

Bloodborne Pathogen Exposure Control Plan



INDIANA
WESLEYAN
UNIVERSITY

DIVISION OF NATURAL SCIENCES

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AVAILABLE ONLINE AT:

INDIANA WESLEYAN UNIVERSITY PORTAL / DIRECTORY/ HEALTH CENTER/
BLOODBORNE PATHOGEN EXPOSURE CONTROL TRAINING

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I. BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN INTRODUCTION

Indiana Wesleyan University has established this Bloodborne Pathogen Exposure Control Plan in order to comply with the Federal Occupational Safety & Health Administration's Bloodborne Pathogen Standard (codified under 29 CFR 1910.1030 and the respective Indiana Department of Labor Policy). The purpose of this Plan is to provide a safe and healthy work environment for our faculty and staff. OSHA's Bloodborne Pathogen Standard requires that specific issues be addressed within this Exposure Control Plan. These include:

- Methods of compliance (engineering controls, work practices, and personal protective equipment to be used to minimize exposures)
- Employee exposure situations
- Communication of hazards to individuals
- Procedures for hepatitis B vaccinations, post-exposure vaccinations and medical follow-up
- Record keeping practices

The specific methods instituted to implement each of these sections of the Exposure Control Plan are described in the designated chapters of this document. The content of this Plan will be reviewed and updated annually or as necessary whenever new tasks are implemented, tasks are changed, and/or an exposure incident indicates the need for a revision to this Plan.



The Environmental Health & Safety Officer will coordinate with the Health Center Director to ensure applicable departments are utilizing the training process for their faculty and/or staff; including annual refresher training. Each Department shall maintain training records for their employees. All medical or exposure incident paperwork will be forwarded to Human Resources for inclusion in employee records. Coordinating training for students will be the responsibility of the individual departments. All Bloodborne Pathogen Exposure Control Training will be conducted by qualified individuals and/or through qualified online services. This written plan is maintained on the MyIWU Portal on the Health Center site.

II. DEFINITIONS

Bloodborne Pathogens: Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These disease causing organisms can be found in all body fluids and unfixed tissue. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).

Contamination: The presence of blood or other potentially infectious materials on an item or surface.

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

Engineering Controls: Safety Mechanisms (e.g., sharps disposal containers, self-sheathing needles) that minimize or eliminate the bloodborne pathogens exposure hazard from the workplace

Exposure Incident: Eye, mouth, mucous membrane, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

HBV: Hepatitis B Virus.

HIV: Human Immunodeficiency Virus.

Occupational Exposure: 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.

OPIM: Other Potentially Infectious Materials; (1) The following human body fluids: semen, vaginal secretions, and any body fluid that is visibly contaminated with blood. (2) any unfixed tissue. (3) tissue cultures, organ cultures, and blood or tissues from experimental animals infected with HBV or HIV.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

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

Regulated Waste: 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.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

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: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles).

III. PROGRAM MANAGEMENT

The President of Indiana Wesleyan University is the chief administrative officer for the campus and holds ultimate responsibility for implementation of Health & Safety policies.

The Environmental Health & Safety Officer will work closely with the Health Center Director and Campus Administrators to develop any additional policies and practices needed to support the effective implementation of the Exposure Control Plan, as well as review, revise, or update the plan as needed.

In a coordinated effort between Department Chairs/Coordinators, Faculty and Staff, hazards will be identified, individuals will be trained and vaccinated when needed, and records will be kept to demonstrate qualification of each individual for their service at IWU.

Department Chairs/Coordinators are responsible for exposure control in their areas and are responsible for ensuring that proper exposure control procedures are followed. Supervisors are responsible for ensuring all employees under their jurisdiction who have the potential for exposure to bloodborne pathogens have been adequately trained and are scheduled for the annual refresher course.

Individual employees have a responsibility for their own safety and shall comply with the procedures outlined in the Exposure Control Plan.

The Bloodborne Pathogen Exposure Control Plan for IWU was originally established in January of 2006. The plan is reviewed annually and revised as necessary.

IV. EMPLOYEE EXPOSURE DETERMINATION

IWU has conducted an evaluation of campus employees and students who may be at risk of exposure to bloodborne pathogens based on job classification. After discussions with various department managers and supervisors, it was determined that the following job classifications possess risk for occupational exposure to (human) blood and/or other potentially infectious materials. NOTE: not every person within these job classifications may be at risk of exposure; supervisors will need to determine applicability based on assigned roles.

Student Services

- Health Center Healthcare Provider
- Health Center Registered Nurse(s)
- Health Center Staff

Facilities Services / Housing

- Plumber
- Grounds (as defined by assigned role)
- Housekeeping Personnel
- Laundry Personnel
- Refuse and Recycling personnel

Intercollegiate Athletics and Recreation & Wellness Center

- Certified Athletic Trainers & Athletic Training Students
- Personal Trainer & Gym Assistants
- Life-Guard
- Human Performance Lab Analysts and Assistants

Academic Colleges and Divisions

- Biology Lab Instructors and Assistants
- Chemistry Lab Instructors and Assistants
- Designated Science Faculty, Staff and Research Students
- Nursing Skills Lab Instructors, Nursing Faculty and designated Staff
- Health Sciences Lab Instructors and Assistants
- Art Studio Instructors, Assistants and Safety Coordinators

Other positions may be included in this program by Supervisor request or after further evaluation.

V. RISKS OF EXPOSURE AND SAFE WORK PRACTICES

Potential Risk of Exposure for IWU Health Center Employees

The following descriptions are geared towards the general duties associated with nursing, physician-care, clinical laboratory roles, and other medical activities.

Job Classification may include: Medical Staff, Nurses, Physicians, etc.

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Handling patients	Contact with blood and OPIM.
Handling syringes, needles	Accidental self-inoculation, needle sticks.
Working with handpieces and equipment containing blood or OPIM	Cuts and pricks from equipment; contact with infectious materials from spills, splashes and routine equipment handling procedures.
Collecting specimens of blood or OPIM	Accidental self-injection, spillage of fluids, aerosol droplet contamination.
Preparing samples of blood or OPIM	Cutting finger on sharp edge of collection device. Exposure from test equipment.
Testing specimens of blood and OPIM	Accidental self-injection.
Administration of Cardio Pulmonary Resuscitation (CPR)	Contact with saliva, open wounds of the mouth, aerosol droplets.
Cleaning and disposal of stool, urine, emesis	Contact with OPIM, accidental spillage.

Safe Work Practices for IWU Health Center Employees

The following safe work practices apply to the general duties associated with the job classifications listed above:

- 1 Employees will utilize appropriate blood-borne pathogen barriers and control measures whenever they anticipate touching blood, bodily fluids, mucous membranes, or non-intact skin while they conduct their role.
- 2 Gloves shall be worn when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- 3 Hands and other skin surfaces shall be washed immediately and thoroughly with water and antiseptic cleaner if contaminated with blood or other bodily fluids.
- 4 Hands shall be immediately washed after gloves are removed.
- 5 Areas and equipment, which become contaminated with blood or other bodily fluids, shall be cleaned immediately with antiseptic cleaners or a bleach solution

containing one part household bleach (5.25%) to nine parts of water.

- 6 Make good use of all employer provided engineering controls (i.e. sharps disposal stations and hand-washing stations).
- 7 Follow all Work Practice Controls as established by your department supervisor.
- 8 Adhere to proper disposal procedures of all biological hazardous waste; including full sharps containers and red-bag waste.

Potential Risk of Exposure for Facilities Services Employees

The following descriptions are geared toward the general duties of Plumbers and some of the Grounds workers that may be involved in sewerage repair tasks and/or garbage collection.

Job Classification may include: Plumbers and Grounds Crews

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Repairing Sanitary fixtures and sewer lines	Contact with OPIM.
Refuse/Recyclables Collection and Processing	Contact with disposed personal hygiene items, improperly disposed hypodermic needles/syringes, blood, or OPIM

Safe Work Practices for Facilities Services Employees

The following safe work practices apply to the general duties associated with the job classifications listed above:

- 1 Employees shall wear gloves whenever they anticipate touching blood, bodily fluids, or sewage while they conduct their operations.
- 2 Gloves shall be worn when handling items or surfaces obviously contaminated with blood, bodily fluids or sewage.
- 3 It is also strongly suggested that eye and face protection equipment be used whenever there is a risk of being splashed in the face with water contaminated with blood, bodily fluids or sewage.
- 4 Hands and other skin surfaces shall be washed immediately and thoroughly with water and antiseptic cleaner if contaminated with blood or other bodily fluids.
- 5 Hands shall be immediately washed after gloves are removed.
- 6 Areas and equipment, which become contaminated with blood or other bodily fluids, shall be cleaned immediately with a bleach solution of one part household bleach (5.25%) to nine parts of water.

Potential Risk of Exposure for Housekeeping Employees

The following descriptions are geared toward general duties associated with campus housekeeping services.

Job Classification may include: Housekeepers and Laundry Personnel

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Cleaning sinks, toilets, bathroom fixtures	Contact with blood and OPIM.
Clean up of vomit or other OPIM	Contact with OPIM.
General site clean-up	Contact with blood and OPIM.
Emptying trash receptacles	Contact with disposed personal hygiene items, improperly disposed hypodermic needles/syringes, blood, or OPIM
Laundry	Contact with blood, OPIM, and disposed personal hygiene items

Safe Work Practices for Housekeeping Employees

The following safe work practices apply to the general duties associated with the job classifications listed above:

- 1 Employees shall wear gloves whenever they anticipate touching blood, bodily fluids, and mucous membranes while they conduct their operations.
- 2 Gloves shall be worn when handling items or surfaces obviously contaminated with blood or bodily fluids.
- 3 Hands and other skin surfaces shall be washed immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other bodily fluids.
- 4 Hands shall be immediately washed after gloves are removed.
- 5 Employees shall wear gloves and eye protection whenever they are cleaning toilets, sinks or other facilities.
- 6 Employees shall take precautions to prevent injuries caused by needles, syringes and other sharp objects which may have been improperly placed in regular trash.
- 7 Clothing which becomes contaminated with blood or other bodily fluids during custodial activities shall be removed immediately (or as soon as possible) and separated from other clothing until properly laundered.
- 8 Areas and equipment that become contaminated with blood or other bodily fluids shall be cleaned immediately with the housekeeping disinfectant.
- 9 Laundry Services Personnel shall use caution while handling laundry. Especially while working with materials contaminated with blood or OPIM. Personnel shall wear gloves and any other Personal Protective Equipment as deemed necessary by their supervisor.

Potential Risk of Exposure for Certified Athletic Trainers / Personal Trainers and Athletic Training Students

The following descriptions are geared toward the general duties associated with Certified Athletic Trainers and their students as well as Gym Assistants and Human Performance Lab Staff.

Job Classification may include: Certified Athletic Trainers & Athletic Training Students

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Handling syringes, needles, other sharps	Accidental self-inoculation, needle sticks.
Handling injured athletes and clients	Contact with blood, OPIM, non-intact skin.
Handling clothing, towels, and wraps	Contact with blood, OPIM, non-intact skin.

Job Classification may include: Personal Trainers & Gym Assistants and Human Performance Lab Analysts and Assistants

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Handling injured athletes and clients	Contact with blood, OPIM, non-intact skin.
Handling clothing, towels, and wraps	Contact with blood, OPIM, non-intact skin.

Safe Work Practices for Certified Athletic Trainers / Athletic Training Students / Personal Trainers / Gym Assistants / Human Performance Lab Analysts and Assistants

The following safe work practices apply to the general duties associated with the job classifications listed above:

- 9 Employees will utilize appropriate blood-borne pathogen barriers and control measures whenever they anticipate touching blood, bodily fluids, mucous membranes, or non-intact skin while they conduct their role.
- 10 Gloves shall be worn when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- 11 Hands and other skin surfaces shall be washed immediately and thoroughly with water and antiseptic cleaner if contaminated with blood or other bodily fluids.
- 12 Hands shall be immediately washed after gloves are removed.
- 13 Areas and equipment, which become contaminated with blood or other bodily fluids, shall be cleaned immediately with a bleach solution containing one part household bleach (5.25%) to nine parts of water.

Potential Risk of Exposure for School of Health Sciences Faculty, Staff and Students

The following descriptions are geared toward the general duties associated with Gross Anatomy Lab Faculty, Staff and their students as well as Occupational Therapy Faculty, Staff and Students.

Job Classification may include: Gross Anatomy Faculty, Staff and Students

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Handling syringes, needles, other sharps	Accidental needle sticks and/or cuts from scalpel use.
First aid on accident victims or those experiencing medical difficulties	Contact with blood or OPIM.

Job Classification may include: Occupational Therapy Faculty, Staff and Students

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Handling patients	Contact with blood and OPIM.
Administration of Cardio Pulmonary Resuscitation (CPR)	Contact with saliva, open wounds of the mouth, aerosol droplets.
Cleaning and disposal of stool, urine, emesis	Contact with OPIM, accidental spillage.
General site clean-up	Contact with blood and OPIM.
Laundry	Contact with blood, OPIM, and disposed personal hygiene items
Handling injured athletes and clients	Contact with blood, OPIM, non-intact skin.
Handling clothing, towels, and wraps	Contact with blood, OPIM, non-intact skin.

Safe Work Practices for Gross Anatomy and Occupational Therapy Faculty, Staff and Students

The following safe work practices apply to the general duties associated with the job classifications listed above:

- 1 Employees will utilize appropriate blood-borne pathogen barriers and control measures whenever they anticipate touching blood, bodily fluids, mucous membranes, or non-intact skin while they conduct their role.
- 2 Gloves shall be worn when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- 3 Hands and other skin surfaces shall be washed immediately and thoroughly with water and antiseptic cleaner if contaminated with blood or other bodily fluids.

- 4 Hands shall be immediately washed after gloves are removed.
- 5 Areas and equipment, which become contaminated with blood or other bodily fluids, shall be cleaned immediately with a bleach solution containing one part household bleach (5.25%) to nine parts of water.
- 6 Employees shall take precautions to prevent injuries caused by needles, syringes and other sharp objects which may have been improperly placed in regular trash.
- 7 Clothing which becomes contaminated with blood or other bodily fluids during clean-up activities shall be removed immediately (or as soon as possible) and separated from other clothing until properly laundered.
- 8 Areas and equipment that become contaminated with blood or other bodily fluids shall be cleaned immediately with the housekeeping disinfectant.

Potential Risk of Exposure for Lifeguards

The following descriptions are geared toward the general duties associated with lifeguards

Job Classification may include: Lifeguard

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
First aid on accident victims or those experiencing medical difficulties	Contact with blood or OPIM.
Performing CPR or rescue breathing on drowning victims	Contact with saliva, open mouth sores, OPIM.

Safe Work Practices for Lifeguards

The following safe work practices apply to the general duties associated with the job classifications listed above:

- 1 Lifeguards shall wear gloves whenever they anticipate touching blood, bodily fluids, mucous membranes, or non-intact skin while they perform life-saving services.
- 2 Gloves shall be worn when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- 3 Hands and other skin surfaces shall be washed immediately and thoroughly with water and antiseptic cleaner if contaminated with blood or other bodily fluids.
- 4 Mouthpieces, resuscitation bags, or other ventilation devices shall be available to those employees who may reasonable or be expected to perform CPR.
- 5 Areas and equipment, which become contaminated with blood or other bodily fluids, shall be cleaned immediately with a bleach solution containing one part household bleach (5.25%) to nine parts of water.

**Potential Risk of Exposure for Academic Colleges Faculty, Staff, and Students
(Science, and Nursing Education and Research Labs)**

The following descriptions are geared toward the general duties associated with work in science education laboratories, research laboratory settings and the Nursing Skills Lab.

**Job Classification may include: Science, Nursing Education Lab Instructors and
Science Research Lab Principal Investigators**

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Handling syringes	Accidental self-inoculation.
Handling vials, containers of blood, or OPIM	Breakage of containers may lead to contact with blood and OPIM.
Using blenders, sonicators and flow cytometers	Generation of blood and/or OPIM droplets.
Separating serum fractions using a centrifuge	Splashing blood by opening centrifuge lid before rotor has stopped spinning; unbalanced centrifuge that results in breakage of test tubes, producing aerosol; centrifuged blood specimens by removing rubber stoppers on vacuum tubes.
Collecting and testing specimens of blood and OPIM	Accidental self-infection via spillage of fluids. Aerosol droplet contamination.
Preparing samples of blood or OPIM for microscopic examination	Cutting finger on sharp edges of slide or cover slip. General procedure for making blood-smear slides.
Working at laboratory benches, examination tables, and other areas where potential infectious material may be present	Contact with blood, OPIM at sites that may or may not be contaminated.
Working with glassware and other apparatus during experiments	Breakage of glassware can lead to cuts and therefore potential contact with blood.

**Safe Work Practices for Science and Nursing Education Labs and Science
Research Labs**

The following safe work practices apply to the general duties associated with the job classifications listed above:

- 1 Follow Universal Precautions at all times.
- 2 Protective eyewear shall be worn in laboratories at all times.
- 3 Face shields shall be worn for procedures that may result in the generation of droplets, splashing of blood or other bodily fluids.

- 4 Laboratory coats shall be worn when conducting laboratory procedures. Additional protection, such as gowns or aprons, shall be worn during procedures in which the splashing of blood or other bodily fluids can be reasonably anticipated.
- 5 Gloves shall be worn during all procedures that involve the handling of items containing or contaminated with blood, or in areas where there may be locations (such as benches) which could be contaminated with potentially infectious materials.
- 6 If a glove is torn, the glove shall be removed and replaced immediately.
- 7 Gloves shall be changed and hands washed after completion of specimen processing.
- 8 All specimens of blood and bodily fluids shall be put in a well-constructed container with a secure lid to prevent leaking during transport.
- 9 Care shall be taken when collecting each specimen to avoid contaminating the outside of the container and the laboratory workspace.
- 10 For some procedures, such as cytological and pathological studies or microbiological culturing, a biological safety cabinet is recommended.
- 11 For procedures that have a potential for generating droplets (i.e. blenders and centrifuges) a biological safety cabinet shall be used.
- 12 Mechanical pipetting devices shall be used for manipulating all liquids in the laboratory. Mouth pipetting shall never be done.
- 13 Laboratory work surfaces shall be decontaminated with an appropriate chemical germicide after a spill of blood or other bodily fluids AND when normal work activities are completed.
- 14 All equipment shall be cleaned with a chemical germicide immediately after completion of laboratory procedures involving blood products or OPIM.
- 15 Scientific equipment that has been contaminated with blood or other bodily fluids shall be decontaminated and cleaned before being repaired in the laboratory or transported to a repair facility.
- 16 All laboratory staff shall wash their hands after completing laboratory activities and shall remove protective clothing before leaving the laboratory.
- 17 Decontaminate work surfaces by disinfecting with a solution of one part household bleach (5.25%) to nine parts of water.

**Potential Risk of Exposure for Academic Colleges Faculty, Staff, and Students
(Art Studios)**

The following descriptions are geared toward the general duties associated with work in Art Classrooms, Teaching Art Studios and Personal Art Studio Suites.

Job Classification may include: Faculty Art Instructors and Art Studio Managers

WORK TASK / PROCEDURES	POTENTIAL EXPOSURE SITUATION
Using Power tools	Conducting First-Aid on an individual who has been injured.
Using sharp blades and other cutting devices	Conducting First-Aid on an individual who has been injured.
Working with ceramics/glassware and other similar objects during Art design	Breakage of glassware can lead to injury and contact with blood.

Safe Work Practices for Art Studios

The following safe work practices apply to the general duties associated with the job classifications listed above:

- 1 Follow Universal Precautions at all times.
- 2 Protective eyewear shall be worn in defined studios as instructed.
- 3 Gloves shall be worn if assisting injured individuals or when cleaning an area that may be contaminated with blood.
- 4 If a glove is torn, the glove shall be removed and replaced immediately.
- 5 Gloves shall be changed and hands washed after completion of work.
- 6 Work surfaces shall be decontaminated with an appropriate chemical germicide after a spill of blood or other bodily fluids.
- 7 All equipment shall be cleaned with an appropriate chemical germicide after a spill of blood or other bodily fluids. (Decontaminate work surfaces by disinfecting with a solution of one part household bleach (5.25%) to nine parts of water.).
- 8 Equipment that has been contaminated with blood or other bodily fluids shall be decontaminated and cleaned before being repaired in the studio or transported to a repair facility.

VI. METHODS OF COMPLIANCE

This section describes the universal precautions, engineering controls and personal protective equipment (at IWU) for employees whose role may bring them into contact with blood, blood products, or OPIM. This section also delineates specific safe work practices that shall be followed by every employee who may be exposed to infectious agents.

1. UNIVERSAL PRECAUTIONS - The principle of Universal Precautions is a conservative approach to infection control. Simply stated, the concept behind Universal Precautions is that:

ALL HUMAN BLOOD AND BODY FLUIDS ARE TREATED AS IF THEY ARE KNOWN TO CONTAIN HEPATITIS B VIRUS, HUMAN IMMUNODEFICIENCY VIRUS (HIV), OR OTHER BLOODBORNE PATHOGENS.

Employees at IWU shall use this approach whenever they handle blood, bodily fluids, or OPIM. Employees will avoid contact with potentially contaminated items by using proper safety controls, and wearing the appropriate personal protective equipment.

Below is a list of routine procedures to help workers implement Universal Precautions.

- a. All bodily fluids from all (human) patients are considered infectious and shall be handled and transported appropriately.
- b. All healthcare workers will use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or bodily fluids are anticipated.
- c. Gloves shall be worn when touching blood, bodily fluids, mucous membranes, or non-intact skin.
- d. Gloves shall be worn when handling items or surfaces contaminated with blood or bodily fluids.
- e. Gloves shall be worn while performing venipuncture and other vascular access procedures.
- f. Gloves shall be changed after contact with each patient and/or contact with blood, OPIM or non-intact tissues. Never touch commonly used surfaces with gloved hands.
- g. Masks and protective eyewear or face shields shall be worn during procedures that are likely to generate droplets of blood or other bodily fluids in order to prevent exposures of the mucous membranes of the mouth, nose, and eyes.
- h. Gowns or aprons shall be worn during procedures that are likely to generate splashes of blood or other bodily fluids.



- i. Hands and other skin surfaces shall be washed immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other bodily fluids.
- j. Hands shall be immediately washed after gloves are removed.
- k. Employees shall take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during or after medical procedures, when cleaning instruments, and during disposal of used needles and broken glass.
- l. To prevent needle-stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
- m. After use, disposable syringes, needles, scalpel blades, and other sharp items shall be placed in puncture-resistant containers for disposal. These containers shall be as close as practical to the area where disposable sharps are used.
- n. Mouthpieces, resuscitation bags, or other ventilation devices shall be available for use in areas in which the need for resuscitation procedures is a possibility.

2. ENGINEERING CONTROLS- It is the policy of IWU to use engineering controls and work practices whenever feasible to eliminate or minimize employee exposures to bloodborne pathogens. Personal Protective Equipment (PPE) does not replace engineering controls; rather, PPE shall be worn in addition to implementing engineering controls.

Engineering controls should be routinely examined for integrity and proper staff usage. Examples of such controls include (but are not limited to) : Splash guards on centrifuges, Sharps containers, and Bio-Safety Cabinets. Engineering controls that are established in specific work areas must be noted during employee training to aid in the protection of employees from potential exposure situations.

Hand-washing Facilities Hand-washing facilities shall be made readily accessible to all employees, in accordance with the Bloodborne Pathogen Standard. Employees shall wash their hands at these facilities every time they come in contact with items containing or contaminated with potentially infectious agents. Where the construction of hand-washing facilities is not feasible, the University provides an antiseptic hand cleanser or antiseptic towelettes. Employees shall wash their hands with soap and running water as soon as possible after using these antiseptic cleaners.



Each department should appoint individuals to routinely inspect engineering controls. They should also make sure there is a sufficient quantity of soap and/or antiseptic cleansers on location.

3. WORK PRACTICE CONTROLS Work practices are defined as those procedures that have been developed by IWU to reduce or eliminate employee exposures to bloodborne pathogens during the execution of their routine work tasks. Such “rules” are intended to reinforce proper use of engineering controls and PPE.

A high percentage of biological contamination (human blood and/or OPIM) is the result of small sprays, splashes, or mists. Most of these contaminations can go undetected. Therefore, many workers do not fully appreciate the hazards they face during the completion of certain work tasks. One accidental exposure to bloodborne pathogens can result in serious health effects. Employees need to strictly adhere to all the procedures described in this Exposure Control Plan and associated training programs.

Basic Hygiene The following procedures are mandatory under the Bloodborne Pathogen Standard. These procedures have been implemented by IWU and shall be followed by employees who may be at risk of exposure to bloodborne pathogens and/or OPIM.

- All procedures involving blood or other potentially infectious materials shall be performed in such a manner to prevent or minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Employees shall wash their hands immediately after removal of gloves or other personal protective equipment (or as soon as feasibly possible).
- Upon accidental skin contamination, the area will be washed with copious amounts of soap and water for 15 minutes.
- If the eye or mucous membranes are accidentally contaminated, they shall be flushed with water for at least 15 minutes.
- All accidental exposures shall be immediately reported to the area supervisor.

Handling Contaminated Needles and Other Sharps

Used needles and other sharps shall not be bent, recapped or removed from the syringe. Shearing needles is also forbidden. Used needles and other sharps will be placed in designated appropriate containers immediately after use. These containers shall be puncture-resistant, labeled (and/or color-coded), and leak-proof on all sides and the bottom. For additional information on this topic refer to the “Housekeeping” section on page 25.





Managing Regulated Bio-Hazardous Waste Such waste is to be placed in containers which are constructed to prevent leakage during use, storage, and transport. The containers must also be closed when not in use. The containers should be lined with red biohazard bags and there should be a biohazard label on the outside of the container in a visible location. Once the biohazard bags are nearly full they shall be transferred to a secured storage location until the contracted waste hauler can remove them for disposal. Depending upon the contents in some biohazard bags,

the bag may be autoclaved at the Science building and disposed as regular garbage. Other biohazard bags are shipped off site by the waste hauler. Storage areas are currently located *near the Health Center, the Athletic Training Facility, and near the Science Laboratories.*

Prohibited Actions in the Work Area Eating, drinking, application of cosmetics (even lip balm), and handling contact lenses are all prohibited practices where there is a possibility of occupational exposure to potentially infectious materials. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets or on bench tops where blood or OPIM may be present. Mouth pipetting or suctioning of blood or OPIM is forbidden.

Containerization Procedures Specimens of blood or other potentially infectious materials shall be placed in containers that prevent leakage during collection, handling, processing, storage, transport or shipping. These containers shall be closed prior to being stored, transported, or shipped. Containers for storage, transport or shipping will be labeled in accordance with the standard. If outside contamination of the primary container occurs (or if specimens contained within the primary container could puncture that container), the primary container will be placed within a secondary container which prevents leakage during handling, processing, storage, transport, or shipping. The secondary container shall be puncture-resistant and labeled/color coded under the requirements of the standard.

Equipment Handling Procedures Equipment, which may become contaminated with blood or other potentially infectious materials, will be examined prior to servicing or shipping and will be decontaminated, when necessary. Equipment will be decontaminated before any manufacturer service technicians will be allowed to begin work on the equipment.

Glassware Accidents involving broken glassware in the laboratory are a significant cause of injuries. Such injuries often lead to exposure to blood for lab partners and lab instructors; especially if first aid procedures are necessary. Glassware shall be handled carefully and stored properly. Damaged items shall be repaired or discarded. Hand protection shall be worn when inserting glass tubing and/or glass thermometers into rubber stoppers. Employees shall ask their supervisors if they are unsure how to handle equipment or if they feel items are not being used properly (see page 25 for additional information).

4. PERSONAL PROTECTIVE EQUIPMENT (PPE) - IWU provides, at no cost to the employee, appropriate personal protective equipment for personnel who may be exposed to bloodborne pathogens. ***Employees must use appropriate PPE (as trained) whenever they are working in an “at risk situation”.*** This includes, but is not limited to: gloves, aprons, lab coats, eye protection, masks, CPR mouth pieces and face shields. Such equipment will be considered “appropriate” only if it does not permit blood or OPIM’s to pass through and reach the worker’s clothing, skin, eyes or mouth. Each department will ensure there is sufficient quantity and sizes of necessary PPE available at all times.

If blood or potentially infectious materials penetrate protective clothing, all contaminated clothing shall be removed immediately (or as soon as feasible). All PPE will be removed prior to leaving the work area and either disposed of OR stored in designated locations. Laundering, disposal, repair and replacement of this equipment will be done at no cost to the employee.

Gloves - The routine use of gloves is one of the most basic forms of PPE used to protect employees from the hazards associated with infectious agents. Gloves shall be worn whenever there is an opportunity for hand contact with blood, blood products, mucous membranes, non-intact skin, OPIM or contaminated items and surfaces.



Disposable gloves (such as surgical or examination gloves) shall be replaced immediately if they are torn, punctured, or soiled. Disposable gloves will not be washed for re-use. Gloves must NOT be worn outside the designated work area; doing so runs the risk of contaminating door handles and anything else touched along the way. While wearing gloves the employee needs to avoid touching their face, hair or any other exposed skin.

Utility gloves (gloves designed for multiple uses) may be decontaminated and re-used if the integrity of the glove is not compromised. To ensure this integrity, employees shall inflate the glove, seal and roll the cuff, and then inspect for any air leaks. Utility gloves shall be discarded if they show signs of cracking, peeling, tears, punctures, or exhibit any other signs of deterioration

Hypoallergenic gloves, glove liners, powdered gloves, or other similar protective gear will be made available to employees who are allergic to the gloves normally provided. Employees who require such items shall contact their supervisor. Each department is responsible for supplying the various types of gloves necessary in a full range of sizes.



Eye and Face Protection - Face shields, in combination with eye protection devices (i.e. goggles, safety glasses with shields) shall be worn when splashes, spray, splatter or droplets of blood or OPIM may be generated and contamination of the eyes, nose or mouth can be reasonably anticipated. Employees with acne, dermatitis or other ailments involving the facial region must consider wearing a face shield while conducting tasks which could lead to potential exposure due to splashing or spraying of blood or OPIM.

Other Protective Apparel - Gowns, aprons, lab coats, or other similar outer garments may be worn in occupational exposure situations. The type of garment will be selected based on the degree of anticipated exposure. Employees shall contact their supervisors if they have any questions concerning the type of personal protective apparel appropriate for certain job tasks. Such clothing will not be worn outside of the designated work areas. For routine work situations, close-toed shoes shall be worn at all times.



VII. HAZARD COMMUNICATIONS

Communication of the hazards associated with blood, blood products, or OPIM is extremely important. IWU provides such hazard information to employees and students through the use of labels and signs.

Label Requirements - Warning labels will be affixed to waste collection containers and refrigerators/freezers/incubators containing blood or OPIM. Labels shall also be affixed to containers used to store, transport, or ship blood or other potentially infectious materials.



Labels shall include the Universal Biohazard Symbol (as pictured) and be fluorescent orange or orange-red, with lettering or symbols in a contrasting color. Labels are also required for equipment that has been contaminated with potentially infectious materials (i.e. flow cytometer).

Red bags or red containers are required for Bio-Hazardous Waste. It is also required to placard Bio-Hazardous Waste containers with the Universal Biohazard Symbol. Regulated waste that has been decontaminated (autoclaved) need not be labeled or color-coded; however, it is placed into receptacles that are appropriately labeled to alert housekeeping personnel as to the status of such containers.



VIII. HOUSEKEEPING PROCEDURES

Good housekeeping is paramount to the protection of IWU employees from the hazards associated with potentially infectious agents. Each department must establish appropriate cleaning protocols and cleaning schedules.

Housekeeping Procedures for Equipment and Work Surfaces - All equipment and working surfaces will be decontaminated with disinfectant after contact with blood or other potentially infectious materials. Even if no visible signs of equipment or work surface contamination has been observed, all work surfaces shall be cleaned with a disinfectant to ensure a clean working environment for the next employee.

Work bench coverings, examination table coverings, and any other disposable protective barrier should be changed anytime there is user knowledge of contamination and/or between patient examinations. Please inform your supervisor immediately if you report to work and the equipment and/or work surfaces have not been properly cleaned.

Housekeeping Procedures for Glass and Sharps - Broken glassware, which may or may not be contaminated, shall never be picked up directly with the hands. A brush and dustpan, tongs, or forceps shall be used to clean up broken glassware. Employees shall wear gloves while cleaning up broken glassware. Glass should never be disposed directly in the regular trash receptacle. Always dispose of glass in the containers designated for glass. Glass disposal boxes should be available in each department. Improper disposal of glass can pose a great risk of injury and exposure to housekeeping staff. Neither glass disposal boxes or sharps disposal containers are intended for reuse. Blood contaminated broken glass must be disposed of in Sharps Disposal containers.



Contaminated sharps shall be discarded immediately after use. Containers for waste sharps shall be:

- Closable
- Puncture Resistant
- Leak-proof on all sides and bottom
- Labeled
- Easily accessible to personnel at the point of use
- Maintained and/or mounted to ensure an upright position at all times
- Replaced before it becomes overfilled



When moving containers of contaminated sharps from the area of use, the containers will be closed and sealed to prevent the accidental release of contents. When the container is full it shall be transferred to the Bio-Hazardous Storage Area. From there it will either be autoclaved and disposed in the regular trash or placed in a Bio Haz shipping box for proper removal and disposal from the IWU campus by our contracted Bio Hazardous waste hauler.

A Sharp's Injury Log will be established within each department for recording any percutaneous injuries resulting from contaminated sharps (Appendix H). Recording of such incidents must be done in a manner that protects the confidentiality of the injured employee. Include on the log: Type of device involved (i.e. needle, lancet, broken glass), department where the incident occurred, and an explanation of the incident.

Housekeeping Procedures for Laundry - Contaminated laundry should be handled as little as possible with minimum agitation. Contaminated laundry will be bagged or containerized in the area of use and shall not be sorted or rinsed in the location of use. Wet laundry, which presents a potential leak problem, will be placed in leakproof containers.

While transporting soiled / contaminated laundry it is important to be sure the bags and/or containers are appropriately labeled with the Universal Biohazard Label. Employees who have contact with contaminated laundry shall wear gloves and other appropriate personal protective equipment, as deemed necessary for the safe handling of this laundry.

It is suggested that you discuss laundering procedures with your supervisor before proceeding with any cleaning process.

Laboratory coats and gowns may be cleaned at home only if they are **NOT** contaminated with blood products or OPIM. It may be necessary to autoclave contaminated clothing at IWU before taking it home for laundering.

PLEASE NOTE: Such cleaning practices are not recommended for chemically contaminated items. Those items should be disposed of in accordance with departmental procedures for chemical waste.

IX. HEPATITIS B VACCINATION PROGRAM

Hepatitis B vaccinations (HBV) are an important part of the IWU Bloodborne Exposure Control Plan. The Hepatitis B vaccine and vaccination series are available to all employees who have occupational exposures to potentially infectious materials. These vaccinations are provided at no cost to the employee and are provided by or under the supervision of the IWU Health Center (or another licensed health care agency).

Booster doses of HBV are not recommended at this time; however, if routine booster doses of HBV would be recommended by the CDC, the Health Center would make it available to employees as per CDC guidelines.

Obtaining Hepatitis Vaccinations - In accordance with the requirements of the bloodborne pathogen standard, the HBV will be provided to employees after the appropriate information on the Hepatitis B virus is reviewed during training programs. This training and vaccination process should take place within 10 days of the employees initial assignment to work involving the potential for occupational exposure to blood or OPIM; unless the employee has previously had the vaccine. (see Appendix B).

Exemptions to the Hepatitis B Vaccination Program - Employees who have already completed the HBV series are excused from the IWU vaccination program. Employees for whom antibody testing has revealed immunity to the Hepatitis B virus or whom vaccination is contra-indicated for medical reasons are also excused from the vaccination program.

Employees Who Decline the HBV Series - Employees may decline the HBV. When an employee elects not to participate in the HBV program, the employee declining treatment shall sign the Declination Statement. Employees who decline the HBV are allowed to receive the series at a later date if they choose to rescind the original declination (see Appendix B).

X. POST-EXPOSURE VACCINATIONS AND MEDICAL EVALUATIONS

Post-exposure vaccinations and medical evaluations following an exposure incident are essential to an effective Exposure Control Plan. All employees who incur an exposure incident will be offered a confidential post-exposure evaluation and follow-up in accordance with the OSHA Standard. Proper post-exposure protocol must be followed. All of the following documentation (completed via Forms available in the Appendices of this document) should be sent to Human Resources; accessible to the employee and kept in strict confidentiality:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual
- The blood results of the source individual (if consent was obtained – Appendix E) for HIV/HBV infection status
- Completed Post-Exposure Incident Investigation Report (Appendix C)
- Documentation that the exposed employee has been informed of the applicable laws and regulations concerning disclosure of the identity and any blood test results of the source individual
- Documentation that the exposed employee was offered the option of having his/her blood collected for testing to determine the employee's HIV/HBV serological status (Appendix D)
- The blood results of the exposed employee (if consent was obtained – Appendix D) for HIV/HBV infection status

- If no blood testing was conducted for the exposed employee; documentation that they understand their blood can be collected and preserved for 90 days in case they decide later they would like to have their blood tested for HIV/HBV serological status.
- Documentation the employee was offered a post-exposure prophylaxis in accordance with the current recommendations of the CDC. These recommendations are currently outlined in the Center for Disease Control supplement: Guidelines for Prevention of Transmission of HIV & HBV to Health-Care & Public Safety Workers, USPHS, June 1989. <https://www.cdc.gov/mmwr/preview/mmwrhtml/00001450.htm>
- Documentation the employee was given appropriate counseling concerning precautions to take during the period after the exposure incident along with information on what potential illnesses to be watchful of
- Copies of any documents provided to the Healthcare Professional
- Copies of written opinions from the Healthcare Professional

Health Care Professionals Written Opinion - Certain information is required to be provided to the health care professional providing an employee with the Hepatitis B vaccine series and also the health care professional who conducts an evaluation of an employee following an exposure incident (see Appendix F). The following information shall be documented for employee records:

Health care professionals shall be instructed to limit their written opinions to:

At the time of Hepatitis B vaccination:

- Dates of each injection and (if performed) titer results

Following an Exposure Incident:

- Whether the Hepatitis B vaccine is indicated on employee medical records; whether a prophylaxis was administered; results of any blood work (if consent was given)
- The employee has been informed of the results of their evaluation.
- The employee has been told about any medical conditions resulting from exposure to blood or OPIM.
- Written opinion of the health care professional to the employer shall not reference any medical information unrelated to the exposure incident.

XI. POST EXPOSURE PLAN

IWU has the responsibility to investigate all incidents resulting in possible exposure to blood or OPIM.

- All incidents SHALL be reported to a supervising authority immediately.
- Exposed area will be cleaned with warm water and soap for approximately 15 minutes.
- The employee and the source person (if available) will be sent to Marion General Hospital (MGH) immediately. It is very important to get the exposed employee and the source individual (if available) **to MGH within 2 hours of the incident.** MGH ph. #765-660-6900. [Fax any available vaccination records or incident report information to MGH at 765-662-4528.]
- Instruct the employee to tell Emergency Room personnel that they are there for a bloodborne pathogen exposure. The supervisor will call the emergency department to give a brief report of incident. Forms for documentation of post-exposure incidents can be found in Appendix C. Page 27 of this Exposure Control Plan outlines in detail the necessary medical documentation.
- MGH handles all Bloodborne Pathogen exposure cases the same (whether the source is known or unknown), they administer a Hepatitis B titer and draw blood for testing.

Post-Exposure Incident Investigation Report

Following an exposure, the supervisor will conduct an evaluation in an effort to prevent future exposure incidents. The report should focus on the following items (Appendix C):

- description of the employee's job title and duties
- route(s) of exposure and circumstances of exposure

The exposed employee will work with the supervisor to summarize details of the exposure incident and will include the following:

- engineering controls in use at the time.
- a description of the device being used
- PPE that was used at the time of the exposure
- location of the incident and the procedure being performed when the incident occurred
- employee's training history and any suggested changes that will be implemented to prevent future exposures.

The supervisor shall send a copy of the Post-Exposure Incident Report to HR for inclusion in the exposed employee's medical record folder.

XII. TRAINING

IWU provides appropriate training for all employees (and some students) who may be at risk of exposure to Bloodborne Pathogens and/or OPIM. The training is to be conducted by an individual who is knowledgeable in the subject matter within this Plan and familiar with the workplace of the trainee prior to initial assignment to tasks where an occupational exposure may occur. Training for employees will be provided at no cost to the employee, during normal working hours, and will include explanations of:

- Accessibility of The OSHA Standard for Bloodborne Pathogens - 29 CFR 1910.1030
- Epidemiology and symptomatology of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- The IWU Bloodborne Pathogen Exposure Control Plan (availability on *MYIWU Portal – Health Center site*)
- Universal Precautions
- Engineering Controls
- Work Practice Controls
- Disinfection of Work Surfaces
- ‘Forbidden’ Work Place Behaviors
- Procedures which might cause exposure to bloodborne pathogens or OPIM
- Control methods that will be used to control exposure to bloodborne pathogens or OPIM
- Personal protective equipment; how to select, access and dispose of them
- Post-exposure evaluation and follow-up procedures
- Biohazard signs and labels to be used
- Hepatitis B vaccination program
- Procedures to follow if an Exposure Incident occurs



Training may be conducted using a variety of means: DVD's, handouts, workbooks, Power Points and/or lectures. IWU may also utilize a web-based training service to adequately train employees serving in “at risk” roles. A written test may be given at the end of the training sessions to assess employee understanding of the subject matter. Whether the training is conducted online or in person, the Health Center Director can always be contacted with questions related to any aspect of the training to help ensure a fuller understanding of the material.

According to the OSHA regulation, new employees who will have job assignments that place them in “risk of exposure” to BBP or OPIM, must be trained within 10 days of the start of their new role (or any reassignment to such a role). IWU Human Resources department helps to alert the supervisors of new employee start dates so that this training can be scheduled as part of the new employee’s initial orientation.

New employee training includes 3 parts:

- Basic Introduction to the topic of Bloodborne Pathogens
- Review of the IWU Bloodborne Pathogen Exposure Control Plan
- Question and Answer session with a IWU Healthcare Professional and explanation of the IWU Hepatitis B vaccination Program

Annual Review training for all employees who work in roles deemed to be “at risk” is required and will include:

- Basic Introduction to the topic of Bloodborne Pathogens
- Review of the IWU Bloodborne Pathogen Exposure Control Plan
- Opportunity to meet with a IWU Healthcare Professional if the employee desires to do so. If they have previously declined participation in the vaccination program but would now choose to participate – this is a good opportunity to do so

The annual refresher is also an opportunity to solicit input from employees for improvement ideas in regard to work practice controls, personal protective equipment and engineering controls which may help reduce occupational exposure. Special In-Service training sessions may be required at any time within a department. Such training is required if routine tasks change or if a new procedure is implemented which may impact the employee’s risk of exposure.

IWU Nursing adjunct faculty hired to teach clinicals at various regional healthcare facilities should receive, in addition to the IWU BBP training, annual BPEC training from the facility at which they teach. They are required to follow the policies and procedures of that facility.

XIII. RECORDKEEPING

Medical records related to this Exposure Control Plan will be kept in strict confidentiality and will not be disclosed without the expressed written consent of the employee. The records should include: Consent or Declination of Hepatitis B Vaccine (Appendix Form B), any Exposure Incident Documentation (Appendix Form C), results of any medical examinations, written opinions and follow-up examinations in regard to an exposure incident, as well as identity of the source individual and their blood test results (if available). In accordance with the OSHA standard, a secure Medical records file will be maintained by the IWU Human Resource Department and the Health Center for the duration of a person’s employment plus 30 years thereafter.

Training records related to this Exposure Control Plan must be kept on file within their respective department for a minimum of 3 years from the date of training and do not require the written consent of the employee for release. The proof of training may be in

the format of an attendance sign-in (see Appendix A) and/or a Certificate of Training generated upon the successful completion of an online training program.

IX. SUPERVISOR RESPONSIBILITIES

To protect and direct those assigned to work in “at risk” roles.

Training of those you Supervise

- It is the Supervisors Responsibility to arrange training sessions for their employees. They must ensure all elements of the training are completed when due and that training records are maintained for a minimum of 3 years.
- New employees need to be scheduled to conduct BPECP training within 10 days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials. (Human Resources Department will alert the supervisor to a new employee’s start date).
- After the new employee BPECP training is completed – arrange a meeting for them with the Health Center Director so they can learn about the BBP vaccination program. This is a requirement for all new employees.
- Existing employees need to complete annual “refresher” training.
- BPECP training is available online and/or through the IWU Health Center Director.

Hepatitis B - Vaccination Program

- Your employees have the option to either accept the offer of becoming vaccinated or they can decline the vaccination. This is communicated using Appendix B at the training session with the Health Center Director.
- The vaccination series consists of three injections. The schedule will be established by the Health Center Director. It is the supervisor’s responsibility to ensure the employee follows through with the schedule by giving them time off from work to report to the Health Center for each of the injections.
- The cost of the 3 injection series is to be paid for by the employees department. IWU HR policy is to pay for the vaccination series, but the cost is to be incurred by the respective department. Provide the Health Center with the billing line number for your department to cover the cost of the employee’s vaccine
- Records of vaccination will be sent to the employees HR medical file by the Health Center.
- If the employee was vaccinated prior to working for IWU the Health Center Director may ask the supervisor for assistance in reminding the employee to

complete Appendix Form G and return it to the Health Center as soon as possible.

- If an employee does not show up for each of the 3 injections, the employee may be asked to change their submitted Form B from “accept” to “decline”.

Day-To-Day Supervision

- Ensure employees follow all methods of compliance outlined in the training (Universal Precautions, prescribed engineering controls, work practice controls and use of personal protective equipment, etc.).
- Ensure all systems of protection are maintained and if necessary restocked.
- Annually solicit employee feedback using Appendix Form I to determine if employees feel they are adequately trained to deal with exposure risks and also to acquire ideas to improve the safety of their work place.

Incident Response

Heaven forbid we even have to deal with this.....but if we do.....here are some reminders:

- Remind employees-- If an exposure incident occurs – report it to their supervisor immediately.
- The critical response time period from the incident event to medical treatment is **2 hours**. Get the employee to Marion General Hospital (MGH)...IMMEDIATELY after the report of the incident.
- The supervisor should assist the exposed employee with completion of all applicable IWU Appendix forms.
- Complete the Post-exposure Incident Investigation Report – Appendix C
- Give a copy of Appendix C to the healthcare professional at MGH and submit the original to IWU HR
- Complete Appendix Form D and E as soon as possible following the incident. Give a copy to the healthcare professional at MGH and submit the original to IWU HR.
- Use Appendix F as your checklist and form of notification to the MGH Admissions desk
- Contact the IWU Health Center and IWU HR as soon as possible after an exposure incident. They can forward a copy of the employee’s vaccination records to MGH.
- After returning to campus from MGH, log onto the IWU HR website and complete their Incident Report.

- Appendix H should be completed as soon as possible after the incident emergency has subsided. A copy should be kept in the supervisors file and the original sent to IWU HR. This form will assist the supervisor in developing improved safeguards for future BPECP revisions.

Supervisor Training

- Supervisors of those who work in roles deemed to be “at risk of exposure” will be required to complete *Annual Supervisor Training*.
- The training materials will be available online and can be viewed at any time that a supervisor needs to review their responsibilities.
- The content of the training will focus on each of the topics listed above.

APPENDIX A
BLOODBORNE PATHOGENS EXPOSURE CONTROL
TRAINING ATTENDANCE

DATE: _____

CONTENT: IWU BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

PowerPoint/ Video: _____

Handout(s): _____

INSTRUCTOR: _____ **Instructor's Title:** _____

	<u>PRINT NAME</u>	<u>SIGNATURE</u>	<u>JOB TITLE / DEPARTMENT</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

NOTE: This form is to be used by the Instructor. Completed copies shall be sent to employee's department supervisor for appropriate recordkeeping.

APPENDIX B
CONSENT OR DECLINATION OF HEPATITIS B VACCINATION

I, _____, employee of Indiana Wesleyan University understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been fully trained in the epidemiology of this virus and understand not only the risk I run in contracting this virus but also the importance of taking active steps to reduce these risks.

Please read the options carefully. Check one box. Then complete the bottom portion.

- I am **accepting** the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. I will make myself available and keep my appointments.
- I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I **decline** Hepatitis B vaccine at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me. It will be my responsibility to rescind this declination form and pursue vaccination.
- I have already received the HBV vaccination series.

(please complete Appendix Form G and send it to the IWU Health Center Director for processing; it will then be forwarded to your HR medical records folder)

Signature	Date
Printed Name	IWU ID#
Job Title / Department	
Home Address / City / State / Zip Code	

NOTE: This form is to be used by the Course Instructor. All forms will be sent to the Health Center Director for processing and then on to the employee's secured HR medical record folder.

APPENDIX C

POST-EXPOSURE INCIDENT INVESTIGATION REPORT

This form must be completed after any employee exposure incident and is to be placed in the employee's HR medical records.

Name of employee: _____ IWU ID# _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employee's Job Title / Department and General Duties as they relate to the Incident:

Date of the Incident: _____ Time of the Incident: _____

Location of the Incident: _____

Person(s) Involved (besides the exposed employee): _____ Source (if known): _____

Witness(s): _____

Potentially Infectious Materials Involved: _____

Routes and Circumstances of exposure (what was occurring at the time of the incident): _____

Procedure being performed when the incident occurred: _____

How was the incident caused: (accident, equipment malfunction, uncooperative patient, etc.) List any tool, machine, or equipment involved: _____

Engineering Controls in use at the time of the incident: _____

Personal Protective Equipment being used at the time of the incident: _____

Employee's training history in regard to the Bloodborne Pathogen Exposure Control Plan: _____

Actions taken after the exposure incident (decontamination, clean-up, reporting, etc.): _____

Recommendations for avoiding repetition of incident: _____

APPENDIX E
CONSENT OR DECLANATION FOR THE COLLECTION OF BLOOD
FOLLOWING AN EXPOSURE INCIDENT
[SOURCE INDIVIDUAL]

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that has occurred in this facility. Permission to have my blood drawn and have it tested for the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV), as well as other blood borne diseases, is hereby

(check one box and complete the remainder of the form):

- Permission is Given
- Permission is Declined

I understand that this testing will be done in a confidential manner, and will be made available only to the person exposed. I also understand that this person has been informed of applicable laws and regulations concerning disclosure of my identity and my infection status.

Facility where exposure occurred:

Facility's Address:

City: _____ State: _____ Zip: _____

(Source Individual Signature)

(Witnessed By)

(Date)

APPENDIX F

EMPLOYEE MEDICAL INFORMATION FOR THE HEALTHCARE PROFESSIONAL

Give this appendix to the Healthcare Professional upon admittance

Healthcare Professional :

This employee may have suffered an exposure incident as defined in the Bloodborne Pathogens Standard. In accordance with the Standard's provision for post-exposure evaluation and follow-up, the employee presents himself for evaluation. You should receive the following paperwork to assist with your evaluation:

PLEASE NOTE: A copy of 29 CFR 1910.1030, Bloodborne Pathogens as well as IWU's Bloodborne Pathogen Exposure Control Plan have been previously submitted to MGH and should be on file at their facility. A revision is submitted annually.

- Post-Exposure Incident Investigation Report [Appendix C]

Healthcare Professional :

After completing the evaluation, please:

- Inform the employee regarding the evaluation results and any follow up needed
- Complete a *Healthcare Professionals Written Opinion for Hepatitis B* and send a copy to the employer within 15 days.
- Please submit any applicable medical records to the IWU HR department (c/o the Workman's Compensation Manager) for recordkeeping and billing purposes.

APPENDIX G

EMPLOYEE HEPATITIS B - PREVIOUS VACCINATION RECORD

NOTE: This form is to be used by employees who have indicated that they received the HBV vaccination prior to their first Bloodborne Pathogen Exposure Control Plan Training session. The employee will need to complete this form and return it to the IWU Health Center Director for processing

Last Name	First Name	Initial	IWU ID #
-----------	------------	---------	----------

Address

Record of BPEC Training _____

Date	Instructor
------	------------

VACCINATION RECORD

	HEPATITIS B #1	HEPATITIS B #2	HEAPTITIS B #3
DATE GIVEN			

The Health Center will forward this document to Human Resources for filing in the employee's medical records file.

APPENDIX H NEEDLESTICKS/SHARPS EXPOSURE LOG

Instructions:

1. Complete a log for each employee exposure incident involving a sharp
2. Make a photocopy for your own record; and
3. Ensure that the form is received by your department's Worker's Compensation Department (HR)

Employee exposed:	IWU ID Number:	Phone number/ E-mail:
Department:	Supervisor:	Phone number/ E-mail:

Date and Time of Stick or contact with Sharp:	Location of Incident:	Job classification of employee:
Nature of exposure:	Body part stuck:	Procedure being performed at time of exposure:
<p>Check the box and Describe on the reverse side how the incident occurred:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient agitated/ hostile <input type="checkbox"/> During disposal <input type="checkbox"/> Resheathing <input type="checkbox"/> Picking-up contaminated broken glass <input type="checkbox"/> Conducting First-Aid <input type="checkbox"/> Handling sharps container <input type="checkbox"/> Other _____ 		

Sharps information if known (Type, Brand, Model) e.g. 18g needle/ABC Medical/ "no stick" syringe:
a. Was the sharp/ needle contaminated? _____
b. If yes, what was the contaminant? _____
c. Did the device used have a retractable or self-sheathing needle? _____
d. If yes, was training provided on its proper use? _____
For the employee: What do you think could have been done to prevent this injury?
For the employer: What do you think could have been done to prevent this injury?

Employee's Signature:	Date:
-----------------------	-------

APPENDIX I
Bloodborne Pathogen Exposure Control Plan
Policy Modification Suggestions

This Form is intended for the use of employees who serve in roles which put them at risk of exposure to human blood and/or OPIM. Our objective is to promote a safe working environment and your suggestions are valuable to us as we update this policy on an annual basis or as necessary.

Please make your comments below and then submit this form to:

Karen Aaron

Health Center Director

OR

Jeff Gordon

Environmental Health & Safety Officer

APPENDIX J
BLOODBORNE PATHOGEN EXPOSURE INCIDENT
EMERGENCY PROCEDURES ACTION LIST

PRIORITY # 1: **Complete Appendix Forms D & E immediately. Transport the individual to Marion General Hospital Emergency Room.**

441 North Wabash Street / Marion ph# 765-660-6900

Directions: north on Washington St., left on Nebraska St. continue north. Left on Wabash St. to Emergency Room entrance.

If the source individual is present and gives consent...they should go with you to MGH / ER.

Have MGH / ER make a copy of Forms D & E for their records.

Submit the originals to IWU HR

ACTION: **Complete Appendix Form C**

Have MGH / ER make a copy for their records.

Submit the original to IWU HR

ACTION: **Give Appendix Form F to the Healthcare Professional at MGH / ER**

ACTION: **Call the IWU Health Center (765-677-2206) and ask for the employee's Hepatitis B vaccination records to be FAX'd to MGH / ER (765-662-4528)**

After Returning to Campus:

ACTION: **Log on to the IWU HR website and complete the online Incident Report; then, complete Appendix Form H**

Supervisor: keep a copy and submit the original to IWU HR

APPENDIX K
OSHA Bloodborne Pathogen Standard
29 CFR 1910.1030

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

[1910.1030\(a\)](#)

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

[1910.1030\(b\)](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently

perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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

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

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

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

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

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

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

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

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

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

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

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

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

[1910.1030\(c\)](#)

Exposure Control --

[1910.1030\(c\)\(1\)](#)

Exposure Control Plan.

[1910.1030\(c\)\(1\)\(i\)](#)

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

[1910.1030\(c\)\(1\)\(ii\)](#)

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

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

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

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

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

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

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

1910.1030(c)(1)(iii)

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

1910.1030(c)(1)(iv)

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

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

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

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

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

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

Exposure Determination.

1910.1030(c)(2)(i)

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

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

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

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

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, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

1910.1030(d)(2)(xi)

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

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

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

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

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

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

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

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

1910.1030(d)(2)(xiv)

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

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

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

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

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

1910.1030(d)(3)

Personal Protective Equipment –

1910.1030(d)(3)(i)

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

1910.1030(d)(3)(ii)

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

determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

1910.1030(d)(3)(v)

Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to 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, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

1910.1030(d)(3)(xi)

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

1910.1030(d)(3)(xii)

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

1910.1030(d)(4)

Housekeeping --

1910.1030(d)(4)(i)

General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

1910.1030(d)(4)(ii)

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

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

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

1910.1030(d)(4)(ii)(B)

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

1910.1030(d)(4)(ii)(C)

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

1910.1030(d)(4)(ii)(D)

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

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

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

1910.1030(d)(4)(iii)

Regulated Waste --

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

Contaminated Sharps Discarding and Containment.

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

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

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 of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

1910.1030(d)(4)(iv)(B)

The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

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

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

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

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

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as

autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2)(ii)

Special Practices.

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

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

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

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



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

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

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

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

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

Red bags or red containers may be substituted for labels.

1910.1030(g)(1)(i)(F)

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for

transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

1910.1030(g)(1)(i)(G)

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

1910.1030(g)(1)(i)(H)

Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

1910.1030(g)(1)(i)(I)

Regulated waste that has been decontaminated need not be labeled or color-coded.

1910.1030(g)(1)(ii)

Signs.

1910.1030(g)(1)(ii)(A)

The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

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

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

1910.1030(g)(2)

Information and Training.

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.

1910.1030(h)(4)(i)

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

1910.1030(h)(4)(ii)

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

[1910.1030\(h\)\(5\)](#)

Sharps injury log.

1910.1030(h)(5)(i)

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

[1910.1030\(h\)\(5\)\(i\)\(A\)](#)

The type and brand of device involved in the incident,

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

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

[1910.1030\(h\)\(5\)\(i\)\(C\)](#)

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

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

1910.1030(h)(5)(iii)

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

1910.1030(i)

Dates --

1910.1030(i)(1)

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

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001; 71 FR 16672 and 16673, April 3, 2006; 73 FR 75586, Dec. 12, 2008]