiatric condition could be detrimental to the employee's health, the employer may inform the employee that access will only be provided to a designated representative of the employee having specific written consent, and deny the employee's request for direct access to this information only. Where a designated representative with specific written consent requests access to information so withheld, the employer shall assure the access of the designated representative to this information, even when it is known that the designated representative will give the information to the employee.

1910.1020(e)(2)(ii)(E)

A physician, nurse, or other responsible health care personnel maintaining employee medical records may delete from requested medical records the identity of a family member, personal

friend, or fellow employee who has provided confidential information concerning an employee's health status.

1910.1020(e)(2)(iii)

Analyses using exposure or medical records.

1910.1020(e)(2)(iii)(A)

Each employer shall, upon request, assure the access of each employee and designated representative to each analysis using exposure or medical records concerning the employee's working conditions or workplace.

1910.1020(e)(2)(iii)(B)

Whenever access is requested to an analysis which reports the contents of employee medical records by either direct identifier (name, address, social security number, payroll number, etc.) or by information which could reasonably be used under the circumstances indirectly to identify specific employees (exact age, height, weight, race, sex, date of initial employment, job title, etc.), the employer shall assure that personal identifiers are removed before access is provided. If the employer can demonstrate that removal of personal identifiers from an analysis is not feasible, access to the personally identifiable portions of the analysis need not be provided.

1910.1020(e)(3)

"OSHA access."

1910.1020(e)(3)(i)

Each employer shall, upon request, and without derogation of any rights under the Constitution or the Occupational Safety and Health Act of 1970, 29 U.S.C. 651 "et seq.," that the employer chooses to exercise, assure the prompt access of representatives of the Assistant Secretary of Labor for Occupational Safety and Health to employee exposure and medical records and to analyses using exposure or medical records. Rules of agency practice and procedure governing OSHA access to employee medical records are contained in 29 CFR 1913.10.

1910.1020(e)(3)(ii)

Whenever OSHA seeks access to personally identifiable employee medical information by presenting to the employer a written access order pursuant to 29 CFR 1913.10(d), the employer shall prominently post a copy of the written access order and its accompanying cover letter for at least fifteen (15) working days.

1910.1020(f)

"Trade secrets."

1910.1020(f)(1)

Except as provided in paragraph (f)(2) of this section, nothing in this section precludes an employer from deleting from records requested by a health professional, employee, or designated representative any trade secret data which discloses manufacturing processes, or discloses the percentage of a chemical substance in mixture, as long as the health professional, employee, or designated representative is notified that information has been deleted. Whenever deletion of trade secret information substantially impairs evaluation of the place where or the time when exposure to a toxic substance or harmful physical agent occurred, the employer shall provide alternative information which is sufficient to permit the requesting party to identify where and when exposure occurred.

1910.1020(f)(2)

The employer may withhold the specific chemical identity, including the chemical name and other specific identification of a toxic substance from a disclosable record provided that:

1910.1020(f)(2)(i)

The claim that the information withheld is a trade secret can be supported;

1910.1020(f)(2)(ii)

All other available information on the properties and effects of the toxic substance is disclosed;

1910.1020(f)(2)(iii)

The employer informs the requesting party that the specific chemical identity is being withheld as a trade secret; and

1910.1020(f)(2)(iv)

The specific chemical identity is made available to health professionals, employees and designated representatives in accordance with the specific applicable provisions of this paragraph.

1910.1020(f)(3)

Where a treating physician or nurse determines that a medical emergency exists and the specific chemical identity of a toxic substance is necessary for emergency or first-aid treatment, the employer shall immediately disclose the specific chemical identity of a trade secret chemical to the treating physician or nurse, regardless of the existence of a written statement of need or a confidentiality agreement. The employer may require a written statement of need and confidentiality agreement, in accordance with the provisions of paragraphs (f)(4) and (f)(5), as soon as circumstances permit.

1910.1020(f)(4)

In non-emergency situations, an employer shall, upon request, disclose a specific chemical identity, otherwise permitted to be withheld under paragraph (f)(2) of this section, to a health professional, employee, or designated representative if:

1910.1020(f)(4)(i)

The request is in writing;

1910.1020(f)(4)(ii)

The request describes with reasonable detail one or more of the following occupational health needs for the information:

1910.1020(f)(4)(ii)(A)

To assess the hazards of the chemicals to which employees will be exposed;

1910.1020(f)(4)(ii)(B)

To conduct or assess sampling of the workplace atmosphere to determine employee exposure levels;

1910.1020(f)(4)(ii)(C)

To conduct pre-assignment or periodic medical surveillance of exposed employees;

1910.1020(f)(4)(ii)(D)

To provide medical treatment to exposed employees;

1910.1020(f)(4)(ii)(E)

To select or assess appropriate personal protective equipment for exposed employees;

1910.1020(f)(4)(ii)(F)

To design or assess engineering controls or other protective measures for exposed employees; and

1910.1020(f)(4)(ii)(G)

To conduct studies to determine the health effects of exposure.

1910.1020(f)(4)(iii)

The request explains in detail why the disclosure of the specific chemical identity is essential and that, in lieu thereof, the disclosure of the following information would not enable the health

professional, employee or designated representative to provide the occupational health services described in paragraph (f)(4)(ii) of this section;

1910.1020(f)(4)(iii)(A)

The properties and effects of the chemical;

1910.1020(f)(4)(iii)(B)

Measures for controlling workers' exposure to the chemical;

1910.1020(f)(4)(iii)(C)

Methods of monitoring and analyzing worker exposure to the chemical; and

1910.1020(f)(4)(iii)(D)

Methods of diagnosing and treating harmful exposures to the chemical;

1910.1020(f)(4)(iv)

The request includes a description of the procedures to be used to maintain the confidentiality of the disclosed information; and

1910.1020(f)(4)(v)

The health professional, employee, or designated representative and the employer or contractor of the services of the health professional or designated representative agree in a written confidentiality agreement that the health professional, employee or designated representative will not use the trade secret information for any purpose other than the health need(s) asserted and agree not to release the information under any circumstances other than to OSHA, as provided in paragraph (f)(7) of this section, except as authorized by the terms of the agreement or by the employer.

1910.1020(f)(5)

The confidentiality agreement authorized by paragraph (f)(4)(iv) of this section:

1910.1020(f)(5)(i)

May restrict the use of the information to the health purposes indicated in the written statement of need;

1910.1020(f)(5)(ii)

May provide for appropriate legal remedies in the event of a breach of the agreement, including stipulation of a reasonable pre-estimate of likely damages; and,

1910.1020(f)(5)(iii)

May not include requirements for the posting of a penalty bond.

1910.1020(f)(6)

Nothing in this section is meant to preclude the parties from pursuing non-contractual remedies to the extent permitted by law.

1910.1020(f)(7)

If the health professional, employee or designated representative receiving the trade secret information decides that there is a need to disclose it to OSHA, the employer who provided the information shall be informed by the health professional prior to, or at the same time as, such disclosure.

1910.1020(f)(8)

If the employer denies a written request for disclosure of a specific chemical identity, the denial must:

1910.1020(f)(8)(i)

Be provided to the health professional, employee or designated representative within thirty days of the request;

1910.1020(f)(8)(ii)

Be in writing;

1910.1020(f)(8)(iii)

Include evidence to support the claim that the specific chemical identity is a trade secret;

1910.1020(f)(8)(iv)

State the specific reasons why the request is being denied; and,

1910.1020(f)(8)(v)

Explain in detail how alternative information may satisfy the specific medical or occupational health need without revealing the specific chemical identity.

1910.1020(f)(9)

The health professional, employee, or designated representative whose request for information is denied under paragraph (f)(4) of this section may refer the request and the written denial of the request to OSHA for consideration.

1910.1020(f)(10)

When a health professional, employee, or designated representative refers a denial to OSHA under paragraph (f)(9) of this section, OSHA shall consider the evidence to determine if:

1910.1020(f)(10)(i)

The employer has supported the claim that the specific chemical identity is a trade secret;

1910.1020(f)(10)(ii)

The health professional employee, or designated representative has supported the claim that there is a medical or occupational health need for the information; and

1910.1020(f)(10)(iii)

The health professional, employee or designated representative has demonstrated adequate means to protect the confidentiality.

1910.1020(f)(11) 1910.1020(f)(11)(i)

If OSHA determines that the specific chemical identity requested under paragraph (f)(4) of this section is not a "bona fide" trade secret, or that it is a trade secret but the requesting health professional, employee or designated representatives has a legitimate medical or occupational health need for the information, has executed a written confidentiality agreement, and has shown adequate means for complying with the terms of such agreement, the employer will be subject to citation by OSHA.

1910.1020(f)(11)(ii)

If an employer demonstrates to OSHA that the execution of a confidentiality agreement would not provide sufficient protection against the potential harm from the unauthorized disclosure of a trade secret specific chemical identity, the Assistant Secretary may issue such orders or impose such additional limitations or conditions upon the disclosure of the requested chemical information as may be appropriate to assure that the occupational health needs are met without an undue risk of harm to the employer.

1910.1020(f)(12)

Notwithstanding the existence of a trade secret claim, an employer shall, upon request, disclose to the Assistant Secretary any information which this section requires the employer to make available. Where there is a trade secret claim, such claim shall be made no later than at the time the information is provided to the Assistant Secretary so that suitable determinations of trade secret status can be made and the necessary protections can be implemented.

1910.1020(f)(13)

Nothing in this paragraph shall be construed as requiring the disclosure under any circumstances of process or percentage of mixture information which is a trade secret.

1910.1020(g)

"Employee information."

1910.1020(g)(1)

Upon an employee's first entering into employment, and at least annually thereafter, each employer shall inform current employees covered by this section of the following:

1910.1020(g)(1)(i)

The existence, location, and availability of any records covered by this section;

1910.1020(g)(1)(ii)

The person responsible for maintaining and providing access to records; and

1910.1020(g)(1)(iii)

Each employee's rights of access to these records.

1910.1020(g)(2)

Each employer shall keep a copy of this section and its appendices, and make copies readily available, upon request, to employees. The employer shall also distribute to current employees any informational materials concerning this section which are made available to the employer by the Assistant Secretary of Labor for Occupational Safety and Health.

1910.1020(h)

"Transfer of records."

1910.1020(h)(1)

Whenever an employer is ceasing to do business, the employer shall transfer all records subject to this section to the successor employer. The successor employer shall receive and maintain these records.

1910.1020(h)(2)

Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business.

1910.1020(i)

"Appendices." The information contained in appendices A and B to this section is not intended, by itself, to create any additional obligations not otherwise imposed by this section nor detract from any existing obligation.

[61 FR 5507, Feb. 13, 1996; 61 FR 9227, March 7, 1996; 61 FR 31427, June 20, 1996; 71 FR 16673, April 3, 2006; 76 FR 33608, June 8, 2011]

APPENDIX G
Code of Virginia § 32.1-45.1.

§ 32.1-45.1

Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses

A. Whenever any health care provider, or any person employed by or under the direction and control of a health care provider, is directly exposed to body fluids of a patient in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the patient whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such patient shall also be deemed to have consented to the release of such test results to the person who was exposed. In other than emergency situations, it shall be the responsibility of the health care provider to inform patients of this provision prior to providing them with health care services which create a risk of such exposure.

B. Whenever any patient is directly exposed to body fluids of a health care provider, or of any person employed by or under the direction and control of a health care provider, in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the patient who was exposed.

C. For the purposes of this section, “health care provider” means any person, facility or agency licensed or certified to provide care or treatment by the Department of Health, Department of Behavioral Health and Developmental Services, Department of Rehabilitative Services, or the Department of Social Services, any person licensed or certified by a health regulatory board within the Department of Health Professions except for the Boards of Funeral Directors and Embalmers and Veterinary Medicine or any personal care agency contracting with the Department of Medical Assistance Services.

D. “Health care provider,” as defined in subsection C, shall be deemed to include any person who renders emergency care or assistance, without compensation and in good faith, at the scene of an accident, fire, or any life-threatening emergency, or while en route therefrom to any hospital, medical clinic or doctor’s office during the period while rendering such emergency care

or assistance. The Department of Health shall provide appropriate counseling and opportunity for face-to-face disclosure of any test results to any such person.

E. Whenever any law-enforcement officer, salaried or volunteer firefighter, or salaried or volunteer emergency medical services provider is directly exposed to body fluids of a person in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the person who was exposed.

F. Whenever a person is directly exposed to the body fluids of a law-enforcement officer, salaried or volunteer firefighter, or salaried or volunteer emergency medical services provider in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. The law-enforcement officer, salaried or volunteer firefighter, or salaried or volunteer emergency medical services provider shall also be deemed to have consented to the release of such test results to the person who was exposed.

G. For the purposes of this section, “law-enforcement officer” means a person who is both (i) engaged in his public duty at the time of such exposure and (ii) employed by any sheriff’s office, any adult or youth correctional facility, or any state or local law-enforcement agency, or any agency or department under the direction and control of the Commonwealth or any local governing body that employs persons who have law-enforcement authority.

H. Whenever any school board employee is directly exposed to body fluids of any person in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the school board employee who was exposed. If the person whose blood specimen is sought for testing is a minor, the parent, guardian, or person standing in loco parentis of such minor shall be notified prior to initiating such testing. In other than emergency situations, it shall be the responsibility of the school board employee to inform the person of this provision prior to the contact that creates a risk of such exposure.

I. Whenever any person is directly exposed to the body fluids of a school board employee in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the school board employee whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. The school board employee shall also be deemed to have consented to the release of such test results to the person.

J. For the purposes of this section, “school board employee” means a person who is both (i) acting in the course of employment at the time of such exposure and (ii) employed by any local school board in the Commonwealth.

K. For purposes of this section, if the person whose blood specimen is sought for testing is a minor, and that minor refuses to provide such specimen, consent for obtaining such specimen shall be obtained from the parent, guardian, or person standing in loco parentis of such minor prior to initiating such testing. If the parent or guardian or person standing in loco parentis withholds such consent, or is not reasonably available, the person potentially exposed to the human immunodeficiency virus or hepatitis B or C viruses, or the employer of such person, may petition the juvenile and domestic relations district court in the county or city where the minor resides or resided, or, in the case of a nonresident, the county or city where the health care provider, law-enforcement agency or school board has its principal office or, in the case of a health care provider rendering emergency care pursuant to subsection D, the county or city where the exposure occurred, for an order requiring the minor to provide a blood specimen or to submit to testing and to disclose the test results in accordance with this section.

L. Except as provided in subsection K, if the person whose blood specimen is sought for testing refuses to provide such specimen, any person potentially exposed to the human immunodeficiency virus or hepatitis B or C viruses, or the employer of such person, may petition the general district court of the county or city in which the person whose specimen is sought resides or resided, or, in the case of a nonresident, the county or city where the health care provider, law-enforcement agency or school board has its principal office or, in the case of a health care provider rendering emergency care pursuant to subsection D, the county or city where the exposure occurred, for an order requiring the person to provide a blood specimen or to submit to testing and to disclose the test results in accordance with this section. At any hearing before the court, the person whose specimen is sought or his counsel may appear. The court shall be advised by the Commissioner or his designee prior to entering any testing order. If a testing order is issued, both the petitioner and the person from whom the blood specimen is sought shall receive counseling and opportunity for face-to-face disclosure of any test results by a licensed practitioner or trained counselor.

History

1989, c. 613; 1993, c. 315; 1994, cc. 230, 236; 1997, c. 869; 2003, c. 1; 2008, cc. 191, 339; 2009, cc. 96, 478, 552, 813, 840; 2015, cc. 51, 502, 503.