

Bloodborne Pathogens

Exposure Control Plan

Safety University

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# Introduction and Program Overview

**A. REGULATIONS**

The purpose of the Bloodborne Pathogen Standard is to reduce occupational exposure to human materials and Other Potentially Infectious Materials (OPIM) that employees may encounter in their workplace. This Bloodborne Pathogens Exposure Control plan is designed to be complaint with Federal OSHA Bloodborne Pathogen Standard ([1910.1030](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)).

**The objective of this plan is twofold:**

* To protect workforce members from the health hazards associated with bloodborne pathogens.
* To provide appropriate post-exposure follow up and counseling should workforce members become exposed to bloodborne pathogens.

**B. BLOODBORNE PATHOGENS**

Bloodborne pathogens (BBPs) are microorganisms that can cause disease in healthy human beings; these include bacteria, viruses, parasites, and fungi. Exposure to BBPs may occur via a splash, spray, or aerosolization of potentially infectious material onto mucosal membranes (e.g., eyes, nose, or mouth) or penetration through breaches in the skin (e.g., an accidental needle stick from a BBP contaminated sharp).

Symptoms of acute infection from exposure to most BBPs initially present with very common mild, flu-like symptoms (e.g., fever, headache, fatigue, loss of appetite, general malaise).

Characteristics of the three most commonly occurring bloodborne pathogens: Human Immuno-deficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) are:

|  |  |  |
| --- | --- | --- |
| **HIV** | **HBV** | **HCV** |
| * Relatively fragile virus
* Can remain infective outside host for only a few hours (~4 hours or less)
* Integrates into human genome and results in lifelong disease
* Carriers often succumb to opportunistic pathogens due to a severely impaired immune system
 | * Very resilient virus
* Remains infectious for weeks outside of host
* Remains infectious even in dried blood
* HBV is 100 times more infectious than HIV
* Acute infection for ~90% of healthy adults
* Infants and young children very susceptible to chronic HBV infection
 | * Moderately hardy virus
* Remains infectious on hard surfaces from 16 hours up to 4 days
* In liquid, HCV can survive up to 14 days at room temperature
* 75-85% of HCV infected people develop a long-term chronic infection
* Large unknown carrier population
 |

**HIV Treatment:**

An HIV vaccine is not currently available. Anti-retroviral prophylaxis is available and capable of suppressing viral replication, thereby significantly delaying the onset of Acquired Immune Deficiency Syndrome (AIDS), however, drug treatment must be continued throughout the life of the carrier.

Post exposure prophylaxis for an HIV occupational exposure is time sensitive. The sooner drugs are delivered, the greater likelihood of preventing the virus from integrating into the genome and establishing a systemic infection.

**Hepatitis B & C Treatment:**

A very effective (>90%) HBV vaccine is readily available. Post-exposure prophylaxis for HBV exposure includes the Hepatitis B vaccine and HBV immune globulin. No HCV vaccine is currently available, however current HCV treatment regimens have been shown to be effective at curing many genotypes of the virus.

**C. PURPOSE**

The [COMPANY NAME] (the XXX) Bloodborne Pathogen - Exposure Control Plan (BBP-ECP) describes how to eliminate or minimize the exposure of all workforce members to human tissues, human blood products, and other potentially infectious materials (OPIM - defined in Appendix A) that might contain bloodborne pathogens (BBPs).

At-risk workers (listed in Appendix B) are defined as workforce members that work with, or around, materials that are subject to the BBP standard. This group of at-risk workforce members includes regular employees and as well as interns. This group of workforce members at the XXX must know that there are a number of general principles that should be followed when working with BBPs, or materials potentially containing BBPs:

* An effective Hepatitis B Virus (HBV) vaccine is available for all workforce members who may be at occupational risk for exposure to HBV. This vaccination is offered to individuals at no cost and can be accepted at any time, but if personnel choose not to accept it, they must formally decline by signing an HBV vaccine declination form (Appendix D). HBV vaccine declination records must be kept on file with [COMPANY NAME] Human Resources who is responsible for the occupational safety documentation of the workforce members.
* Appropriate personal protective equipment (PPE) such as gloves, eye protection, and face shields must be worn when handling human blood or OPIM. PPE is provided by [COMPANY NAME] and provided free of charge to all workforce members.
* All workforce members handling human blood or OPIM, must undergo BBP training that meets all of the expectations outlined in Appendix E. This must occur at the time of initial assignment of tasks where occupational exposures may take place and prior to the initiation of procedures involving bloodborne pathogen. Annual BBP refresher training is required thereafter.
* XXX workforce members must institute as many engineering and work practice controls as reasonable to eliminate or minimize the risk of exposure to bloodborne pathogens.

**D. APPLICABILITY**

This Exposure Control Plan applies to all workforce members (listed in Appendix B) who may come in contact with BBP materials during the course of their work. This plan complies with the Federal Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) Standard, 1910.1030.

**E. ROLES AND RESPONSIBILITIES**

**Safety Department**

* Per the Bloodborne Pathogen Standard requirements, develop and maintain the Bloodborne Pathogen - Exposure Control Plan.
* Update the BBP-ECP upon regulatory changes, or as necessary, including an annual assessment to determine the effectiveness of the BBP-ECP.
* Provide a current, digital copy of the BBP-ECP in XXX SharePoint Portal.
* Facilitate the resolution to any concerns or questions about working with BBPs.

**Department Leaders of At-Risk Employees**

* Address all concerns or questions about working with BBPs.
* Provide job specific training for all at-risk workers that are covered by the BBP-ECP. Training for all personnel must be documented annually.
* Enforce requirements for at-risk workers to wear appropriate PPE.
* Establish measures to have adequate PPE supplies available.
* Identify tasks and procedures where occupational exposure may occur and implement control measures to mitigate these risks (including but not limited to engineering controls and administrative work practice controls).
* Establish accountability to report all exposure incidents to Human Resources.

**Human Resources Department**

* Safeguard that all workforce members who may have an occupational exposure risk to BBPs are offered Hepatitis B vaccination series.
* Maintain records of at-risk worker vaccination declinations.
* Administer post-exposure and follow-up services.

**At-Risk Workers**

* Review and become familiar with the applicable components of the BBP-ECP.
* Provide feedback to supervisor about ways in which job duties could be performed more safely.
* Complete annual BBP refresher training.
* Apply Universal Precautions to all manipulations and procedures involving materials that may harbor BBPs.
* Report any exposure, accident, overt biohazardous spill, injury or illness to their immediate supervisor or on-duty leadership, as soon as possible.

**F. BLOODBORNE PATHOGEN TRAINING REQUIREMENTS**

All at-risk workers with potential occupational exposure to BBPs shall complete the assigned Bloodborne Pathogen training. This training meets the expectations of the Bloodborne Pathogen Standard as defined in Appendix E. BBP training shall be administered as follows:

* Complete the assigned BBP online training module at the time of initial assignment to tasks where exposure to BBPs may occur and every three years thereafter.
* Annual refresher training throughout term of employment in which exposure to BBPs is reasonably anticipated.
* When changes affect the worker’s occupational exposure (e.g., introduction of new engineering, administrative or work practice controls; modifications of tasks or procedures; or institution of new tasks or procedures).

**G. EVALUATION AND REVIEW**

This Plan will be reviewed and updated:

1. At least annually;
2. Whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure;
3. To identify new or revised job classifications, that involve occupational exposure; and
4. To review the exposure incidents that occurred since the previous update.

The review and update will also consider, when appropriate, changes in technology to eliminate or reduce exposures to BBP and commercially available medical devices that are designed to eliminate or minimize occupational exposure.

**H. ACCESSIBILITY**

This plan shall be made available to employees upon request and posted electronically on the company SharePoint intranet portal.

# Methods of Compliance

**A. RISK DETERMINATION**

The first step in developing a BBP-ECP is determining the potential BBP exposure risks that may be present in the XXX. Appendix F – “Bloodborne Pathogen Risk Assessment” can be utilized to identify the potential exposure risk(s).

**B. GENERAL UNIVERSAL PRECAUTIONS**

Universal Precautions is an approach to infection control and involves behaving under the assumption that all human blood, blood products, and body fluids may be infectious. Based on this assumption, all workers must utilize good work practices and engineering controls, as well as protective equipment, to minimize or eliminate exposure to bloodborne pathogens. Following Universal Precautions and good work practice requires strict adherence to all procedures in the subsequent sections of this document.

**C. ENGINEERING CONTROLS**

Engineering controls should be used to eliminate or minimize exposure risks. Engineering controls shall be inspected and maintained to ensure their effectiveness. All procedures involving human blood or OPIM shall be performed in such a manner to minimize splashing, spraying, spattering, and generation of droplets. Any engineering control that is deemed to jeopardize patient safety or success of procedures shall be reported to the on-duty Supervisor and documented through Employee Report of Injury process.

**Acceptable engineering controls include, but are not limited to:** hand washing facilities, sharps containers, splashguards, needless systems, and local ventilation.

**D. ENGINEERED SHARPS PROTECTION/SHARPS MANAGEMENT**

Needleless systems or safety engineered sharps devices are used to eliminate or reduce occupational injury due to sharps. These systems or devices are to be used whenever possible.

**Examples of needleless systems and devices with engineered sharps injury protection:** needle-free injectors, self-sheathing scalpels, self-sheathing hollow bore needles, self-sheathing injectable needles, self-sheathing intravenous catheters, self-sheathing vacutainer needles, plastic vacutainer tubes, plastic coated hematocrit tubes.

**E. LABELING**

**Labels**

1. All human tissue, body fluid, or OPIM must be stored in a container labeled with a biohazard symbol.
2. Biohazard warning labels shall be affixed to containers of regulated waste or other pieces of equipment.
3. Biohazard labels should preferably be colored fluorescent orange or orange-red and include the universal biohazard symbol, along with the word “biohazard” in a contrasting color, as depicted at right.

Labels must be an integral part of the container or must be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents the loss or unintentional removal. Labels required for contaminated equipment must also state which portions of the equipment remain contaminated.

**Signs**

OSHA requires employers to post warning signs at the entrance to work areas where exposure to bloodborne pathogens and OPIM is possible (e.g. storage room doors).

1. Warning signs shall be posted on the doors outside of the areas where biohazards materials are present.
2. Signs should preferably be colored fluorescent orange or orange-red and include the universal biohazard symbol, along with the word “biohazard” in a contrasting color.

**F. WORK PRACTICE CONTROL**

Work practice controls are meant to reduce the likelihood of exposure through alteration of the manner in which a task is performed. Therefore, Supervisors will be responsible for documenting and instituting work practices or, if applicable, procedures that will minimize potential exposure and will be responsible also for evaluating these on a regular basis to ensure their effectiveness. Appropriate work practices will be reviewed with each employee, and the employee will be expected to follow the designated work practice control.

In the event they do not or cannot comply with any of these requirements, they must report the incident and circumstances to the XXX Human Resources Department or their immediate supervisor for investigation and documentation.

The engineering and work practice controls listed below must be followed:

**Employee Personal Actions**

1. 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;
2. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present;
3. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances; and

**Hand washing**

1. Hand washing facilities shall be readily accessible to employees.
2. When provision of hand washing facilities is not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towlettes shall be provided. When antiseptic hand cleansers or towlettes are used, hands shall be washed with soap and running water as soon as feasible.
3. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
4. Employees shall wash their 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 OPIM.

**Handling of Disposable Needles and Other Sharp Instruments**

1. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.
2. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer demonstrates that no alternative is feasible or that such action is required by a specific medical or dental procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

**Handling of Reusable Sharp Instruments (e.g., lancets, scalpels, etc.)**

1. Contaminated reusable sharps shall be placed in appropriate containers immediately or as soon as possible after use until properly reprocessed. These containers shall be puncture resistant, properly labeled “Biohazard”, leak proof on the sides and bottom.
2. Reusable sharps that are contaminated with blood or OPIM 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.

**Handling of Contaminated Equipment**

1. Equipment contaminated with blood or OPIM shall be decontaminated as necessary before servicing or shipping unless decontamination of the equipment or portions of it is not feasible.
2. A readily observable label shall be attached to the equipment stating which portions remain contaminated.
3. This information shall be conveyed to all affected employees, servicing representative and/or manufacturer, as appropriate, and prior to handling, servicing or shipping so that appropriate precautions will be taken.

**H. REGULATED WASTE DISPOSAL**

**Disposal of Contaminated Sharps:**

* Contaminated sharps shall be discarded as soon as possible into sharps containers that are labeled with the words “Biohazardous Waste” or with the international biohazard symbol and the word “Biohazard” and are puncture resistant, leak proof and closeable to assure containment;
* Such containers shall be easily accessible to personnel and shall be located as close as possible to the immediate area where sharps are being used or can be reasonably anticipated to be found;
* Sharps containers shall be kept upright when being used, they will not be overfilled, and containers replaced routinely;
* Sharps containers shall be closed immediately prior to their removal from the area of use or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping;
* A secondary container shall be used if leakage of the primary container is possible. The secondary container shall be properly labeled, closeable, leak proof and constructed to contain all contents during handling, storage, transport or shipping; and
* Reusable containers shall not be opened, emptied or cleaned manually or in any other manner which would expose personnel to the risk of sharps injury.

**Other Regulated Medical Waste:**

* Other regulated waste shall be placed in containers/bags which are closeable, constructed to contain all contents and prevent leakage during handling, storage, transport and shipping;
* Waste bags or containers must be labeled “Biohazardous Waste” or with the international biohazard symbol and the word “BIOHAZARD”, and the bag shall be color-coded red.
* Prior to removal, waste bags or containers shall be closed to prevent spillage or protrusion of contents during handling, storage, transport or shipping; and
* If outside contamination occurs or is likely, the waste bags/containers must be placed in a second container that is closeable, leak proof, labeled and color coded.

**I. DECONTAMINATION**

All workforce members are responsible for keeping their immediate work area clean and sanitary. If you become aware of needs beyond general housekeeping, report your concern to your immediate supervisor or on-duty leadership.

**Equipment and Working Surfaces**

All equipment and working surfaces must be cleaned and decontaminated using a appropriate disinfectant with an EPA Registration Number (TB bactericidal, HIV and HBV virucidal) for the appropriate contact time.

**Decontamination must occur:**

1. Immediately when surfaces are overtly contaminated, or after any spill;
2. When the procedures are completed; or
3. At the end of the workday if the surface may have become contaminated since the last cleaning

**Receptacles**

All buckets, pails, cans, bins, baskets and similar receptacles intended for re-use that have a reasonable likelihood of becoming contaminated with human blood or OPIM must be inspected and decontaminated regularly, and as soon as possible after known or visible contamination.

**Protective Coverings**

Disposable protective coverings must be removed and replaced as soon as feasible after they become contaminated or at the end of the workday if they may have become contaminated during the day.

**Laundry**

1. Contaminated laundry should be handled as little as possible and be handled with appropriate personal protective equipment.
2. All clothing/linen that is significantly contaminated with blood or other potentially infectious materials willbe bagged without being sorted or rinsed.
3. Significantly contaminated clothing shall be carefully placed into a properly color-coded or labeled nonabsorbent leak-proof container or bag that is free of holes and tears and set aside for off-sitelaundering.
4. Contaminated laundry (soiled with blood/Other Potentially Infectious Material (OPIM)) must be placed in bags, or containers with a lid, and labeled or color coded as previously stated. Contaminated laundry must be laundered by a contracted “commercial laundry service”.
5. Any workforce member handling significantly contaminated uniforms shall wear protective gloves and otherpersonal protective equipment as appropriate.
6. If the contaminated laundry is wet and presents a reasonable likelihood of soak-through from thebag, the container or bag is to be placed inside a second bag.

**J. PERSONAL PROTECTIVE EQUIPMENT**

As appropriate, PPE should be used by all persons that are at risk to exposure to a BBP or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees clothing, skin, eyes, mouth or other mucous membranes under the normal conditions of use and for the duration of time which the protective equipment will be used. Under rare and extraordinary circumstances certain PPE may not be used if it increased hazards to the safety of the worker. All such circumstances, the employee shall be reported to the Human Resources Department, without fear of reprisal. A thorough investigation shall be conducted to determine if changes are warranted to prevent future occurrences.

**Personal protective equipment includes but is not limited to:** masks, gloves, face shields, eye protection, resuscitation bags, pocket masks, or other ventilation devices. Appropriate sizes of PPE shall be available.

**Protective Eyewear, Face Shields and Masks**

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 OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

***NOTE:*** *Although surgical masks may be considered PPE for protection of mucous membranes from potential splash of infectious agents or OPIM, they* ***are not considered to be respiratory protection****.*

**Gowns, Aprons, and Other Protective Body Clothing**

Appropriate protective clothing (such as, but not limited to, gowns, aprons, jackets or similar outer garments) shall be worn in exposure situations. The specific type will depend upon the task and degree of exposure anticipated.

**Gloves**

Gloves shall be worn when it can be reasonably anticipated that the workforce member may have hand contact with blood, OPIM, mucous membranes, and other non-intact skin; when handling or touching contaminated items or surfaces; and when performing vascular access procedures. Alternatives shall be made available to any employee that is allergic to gloves that are normally provided.

Disposable gloves will not be washed or decontaminated for re-use and will be replaced when they become contaminated, or if they are damaged in any way that compromises their ability to function as a barrier.

Utility gloves may be decontaminated for re-use unless they show any signs of deterioration or when their ability to function as a barrier has been compromised, (cracked, peeling, torn, punctured) in which case they must be discarded.

**Cleaning, Laundering and Disposal**

The XXX must clean/launder, repair, replace or dispose of any PPE when necessary without cost to the workforce member. All garments penetrated by blood or OPIM shall be removed immediately or as soon as possible. PPE is to be worn only when needed for protection and is to be removed prior to leaving the work area. When PPE is removed, it is to be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

**Repair and Replacement**

The XXX shall repair or replace any personal protective equipment as needed and at no cost to the employee.

**K. TRANSPORTATION THROUGHOUT FACILITY**

Human blood, or OPIM, must be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. If samples are transported into public spaces the container must be lidded, leak-proof, puncture proof, composed of a nonporous material, labelled with the Universal Biohazard Symbol and contain enough absorbent material inside to collect the spilled biohazard substance.

**L. SHIPPING OF BBP SUBSTANCES**

Specimens of human blood or OPIM shipped off site must be placed in a compliant container that is appropriately labeled per Department of Transportation (DOT) and International Air Transport Association (IATA) shipping standards.

**M. BBP SPILL CLEAN-UP PROCEDURES**

All significant BBP spills outside of containment must be reported to the Facilities and Security Department as soon as practicable.

**For manageable BBP spills could include, but not limited to:**

* Remove any contaminated clothing
* Evacuate the area, if appropriate
* Locate Spill Kit
* Don appropriate PPE
* If broken glass is involved, pick up large pieces with forceps or tongs and dispose in a hard-walled medical waste sharps container
* Contain the spilled material
* Clean up spill with 10% bleach or other approved disinfectant
* Place all contaminated materials into an appropriate biohazardous waste container
* Doff PPE
* Seal and transport the waste container to appropriate medical waste accumulation site
* If an occupational exposure occurred during clean up, notify the on-duty supervisor

**N. PROHIBITED PRACTICES**

* Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
* Contaminated sharps shall not be bent, recapped, or removed from devices prior to decontamination.
* Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires workers to reach by hand into the containers where these sharps have been placed.
* Disposable sharps shall not be reused.
* Broken glassware which may be contaminated shall not be picked up directly with the hands and must be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
* The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
* Sharps containers shall not be opened, emptied, or cleaned manually in any manner which would expose workers to the risk of sharps injury.
* Mouth pipetting/suctioning of blood or OPIM is strictly prohibited.
* 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.
* Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops, or benchtops where blood or OPIM are present.

# Medical Considerations

**A. HEPATITIS B VACCINATION OFFER/DECLINATION**

The Hepatitis B vaccine and vaccination series is available to all [COMPANY NAME] workforce members who have the potential for an occupational exposure to human source materials. These vaccinations are available at no cost and are coordinated by the Human Resource Department.

The Hepatitis B vaccination shall be made available to at-risk workers after they have received the proper training and within 10 working days of initial assignment to a position involving potential BBP exposure.

**Exceptions to the vaccination policy may be granted if the at-risk worker:**

1. Has previously received the complete Hepatitis B vaccination series (documentation is required).
2. Is immune to Hepatitis B as documented through antibody testing.
3. Cannot take the vaccine for medical reasons (documentation of contraindications is required).
4. Has signed a statement declining to accept the Hepatitis B vaccination (Appendix D). If they initially decline the Hepatitis B vaccination, but at a later date decide to accept the vaccination, the immediate supervisor must make the Hepatitis B vaccination available.

If, at a future date, a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service, the booster dose(s) available at no cost to the employee.

**B. POST-EXPOSURE PROCEDURES**

A post exposure evaluation and follow up will be made available for all workforce members who have had an exposure incident. These medical evaluations and procedures are available at no cost to the workforce members.

**In the event of a suspected occupational exposure to BBPs, workforce members must:**

1. Remove contaminated PPE and clothing
2. Wash the site of exposure with soap and water for at least 15 minutes
3. Immediately seek medical treatment and evaluation from one of the recommended providers. Contact the Human Resources Department for current list.
4. Employees must notify their Supervisor as soon as possible to initiate reporting requirements by completing a Employee Injury Report (available on the [HR Intranet Portal Site](https://www.safety-u.com/))
5. Following an exposure report, the XXX will immediately make available to the employee a confidential medical evaluation and follow up (Contact Human Resources).

Any exposure incident will be reported immediately to the supervisor and to the person responsible for investigation of exposure incidents. This person will investigate the circumstances of the exposure incident and will make a written, detailed report of these circumstances and document the route(s) of exposure to the employer. The goal of the investigation is to identify and correct any problems in order to prevent recurrence of similar incidents.

Following a report of an exposure incident, the employer will make immediately available to the exposed employee, at no cost, a confidential medical evaluation and follow-up that must include at least the following elements:

* Documentation of exposure route(s) and circumstances of occurrence;
* Identification and documentation of source individual, unless infeasible or prohibited by law;
* Source HBV and HIV testing after consent is obtained;
* Make results of source individual's testing available to exposed employee, but stress the absolute necessity for the employee to understand and abide by all local, state, and federal regulations regarding the confidentiality of the information provided;
* Collection and testing of exposed employee's blood for HBV and HIV serological status after consent is obtained; the employee may refuse to have their blood tested at this time, but may elect to have the blood tested anytime within 90 days of its collection;
* Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
* Counseling; and
* Evaluation of reported illnesses

A confidential post-exposure medical evaluation and follow-up will be offered free to any employee who incurs an exposure incident. The XXX will ensure that the health care professional responsible for the employee's HBV vaccination and evaluation after an exposure incident is provided with specific information about the exposure incident.

The XXX will ensure that the health care professional evaluating an employee after an exposure incident is provided with the following:

* A copy of the 1910.1030 Standard;
* A description of the exposed employee’s duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which the exposure occurred;
* Results of the source individual’s blood testing, if available; and
* All medical records relevant to the appropriate treatment of the employee, including vaccination records

The evaluating health care professional must submit a written opinion to the employer following the evaluation. The employer must obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation for HBV vaccination and for post exposure follow-up. The health care professional's written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:

*For HBV Vaccination:*

* Whether vaccination is indicated for the employee and if the employee has received such vaccination

*For Post Exposure Evaluation and Follow-Up:*

* A statement that the employee has been informed of the evaluation, and a statement that the employee has been told about any medical conditions resulting from exposure to blood and OPIM which require further evaluation or treatment.

***NOTE: All other personal medical information shall remain confidential and shall not be included in the written report to the employer***.

**C. MEDICAL RECORDS**

Medical, training, and sharps injury reporting records will be made available as required. All medical records shall be confidential and will not be disclosed to any person except where regulation requires per [29 CFR 1910.1030(h)(1)](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030). The XXX shall comply with the requirements for transfer of records in accordance with [29 CFR 1910.1020(h)](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1020). Each employee medical record will be maintained for a period of at least the duration of employment, plus 30 years, and will include the following information:

* + The employee’s full name and social security number.
	+ A copy of the HBV vaccination record or declination form.
	+ A written record of all medical evaluations, results, recommendations, and follow-ups.
	+ The attending physician’s written evaluation.
	+ Copies of all other information provided by the healthcare professional.

**D. SHARPS INJURY LOG**

All sharps related bloodborne pathogen exposure injuries must be reported immediately by contacting the on-duty supervisor. Additionally, a report of injury of the incident using the Human Resource’s report form (available on the [HR Intranet Portal Site](https://www.safety-u.com/)). Human Resources will initiate a review of the injury and enter the information into a sharps injury log. The sharps injury log is maintained for five years by the XXX. Sharps injury reporting records will be made available as required by 1910.1030 (h)(5).

***Reference***

29 CFR 1910.1030 – [Bloodborne Pathogens](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)

29 CFR 1910.1020 – [Access to employee exposure and medical records](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1020)

***Attachments***

None

# Appendix A - Human Materials Subject to the BBP Standard

The [OSHA Bloodborne Pathogens Standard](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030) is designed to eliminate or minimize occupation exposures to human body fluids including the following:

1. Semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva from dental procedures, any body fluid visibly contaminated with blood such as saliva or vomit, and all body fluids in situations such as emergency response calls where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ other than intact skin from a living or dead human, including primary and established cell lines of human origin that have not been screened against all human bloodborne pathogens.
3. Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
	1. Cell, tissue, or organ cultures from humans or experimental animals
	2. Blood, organs, or other tissues from experimental animals or
	3. Cell culture medium or other solutions

# Appendix B - At-Risk Worker Job Classification List with BBP Exposure Determination

**Category 1**: The following are position descriptions in which **ALL** workers’ job classifications **have** exposure:

* Porters / Environmental Services
* Maintenance Engineers

**Category 2**: The following are position descriptions in which **SOME** workers have occupational exposure:

* Security Officers

# Appendix C - Tasks and procedures which occupational exposure occurs

|  |
| --- |
| **TASKS AND PROCEDURES IN WHICH OCCUPATIONAL EXPOSURE OCCURS** |
| **Task** | Category of Job Classification | **Route of Exposure** | **Protective Measures** |
| **I** | **II** |
| Clean-up of spills of blood and body fluids | X |  | Direct contact | Gloves, gown (optional) |
| Biohazardous waste disposal (including sharps containers) | X |  | Direct contact with used needles, sharps, syringes | Gloves |
| Collection of soiled equipment/supplies | X | X | Direct contact if soiling is visible | Gloves optional |
| Administering CPR/First Aid activities |  | X | Direct contact | Gloves, eye protection, CPR mask, gown (optional) |

# Appendix D - Waiver of Hepatitis B Virus Vaccine

The Bloodborne Pathogen Standards, 29 CFR 1910.1030, issued by the U.S. Occupational Health & Safety Administration (OSHA) require the employer to ensure that employees who decline to accept the Hepatitis B vaccination sign the following statement.

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

However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I could 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 material and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Date |  | Employee’s Printed Name |  | Employee’s Signature |
|  |  |  |  |  |
|  |  |  |  |  |
| Date |  | Employer’s Representative’s Printed Name |  | Employer representative’s Signature |

# Appendix E - Bloodborne Pathogen Training Requirements

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

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this Standard and an explanation of its contents.
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens.
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and personal protective equipment.
7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment.
9. Hepatitis B Vaccination. 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.
10. Emergency Information. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log.
12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
13. Signs and Labels. An explanation of the signs and labels and/or color coding required by the BBP standard.
14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

**Training Records**

Required training records shall be maintained for at least 3 years and shall contain the following information:

* + Dates of training;
	+ The contents or a summary of the training sessions;
	+ Name and qualifications of trainer; and
	+ Names and job titles of all employees attending training sessions.

General training records will be maintained in the [COMPANY NAME] Learning Management System (LMS). Site specific records will be maintained at each facility.

# Appendix F - Bloodborne Pathogen Risk Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Assessor** |  | **Assessor Job Title** |  |
| **Date** |  | **Job Task/Activity Title** |  |

**Does the task/activity/procedure involve?**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Activity** |
|  |  | Work with HBV, HIV or other bloodborne pathogens or with preparations, such as liquid solutions or powders containing the HBV or HIV? |
|  |  | Handle human blood products such as whole blood, plasma, serum, platelets, or white cells? |
|  |  | Handle human body fluids such as semen, cerebrospinal fluid, vaginal secretions, joint fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid?  |
|  |  | Handle sharp instruments such as knives, needles, scalpels, or scissors which have been used by others working with human blood or other potentially infectious materials to include human organs, tissues or body fluids? |
|  |  | Perform tasks which may potentially result in the workers exposed skin or mucous membranes coming in contact with human or animal blood, body fluids, organs, or tissues which are infected with the Hepatitis B Virus, Hepatitis C Virus, HIV or other bloodborne pathogens?  |
|  |  | Dispose of biohazard waste or soiled laundry? |
|  |  | Perform first aid where exposure to human blood or OPIM is possible? |
|  |  | Clean up spills of human blood or OPIM? |

**If the answer to any of the above questions is “yes,” then any employee performing such task/activity/ procedure is considered to be at risk to occupational exposure to HIV, HBV, HCV, or other bloodborne pathogens.**

Once it has been determined that a particular job classification is at risk of potential exposure, the job needs to be categorized as either category I, (all employees in the job classification are at risk) or category II (some of the employees in the job classification are at risk to exposure). For job classifications, in which only some personnel are at risk of potential exposure (category II), a list of all tasks and procedures or groups of closely related tasks and procedures which may involve possible exposure to blood or OPIM must be made.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Human Resource Representative Signature** |  | **Date** |  |
| **Printed Name** |  |  |  |

# Appendix G - Definitions

**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), hepatitis C virus (HCV) 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 a surface or in or on an item.

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

**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. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

**Engineering Controls** means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Engineered Sharps Injury Protection** means either:

1. A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
2. A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

**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.

**HBV** means hepatitis B virus.

**HCV** means hepatitis C virus.

**HIV** means human immunodeficiency virus.

**Licensed Healthcare Professional** is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

**Needle or Needle Device** means a needle of any type, including, but not limited to, solid and hollow-bore needles.

**Needleless System** means a device that does not utilize needles for:

1. The withdrawal of body fluids after initial venous or arterial access is established;
2. The administration of medication or fluids; and
3. Any other procedure involving the potential for an exposure incident.

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

**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**.**

**One-Hand Technique** means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

**OPIM** means other potentially infectious materials.

**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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;

1. (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
2. (3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
	1. Cell, tissue, or organ cultures from humans or experimental animals;
	2. Blood, organs, or other tissues from experimental animals; or
	3. Culture medium or other solutions.

**Parenteral Contact** 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 or used 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, HBV or HCV.

**Regulated Waste** means waste that is any of the following:

1. Liquid or semi-liquid blood or OPIM;
2. Contaminated items that:
	1. Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
	2. Are capable of releasing these materials when handled or compressed.
3. Contaminated sharps.
4. Pathological and microbiological wastes containing blood or OPIM.

**Sharp** means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

**Sharps Injury** means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

**Sharps Injury Log** means a written or electronic record satisfying the requirements of 5193(c)(2).

**Source Individual** means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical 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.

**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, HCV, and other bloodborne pathogens.

**Workforce** means employees, contractors, volunteers, trainees, and other persons whose conduct, in the performance of work for the XXX is under the **direct control** of such XXX, whether or not paid by the the XXX.

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

# Regulatory Cross Reference

United States Code of Federal Regulations [29 CFR 1910.1030](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030). Bloodborne Pathogens.

|  |  |  |
| --- | --- | --- |
| **Standard Subsection** | **Description** | **Location(s)** |
| (b) | Definitions | Pg. 19 – Appendix G |
| (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. |  |
| (c)(1)(ii)(A) | The exposure determination required by paragraph (c)(2) | Pg. 4 – Appendix B |
| (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 | (d) 3(e) n/a(f) 9(g) Appendix C(h) 11 |
| (c)(1)(ii)(C) | The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard. | Pg. 3 & Appendix F |
| (c)(1)(iii) | Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e). | Pg. 4 |
| (c)(1)(iv)(A & B) | 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:1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
2. Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
 | Pg. 3 |
| (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. | Not Applicable |
| (c)(2)(I) | Exposure Determination.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: |  |
| (c)(2)(i)(A) | A list of all job classifications in which all employees in those job classifications have occupational exposure; | Pg. 14 – Appendix B |
| (c)(2)(i)(B) | A list of job classifications in which some employees have occupational exposure, and | Pg. 14 – Appendix B |
| (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. | Pg. 15 – Appendix C |
| (c)(2)(ii) | This exposure determination shall be made without regard to the use of personal protective equipment. | Pg. 18 – Appendix F |
| (d) | Methods of Compliance |  |
| (d)(1) | General. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. | Pg. 4 |
| (d)(2) | Engineering and Work Practice Controls. |  |
| (d)(2)(ii) | Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. | Pg. 4 |
| (d)(2)(iii) | Employers shall provide handwashing facilities which are readily accessible to employees. | Pg. 5 |
| (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. | Pg. 5 |
| (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. | Pg. 5 |
| (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. | Pg. 5 |
| (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. | Pg. 5 |
| (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. | Pg. 5 |
| (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. | Pg. 5 |
| (d)(2)(viii)(A-D) | Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:1. Puncture resistant;
2. Labeled or color-coded in accordance with this standard;
3. Leakproof on the sides and bottom; and
4. In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.
 | Pg. 5-6 |
| (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. | Pg. 5 & 9 |
| (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. | Pg. 5 & 9 |
| (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. | Pg. 5 |
| (d)(2)(xii) | Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. | Pg. 9 |
| (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. | Not Applicable |
| (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. | Not Applicable |
| (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. | Not Applicable |
| (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. | Not Applicable |
| (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. | Pg. 6 |
| (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. | Pg. 6 |
| (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. | Pg. 6 |
| (d)(3) | Personal Protective Equipment. |  |
| (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. | Pg. 7 |
| (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. | Pg. 7 |
| (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. | Pg. 7-8 |
| (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. | Pg. 8 |
| (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.. | Pg. 8 |
| (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. | Pg. 6-7 |
| (d)(3)(vii) | All personal protective equipment shall be removed prior to leaving the work area. | Pg. 6-7 |
| (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. | Pg. 7 |
| (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. | Pg. 8 |
| (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. | Pg. 8 |
| (d)(3)(ix)(B) | Disposable (single use) gloves shall not be washed or decontaminated for re-use. | Pg. 8 |
| (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. | Pg. 8 |
| (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. | Pg. 7 |
| (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. | Pg. 8 |
| (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, orthopedic surgery). | Pg. 8 |
| (d)(4) | Housekeeping. |  |
| (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. | Pg. 6 |
| (d)(4)(ii) | All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. | Pg. 7 |
| (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. | Pg. 7 |
| (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. | Pg. 8 |
| (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. | Pg. 8 |
| (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. | Pg. 8 |
| (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. | Pg. 9 |
| (d)(4)(iii) | Regulated Waste. |  |
| (d)(4)(iii)(A)(1)(i-iv) | Contaminated Sharps Discarding and Containment.Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:1. Closable;
2. Puncture resistant;
3. Leakproof on sides and bottom; and
4. Labeled or color-coded in accordance with paragraph (g)(1)(i) of the 1910.1030 standard.
 | Pg. 6 |
| (d)(4)(iii)(A)(2)(i-iii) | During use, containers for contaminated sharps shall be:1. 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);
2. Maintained upright throughout use; and
3. Replaced routinely and not be allowed to overfill.
 | Pg. 6 |
| (d)(4)(iii)(A)(3)(i-ii)(A-C) | When moving containers of contaminated sharps from the area of use, the containers shall be:1. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
2. Placed in a secondary container if leakage is possible. The second container shall be: Closable; Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and Labeled or color-coded according to paragraph (g)(1)(i) of this standard.
 | Pg. 6 |
| (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. | Pg. 6 |
| (d)(4)(iii)(B) | Other Regulated Waste Containment. |  |
| (d)(4)(iii)(B)(1)(i-iv) | Regulated waste shall be placed in containers which are:1. Closable;
2. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
3. Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and
4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 | Pg. 6 |
| (d)(4)(iii)(B)(2)(i-iv) | If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:1. Closable;
2. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
3. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 | Pg. 6 |
| (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. | Pg. 8 |
| (d)(4)(iv) | Laundry. |  |
| (d)(4)(iv)(A) | Contaminated laundry shall be handled as little as possible with a minimum of agitation. | Pg. 7 |
| (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. | Pg. 7 |
| (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. | Pg. 7 |
| (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. | Pg. 7 |
| (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 | Pg. 7 |
| (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). | Pg. 7 |
| 1910.1030(e) | HIV and HBV Research Laboratories and Production Facilities. | Not Applicable |
| (f)(1)(i-iii) | Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up. |  |
| (f)(2)(i-iii) | Hepatitis B Vaccination.1. 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.
2. The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
3. 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.
 | Pg. 9 |
| (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. | Pg. 16 – Appendix D |
| (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). | Pg. 9 |
| (f)(3) | Post-exposure Evaluation and Follow-up. | Pg. 9-10 |
| (f)(4) | Information Provided to the Healthcare Professional. | Pg. 10 |
| (f)(5) | Healthcare Professional's Written Opinion. | Pg. 10 |
| (f)(6) | Medical Recordkeeping. | Pg. 11 |
| (g)(1)(i-ii) | Communication of Hazards to Employees.(1) Labels and Signs.(1)(i) Labels. | Pg. 4-5 |
| (g)(1)(ii) | Signs. | Pg. 5 |
| (g)(2)(i-ix) | Information and Training.The training program shall contain at a minimum the following elements… | Pg. 3 |
| (h)(1) | Recordkeeping; Medical Records | Pg. 11 |
| (h)(2) | Training Records | Pg. 17 – Appendix E |
| (h)(4) | Transfer of Records | Pg. 11 |
| (h)(5) | Sharps Injury Log.  | Pg. 11 |
| Appendix A | Hepatitis B Vaccine Declination | Pg. 16 – Appendix D |