Exposure Control Plan: Bloodborne Pathogens

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1.0 PURPOSE OF THE PLAN

The United States Occupational Safety and Health Administration (OSHA) is responsible for enforcing federal laws and regulations by promoting safe work practices in order to minimize the incidence of illness and injury experienced by employees in the workplace. OSHA has enacted the Bloodborne Pathogens Standard (29 CFR 1910.1030). A copy of this standard can be found in ***Appendix A*** and contains definitions that apply to this plan. The purpose of this standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in the work place".

Suffolk University is strongly committed to enforcing this Standard by:

- Eliminating exposures to blood and other potentially infectious material;
- Educating employees on the risks and consequences of exposure;
- Instituting engineering and work practice controls designed to eliminate employee exposure to bloodborne pathogens;
- Providing appropriate treatment and counseling should an employee be exposed to blood or other potentially infectious materials.

This plan explains the components of a campus-wide program designed to minimize risk of employee exposure to bloodborne pathogens. This exposure control plan applies to all persons with occupational exposure to human blood, body fluids, tissues or other potentially infectious materials. Occupational exposure is any 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.

2.0 PLAN MANAGEMENT

2.1 Office of Environmental Health and Safety Responsibilities

The Office of Environmental Health and Safety (OEHS) will be responsible for the overall management and support of the Bloodborne Pathogen Exposure Control Program for Suffolk University.

Specific responsibilities include:

- Overall responsibility for implementing the Exposure Control Plan for the entire campus;
- Working with employees to develop and administer any additional bloodborne-pathogens-related policies and practices needed to support the effective implementation of this plan;
- Coordinating training for all employees who are covered by the Bloodborne Pathogen Standard and maintaining all appropriate training documentation;
- Ensuring that the plan is reviewed for current legal requirements concerning bloodborne pathogens and exposures;
- Conducting or arranging periodic campus audits and inspections to maintain an up-to-date Exposure Control Plan.
- Investigate exposure incidents and complete an "Incident Investigation Report" (***See Appendix B***).

2.2 Department Heads' and Supervisors' Responsibilities

Department Heads and Supervisors of employees with exposure to Bloodborne Pathogens are responsible for exposure control, monitoring and compliance with the standard in their respective areas. Management in all affected areas must be fully knowledgeable and informed of this Exposure Control Plan.

Specific responsibilities include:

- Working with OEHS to review and revise engineering controls and work practices used by their employees to ensure that they minimize the risk of exposure to bloodborne pathogens;
- Ensuring that their departments' work areas have appropriate personal protective equipment available to employees;
- Requiring any employees with exposure to blood or other potentially infectious materials to attend Exposure Prevention training;
- Ensuring that any employees who have an exposure seek prompt medical attention;
- Complete a Suffolk University "Incident Report Form" (***See Appendix C***);
- Report any exposure incidents to Human Resources and OEHS at Ext-4849/8628;
- Provide a copy of the Exposure Incident Report to OEHS.

2.3 Employees' Responsibilities

The goals of avoiding exposures to Bloodborne Pathogens and minimizing the consequences of any exposures that do occur can only be accomplished with the full cooperation of all employees. In order to create a safe work environment, employees must:

- Know which tasks they perform that may include occupational exposure to Bloodborne Pathogens;
- Attend an Exposure Prevention training session each year;
- Plan and perform all procedures in accordance with acceptable work practice controls;
- Report any exposures to their supervisors and seek immediate medical attention.

2.4 Plan Availability

The Bloodborne Pathogen Exposure Control Plan is available to all employees. The plan is available for review at the OEHS website or by contacting OEHS at Ext-4849/8628.

2.5 Review and Plan Updates

In order to ensure that the Exposure Control Plan is kept current, the plan will be reviewed and updated under each of the following circumstances:

- Annually;
- Whenever new or modified tasks and procedures are implemented which affect the occupational exposure of our employees;
- Whenever new employee positions are established or employee positions are revised which may involve exposure to bloodborne pathogens;
- When required by OSHA.

The annual review and update of the plan will reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, and will document the consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupation exposure. In this review, input in the identification, evaluation, and selection of effective engineering and work practice controls shall be solicited from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps.

3.0 EXPOSURE DETERMINATION

In order to identify employees who may be exposed to Bloodborne Pathogens, it is necessary to perform an exposure determination which is specific to the department or laboratory operations. This plan must contain:

- A list of all job classifications in which all employees in those job classifications have occupational exposure.
- A list of job classifications in which some employees have occupational exposure.
- A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the exposure determination. This exposure determination is made without regard to the use of personal protective equipment.

All employees of Suffolk University coming in contact with any of the following substances as a result of an occupational exposure must be trained in accordance with the Standard.

Specific substances covered under the Standard include:

I.

- Human Blood
- Human Blood Components
- Products made from human blood
- 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
- All body fluid in situations where it is difficult or impossible to differentiate between body fluids;

II. Any unfixed tissue, organ (other than intact skin) from a human (living or dead); and

III. 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.

Based on the risk analysis, certain positions may or may not be covered under the Standard. Training is mandatory if there is “reason to believe that the person will come into contact with any of the specific human substances covered under this standard.”

3.1 Suffolk University Job Classifications

OSHA recognizes two categories of employees who are at risk of occupational exposure.

- Job Classifications in which all employees have occupational exposure:
  - Health Service Clinicians/Staff
  - Athletics Trainers and Coaches
  - University Police Officers
  - OEHS

- Job Classifications in which some employees have occupational exposure:
  - Security Officers
  - NESAD Woodshop Manager

In addition to the above, Suffolk University recognizes a third category of employees:

Job classifications in which all employees will be trained in bloodborne pathogens exposure control and post-exposure procedures. These employees, because exposure is not anticipated during their normal job duties, will not be offered Hepatitis B vaccinations.

- Facilities Management Staff
- Residence Life Staff (Residence Hall Directors, Conference and Resident Assistants)
- Incident Support Team (IST)
- Laboratory Personnel

Note: Independent contractors, staff of contracted services, volunteers and consultants are not employees and are not covered by the university's exposure control plan.

3.2 Job Classifications and Corresponding Tasks

Job Classification	Tasks
Health Service Clinicians/Staff	Patient care including drawing blood, giving injections, tending wounds
Athletics Trainers and Coaches	Attending to injured athletes
University Police and Security Officers	Assisting injured individuals Disposing of found needles and syringes
Art and Design - Woodshop Manager	Attending to shop accidents and injuries
Laboratory Personnel	Handling of potentially infectious materials and waste in laboratories Responding to laboratory accidents and injuries
OEHS members	Have primary responsibility of responsible to and or coordinating hazardous spills including blood and potentially infectious materials
Facilities Management Staff	Supervising contracted custodian and maintenance personnel who clean up and make repairs to potentially infectious areas.
Residence Life Staff	Responding to injured individuals
IST members	Participating in an emergency response

4.0 METHODS OF COMPLIANCE

4.1 Universal Precautions

Universal precautions will be observed to prevent contact with all potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

The Center for Disease Control (CDC) and OSHA have published recommendations promoting the use of universal precautions for individual protection. OEHS recommends the use of all or any combination of the following universal precautions when possible exposure to human blood or body fluids exists during the performance of one's job tasks:

- Hands shall be washed before and after patient contact. Hands shall be washed immediately following contamination with blood or other body fluids, and after removing gloves.
- Gloves shall be worn for procedures where blood or body fluids containing blood are present. Gloves shall be worn by healthcare workers who have cuts, abraded skin or chapped hands. Gloves shall be worn during an instrumental exam of the otopharnyx, GI or GU tract, when performing an invasive procedure, when performing phlebotomy, and when cleaning blood or body fluid spills and during decontamination procedures.
- Gloves shall be made of appropriate material and shall be of appropriate size for each worker. Gloves shall not be used if they are peeling, cracked, discolored or have other evidence of deterioration. Latex-free gloves are to be available.
- Disposable gloves should not be washed or disinfected for reuse.
- Gowns shall be worn when performing tasks that may cause blood or other body fluid splashes to skin or clothing. Gowns should be made of or lined with impervious material and should protect all areas of exposed skin.
- Masks and protective eye wear shall be worn when performing tasks that may cause blood or other body fluid splashes to mucosal membranes.
- Resuscitation equipment that minimizes the need for emergency mouth-to-mouth resuscitation shall be readily available to responders.
- Sharps/needles shall not be recapped or purposely bent or broken by hand. Sharps/needles shall not be removed from disposable syringes, or otherwise manipulated by hand. Sharps/needles receptacles shall not leak, shall be maintained in a sanitary condition, and should be equipped with a tight fitting cover if necessary to maintain a sanitary condition.
- Sharps/needles shall be placed in puncture resistant containers after use. Such containers shall be easily accessible to all personnel, and shall not spill their contents if knocked over.
- Tags (BIOHAZARD) shall be used for preventing accidental injury or illness to employees exposed to hazardous conditions, equipment or operations. Such tags/signal words should be readable at a distance of five feet or more. Tag messages should be written or presented in pictographs, and should be understandable by all employees who may be exposed to the hazard. Tags should be affixed as close as possible to their respective hazards in a manner so as to prevent loss or unintentional removal. Tagged material should be double bagged where puncture or outside contamination is likely.

- Employees at substantial risk of contacting blood or body fluids shall be offered hepatitis B vaccinations.
- Soiled linen shall be bagged at point of origin and not be sorted or rinsed in patient care areas.
- Reusable patient equipment shall be disinfected or sterilized before reuse.
- There shall be a procedure in place to follow-up employee exposures to possible HIV/HBV.
- There shall be an employee training program to provide all personnel with an understanding of Universal Precautions as it applies to their work practices.

4.2 Engineering Controls

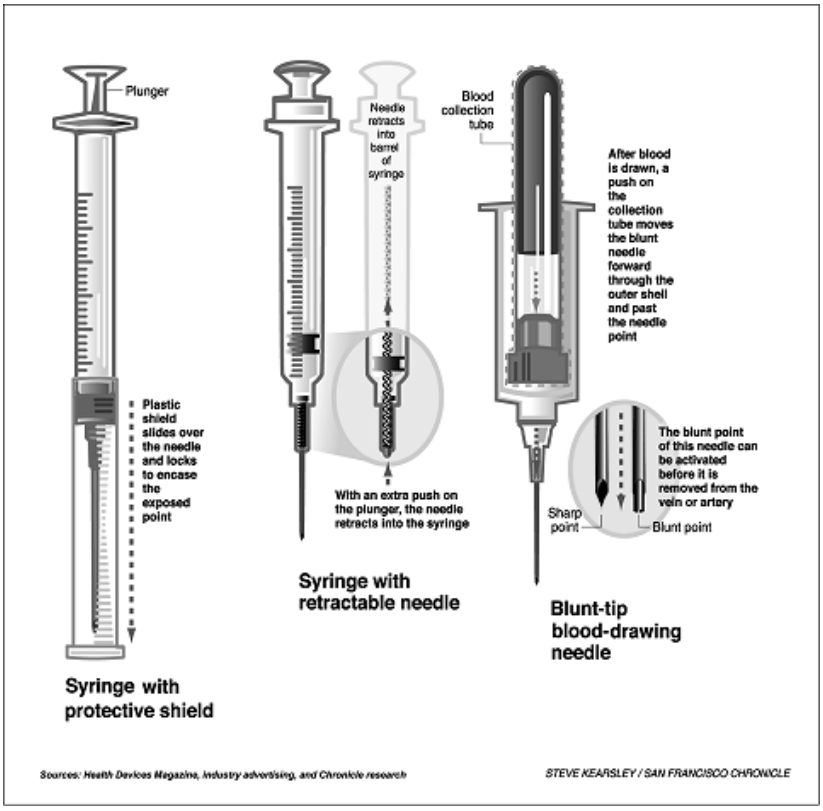
Equipment such as puncture resistant sharp disposal containers is utilized to minimize exposures. OEHS periodically works with department managers and supervisors to review tasks and procedures performed in departments where engineering controls can be implemented or updated.

The following engineering controls are used throughout Suffolk University:

- Hand washing facilities which are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated reusable sharps having the following characteristics:
    - Puncture resistant.
    - Color coded or labeled with a biohazard warning label.
    - Leak proof on the sides and bottom.
- Specimen containers which are:
    - Leak proof.
    - Puncture resistant, if necessary.
- Secondary containers which are:
    - Leak proof.
    - Puncture resistant, if necessary.
- Sharps with Engineered Sharps Injury Protections (SESIPs) -- devices should have design features with the following characteristics:
    - A fixed safety feature that provides a barrier between the hands and needle after use; the safety feature should allow or require the worker's hands to remain behind the needle at all times;
    - The safety feature is an integral part of the device and not an accessory;
    - The safety feature is in effect before disassembly and remains in effect after disposal to protect users and trash handlers, and for environmental safety;
    - The safety feature is as simple as possible, and requires little or no training to use effectively;
    - The device will not jeopardize patient or employee safety or be medically inadvisable;
    - The device will make an exposure incident involving a contaminated sharp less likely to occur.

Examples of Sharps with Engineered Sharps Injury Protections (SESIPs) include:

- Needle-protected systems
- Needleless systems
- Self-sheathing needles
- Safety phlebotomy needles
- Retracting lancets
- Plastic blood tubes and plastic or mylar-coated capillary tubes
- Blood transfer devices
- Blunt suture needles



From NIOSH publication 2000-108, Preventing Needlestick Injuries in Health Care Settings. More information is also available at *http://www.osha.gov/SLTC/etools/hospital/hazards/sharps/sharps.html#Safer*

4.3 Work Practice Controls

Suffolk University has adopted the following work practice controls as part of our Bloodborne Pathogen Program:

- Employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. Exposed mucous membranes are flushed with water.

- Contaminated needles and other contaminated sharps are not bent, recapped or removed unless the recapping or needle removal is accomplished through the use of recapping device or a one handed technique.
- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Food and drink are not kept in refrigerators, freezers, on counter tops or in other storage areas where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- Splashing, spraying or other actions generating droplets of blood or other infectious materials are minimized.
- Specimens of blood or other materials are placed in designated leak proof containers, appropriately labeled, for handling and storage.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak proof container, appropriately labeled, for handling and storage.
- Equipment which becomes contaminated during normal use is examined prior to servicing or shipping and decontaminated. If decontamination is not feasible then the following action must be taken:
    - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.

4.4 Personal Protective Equipment (PPE)

This equipment includes, but is not limited to:

- Gloves
- Laboratory coats/gowns/aprons
- Face shields/masks
- Safety glasses or goggles
- Mouthpieces (for resuscitation)
- Resuscitation bags
- Hoods
- Shoe covers

Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to gloves. These allergic dermatitis reactions may be due to latex, chemicals and/or powder.

Department supervisors are responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.

Employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position.

To ensure that PPE is not contaminated and is in the appropriate condition to protect employees from potential exposure, department supervisors must adhere to the following practices:

- All PPE is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable PPE is cleaned, laundered and decontaminated as needed.
- Single use PPE (or equipment that cannot, for whatever reason, be decontaminated) is disposed of appropriately.

To ensure that PPE is used as effectively as possible, employees must adhere to the following practices:

- Any garments penetrated by blood or other infectious materials must be removed immediately, or as soon as feasible.
- All personal protective equipment must be removed prior to leaving a work area.
- Gloves are worn in the following circumstances:
    - Whenever employees anticipate hand contact with potentially infectious materials.
    - When performing vascular access procedures.
    - When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."
- Masks and eye protection (goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- Protective clothing (gowns and aprons) are worn whenever potential exposure to the body is anticipated.
- Surgical caps/hoods and/or shoe covers/boots are used in any instances where "gross contamination" is anticipated.

4.5 Personal Housekeeping

Maintaining the work area in a clean and sanitary condition is an important part of the Bloodborne Pathogen Program. To facilitate this, a written schedule for cleaning and decontamination should be initiated and include the following information:

- Location(s) to be cleaned/decontaminated.
- Day and time of scheduled work.
- Who is responsible for cleaning.
- Cleansers and disinfectants to be used.
- Any special instructions that are appropriate.

Elements of a good housekeeping program should ensure that:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
    - After the completion of medical procedures.
    - Immediately (or as soon as feasible) when surfaces are overtly contaminated.
    - After any spill of blood or infectious materials.
    - At the end of the work shift if the surface may have been contaminated during shift.

- Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) are removed and replaced:
    - As soon as feasible when overtly contaminated.
    - At the end of the work shift if they may have been contaminated during the shift.
- All pails, bins, cans and other receptacles intended for use are routinely inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.); and
- Contaminated reusable sharps are decontaminated as soon as possible and then stored in appropriate containers.

5.0 REGULATED WASTE

5.1 Definitions

"Regulated waste" includes the following:

- 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;
- Pathological, microbiological or other research waste containing blood or other potentially infectious materials; and
- Sharps including broken glass and needles.

"Container" as used in the Standard refers to the bag or box which contains the regulated waste and which is generally disposed of along with the waste. This includes red bags, small sharps boxes for needles and large sharps boxes for pipettes and other potentially contaminated broken glassware. As these are closed prior to handling or moving, they do not generally require decontamination. However, if the exterior of the container could possibly be contaminated, it should be decontaminated or place in a second container. The first container should also be place in a second container if leakage from the first container is possible.

"Receptacles" are reusable containers which temporarily house the "container". They may be plastic pails used to hold bags, for example, or wheeled carts used to transport the containers. If these become contaminated, they should be decontaminated.

5.2 General Regulated Waste Collection Procedures

- It is the responsibility of the Department Chairperson or his/her designate to notify OEHS when regulated waste need to be removed and replaced. Disposal will be carried out in compliance with applicable State regulations.
- Regulated waste is collected in containers that are:
    - Closable
    - Puncture resistant
    - Leak proof if the potential for fluid spill or leakage exists
    - Red in color or labeled with the appropriate biohazard warning label
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.
- Whenever employees move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

5.3 Protocol for Disposal of Sharps

It is the responsibility of the Department Chairperson or his/her designate to notify OEHS when sharps boxes need replacement. Disposal will be carried out in compliance with applicable State regulations. University Police dispose of red sharps containers by closing them and bringing them to Health Services. Please refer to the Sharp Waste Disposal Policy in ***Appendix D.***

During use:

- Shearing or breaking of contaminated needles is prohibited.
- Contaminated needles shall not be bent, recapped, or removed unless no alternative is feasible or such action is required by a specific medical or dental procedure. Recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Containers for sharps must be:

- Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
- Maintained upright throughout use; and
- Replaced routinely and not be allowed to overfill.

Containers of sharps being removed from the area of use must be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- Placed in secondary containers if leakage is possible. The second container must be closable. The second container must be constructed to contain all contents and prevent leakage during handling, storage, transport or shipping. Such containers must be labeled or color-coded fluorescent orange or orange-red with lettering or symbols of biohazard sign.
- Never opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

6.0 HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

Suffolk University will make available the Hepatitis B vaccine series to all employees who have occupational exposure to human blood or other potentially infectious materials. Post exposure evaluation and follow up will be made available to any employees who have had an exposure incident.

It is the responsibility of the supervisors of the affected departments in conjunction with the Human Resources Department, to ensure that all medical evaluations and procedures including the Hepatitis B vaccination series and post-exposure evaluation and follow-up including prophylaxis, will be:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or under the supervision of another licensed healthcare professional.
- Provided according to recommendations of U.S. Public Health Service.
- All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

6.1 Hepatitis B Vaccination

The Hepatitis B vaccination will be provided by Human Resources and made available at Health Services following initial Bloodborne Pathogen training and within 10 working days of initial assignment to all employees who have occupational exposure. The vaccination series will be offered 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.

If the employee has previously received or will be receiving the vaccination, a "Vaccination Immunization Record" in ***Appendix E*** must be completed. This immunization record will be kept on file with the employee's supervisor, HR and OEHS.

If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, it will then be made available.

All employees declining the Hepatitis B vaccination offered by the University must sign the OSHA required waiver indicating their refusal. A copy of this "Vaccination Declination Form" can be found in ***Appendix F*** of this plan. This declination form will be kept on file with the employee's supervisor, HR and OEHS.

If at a future date, a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service, such booster doses will be made available.

Health Services will maintain records of employees' vaccination status. Health Services will make these records available to Human Resources.

6.2 Post Exposure Evaluation and Follow-Up

6.2.1 Post Exposure Procedures

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure, it must be reported immediately to the employee's supervisor and to the Human Resources Office. The supervisor must complete a Suffolk University "Incident Report Form" for the exposure in ***Appendix C*** immediately following any exposure incident. If the exposure occurs during regular office hours, the Human Resources Office will arrange for the employee to go the contracted occupational health provider. This appointment will be scheduled as soon as possible following the exposure incident. The supervisor must ensure that the employee goes to that appointment. The Human Resources Office will provide the employee with a "Medical and Workers' Compensation Claim Authorization" and an "Accident Reporting" Form. The employee will be asked to fill out these forms. Copies of these forms are found in ***Appendix G***. The supervisor must also report the exposure incident to OEHS at Ext-4849/8628. Following an exposure incident, the OEHS will investigate the incident and complete an "Incident Investigation Report" found in ***Appendix B***.

The exposed employee will immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual unless it can be established that identification is infeasible or prohibited by state or local law. Interpretation of state and/or local laws can be obtained from agencies such as the Board of Medical Examiners and the Bureau of Labor and Industries, Civil Rights Division.
- The source individual's blood will be tested as soon as feasible and after written consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the University will establish that legally required consent cannot be obtained.
- When the source individual is already known to be infected with HBV or HIV, testing need not be repeated.
- The results of the source individual's testing will be made available to the exposed employee and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood will be collected as soon as feasible and tested after written consent is obtained.
- If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. 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.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

6.2.2 Information Provided to the Healthcare Professional

The employee's supervisor and the Human Resources Director will ensure that the healthcare professional responsible for the employee's post-exposure care is provided with the following as soon as feasible following the event:

- A copy of 29 CFR 1910.1030.
- A written description of the exposed employee's duties as they relate to the exposure incident.
- Written documentation of the route of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

6.2.3 Healthcare Professional's Written Opinion

The Human Resources Office will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for the employee and if the employee has received such vaccination.

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

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation of treatment.

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

7.0 PROGRAM IMPLEMENTATION

7.1 Labels and Signage

The supervisor of each work area will ensure that bio-hazard labels will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

The universal bio-hazard symbol will be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with all applicable federal, state, and local laws.

7.2 Training

The Director (or the Director's designee) of each work area covered by this plan will ensure that training is provided to all employees with potential occupational exposure at the time of initial assignment to tasks where occupational exposure may occur. The training will be repeated within twelve months of the previous training. Training will be tailored to the educational level, literacy, and language of the employee. The training will cover the following:

- A copy of the standard and an explanation of its contents.
- A discussion of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the Suffolk University Bloodborne Pathogen Exposure Control Plan and how the employee can obtain a written copy of the plan.
- An explanation of how to recognize tasks that may involve exposure.
- An explanation of the use and limitations of methods to reduce exposure including engineering controls, work practices, and PPE.
- When training employees responsible for direct patient care, a discussion of safer medical devices and solicitation of input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls.
- Information on the type, use, location, removal, handling, decontamination, and disposal of PPE.
- Information on the basis for selection of PPE.
- Information on the Hepatitis B vaccination.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- Information on the evaluation and follow-up required after an employee exposure incident.
- An explanation of the signs, labels and color coding systems.
- An opportunity for interactive questions and answers with the person conducting the training session.

The Director or his/her designee will forward records to the Manager of Environmental Health and Safety of all training held. The records will contain the information specified in 7.3.2.

Additional training will be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

7.3 Record Keeping

7.3.1 Medical Records

The Human Resources Department is responsible for maintaining medical records for any employee with occupational exposure. These records will be kept confidential and must be maintained for at least the duration of employment plus 30 years.

The records will include the following:

- The name and social security number of the employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the healthcare professional's written opinion as described in section 6.2.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

7.3.2 Training Records

The EHS Manager is responsible for maintaining training records. They will be maintained for three years from the date of training and will include the following information:

- The dates of the training sessions.
- An outline of the material presented.
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training sessions.

7.4 Sharps Injury Log

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

- The type and brand of the device involved.
- The department or work area where the exposure incident occurred.
- An explanation of how the incident occurred.

The sharps injury log (***See Appendix H)*** shall be maintained for 5 years from the end of the calendar year in which the injury occurred.

8.0 APPENDIXES

APPENDIX A: BLOODBORNE PATHOGEN STANDARD

APPENDIX B: INCIDENT INVESTIGATION REPORT

APPENDIX C: INCIDENT REPORT FORM

APPENDIX D: SHARPS WASTE DISPOSAL POLICY

APPENDIX E: VACCINATION IMMUNIZATION RECORD

APPENDIX F: VACCINATION DECLINATION FORM

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Bloodborne pathogens. - 1910.1030

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- **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)

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

1910.1030(g)(2)(ii)

Training shall be provided as follows:

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

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

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

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]

Hepatitis B Vaccine Declination (Mandatory) - 1910.1030 App A

Regulations (Standards - 29 CFR) - Table of Contents

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z

- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1030 App A
- **Title:** Hepatitis B Vaccine Declination (Mandatory)

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

[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]

APPENDIX B: INCIDENT INVESTIGATION REPORT

INCIDENT

1.0 Name and title of injured person:

1.1 Description of injury involving blood or body fluids (type/source/quantity):

1.2 Severity of Injury (minor first aid/severe non-disabling/disabling/fatality)

1.3 Was this sharp related? If yes, list brand and type of sharp instrument.

1.4 Describe body part affected (right/left):

1.5 Time and date of injury:

1.6 Location/Site:

1.7 Did injured person require assistance?

If yes, answer the following questions:

FIRST AID PROVIDED

2.0 Description of first aid provided:

2.1 Name employees who touched bleeding person:

2.2 Description of PPE and equipment used by first aid responders:

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2.3 Was the equipment utilized during the entire response?

If no, answer the following questions:

2.4 What PPE was not utilized and why?

2.5 When was PPE obtained and used?

2.6 Did any employee sustain contact with the victim's blood /bodily fluids because PPE was not used (if so, who)?

CONTACT OF FIRST AID RESPONDERS

3.0 Did any employee have an "exposure incident"?

If yes, answer the following questions:

3.1 List Names:

3.2 Type of contact (puncture; mouth, nose or eyes; open cut, etc.):

3.3 Discuss recommendation for preventing contact in future responses:

COMMENTS/RECOMMENDATIONS/CORRECTIVE ACTION

4.0 Recommendations for avoiding repetition:

EH&S Representative or Manager (PRINT/SIGN/DATE):

Office of Environmental, Health, & Safety

Suffolk University Incident Report Form

Suffolk University officials require **all injuries** be reported that are sustained while on University property and/or while participating in University recognized activities. This report should be completed no matter how minor the injury may have been. A Suffolk University representative must complete all sections of this form **within 24 hours** after the injury is first reported. Once completed, a copy of this report must be sent to the Department Chairperson or Supervisor and the Office Environmental Health and Safety (OEHS) at **fax# (617) 305-1723**. Please provide a thorough answer to all applicable sections.

For automobile accidents, in addition to completing this form you must also contact the Risk Manager at (617) 973-1141. For further information or if you have any questions, please contact the OEHS at (617) 570- 4849 or 573-8628.

Suffolk University Incident Report

I hereby verify that the following information is correct and accurate to the best of my knowledge.

Part 1. Suffolk Incident Identifier Information *(representative filling out this form)*:

First Name	**Last Name**	**Daytime Telephone Number**
Employee Job Title	**Employee Department**	**Employee Telephone Number**
Home Address	**City, State**	**Postal Code**
Did anyone witness the incident?	**Witness Name(s)**	**Witness Telephone Number(s)**
Yes No		

Part 2. Injured Person Information:

First Name	**Last Name**	
Employee Job Title *(if applicable)*	**Employee Department**	**Employee Telephone Number**
Home Address	**City, State**	**Postal Code**
Sex	**University Employee Status**	
Male Female	Full Time Employee Part Time Employee	Student Non-Employee

Part 3. The Injury / Illness:

Date of Incident	Time of Incident	Address of Incident (Bldg# & rm#)
	a.m. p.m.	
Incident Reported By (name)	**Incident Reported To (name)**	**Supervisor In Charge (if applicable)**

Where did the incident occur? *Please be as specific as possible, building & room number or in relation to a known fixed object. Example: In the stairwell #2 of the Donahue building going down to the cafeteria.*

Is this location a laboratory? ____ Yes ____ No

What was the individual doing just before the incident occurred? *Describe the activity, as well as the tools, equipment, or material the individual was using. Be specific. Examples: climbing a ladder while carrying a paint can; spraying chorine from a hand sprayer; daily computer key-entry.*

What happened? *Explain how the injury occurred. Examples: When ladder slipped on wet floor, worker fell 20 ft; worker was sprayed with chlorine when gasket broke during replacement; worker developed soreness in wrist over time.*

What is the injury or illness? *Identify the part of the body that was affected and how it was affected. Indicate left or right. Please be more specific than "hurt", "pain", or "sore". Examples: "twisted left ankle", "chemical burn on lower left arm"; "one inch cut on right wrist".*

Part 3B. Bloodborne Exposure Injury / Illness *(if applicable)*:

Employee Hepatitis B Vaccine Status:

Received vaccine: Yes No
Completed all three segments of vaccine: Yes No

Type of Exposure:

Skin Puncture Splash to broken skin Splash to Eyes / Nose / Mouth
Unvaccinated First Responder:
___Contact with bleeding person using gloves or PPE
___Contact with bleeding person without gloves or PPE
Other:

Source of Blood or Body Fluid Causing Exposure:

Path Waste Sharp Equipment / Tool First Aid Assistance
"Sharps"
Type_____Brand_____.
Other:

Was a Sample of the infectious source saved?	
Yes No If Yes, where is the sample? Source Patient's name if known:	Full Time Employee Student Part Time Employee Non-Employee

Severity of Injury:

Minor First Aid Severe Non-Disabling Disabling
Fatality_____.

Factors in Incident (Be Specific):

Unsafe Act_____.
Unsafe Condition_____.
Corrective Action Taken:

Part 4. Response / Treatment:

Who responded to the incident scene? (Please check all that apply)

Suffolk University Police and/or Security Environmental, Health, & Safety Manager
Health Services Resident Assistant
Other (Name) _____ No One

What treatment was received? (Please check all that apply)

No Treatment First Aid Beyond First Aid
Treatment Refused Unknown
Please describe the treatment given. (*State none if applicable*.)

_____
_____
_____

Was the individual treated in an Emergency Room?

Yes No
If Yes, Name of Hospital treated at:
NEMC Mass General Health Resources
Other (Name) _____

Part 5. Signatures:

Injured Acknowledgement and Signature
I have been apprised that I may seek medical attention and would like to do so. Signature: _____ Date: _____ **or** **I have been apprised that I may seek medical attention but <u>decline</u> to do so.** Signature: _____ Date: _____
Witness Signature
Signature of Witness: _____ Date: _____

Please send a copy to the Office of Environmental, Health & Safety (OEHS) & Department Chairperson or Supervisor

OEHS fax# 617-305-1723

APPENDIX D: SHARPS WASTE DISPOSAL POLICY

Introduction

Sharps such as broken glass, needles, razor blades, glass pipettes, dispensing tips, and other physically hazardous sharp objects must be separated from normal trash. Outlined below are the four streams of sharps waste. Please take the time to train non-laboratory/laboratory personnel in the proper segregation and disposal of sharps in order to protect Suffolk faculty, staff, employees, and visitors from sharp injuries.

All Non-Biologically Related Dispensing Tips, Needles, Razor Blades, and Syringes (only):

1. For small-volume generators, collect in a puncture-proof container. Containers are available from a number of vendors.
2. Remove all BioSafety symbols on wall enclosure and containers!
3. When full, contact the EHS Office at x-8628 or x-4849 for pickup. No tags are needed, but please mark the building, room number, and responsible person using masking tape.

Examples of Containers:

Clean and Rinsed Glassware and Broken Glass (no syringes or needles):

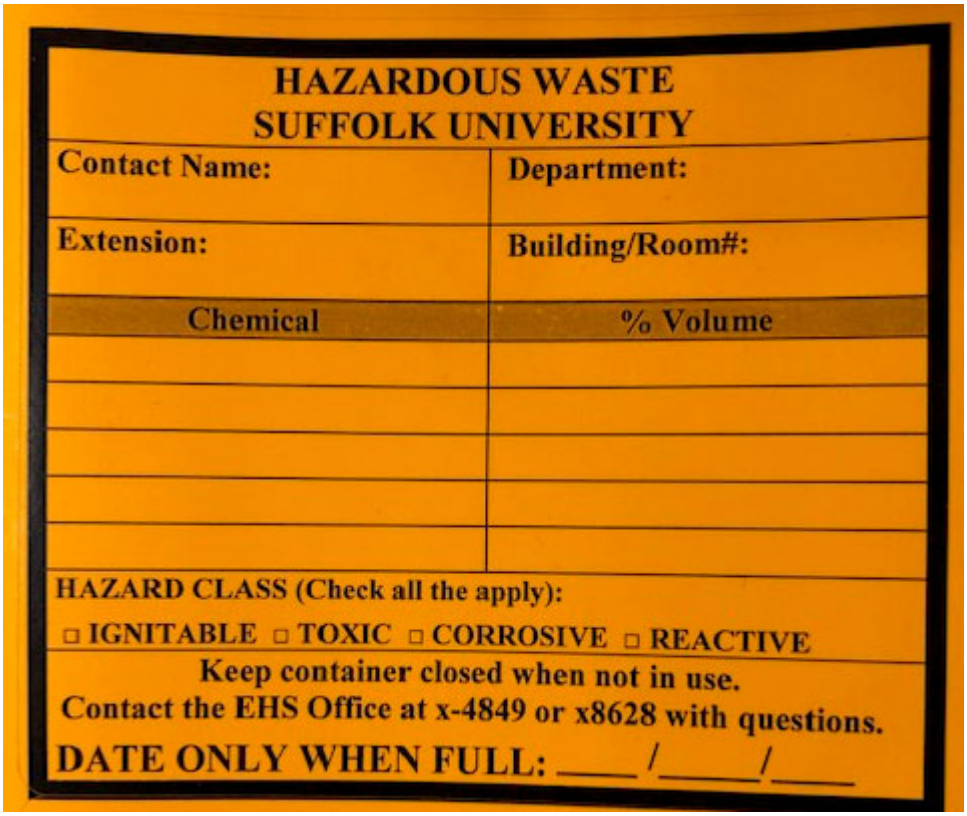
1. Collect clean and rinsed sharps in a VWR glass box or other sturdy puncture-resistant cardboard or plastic container.
2. Mark the box with the lab number and person responsible.
3. When full, tape shut and secure. Place containers in the hall; custodians will pick up. If there are any problems or questions, contact the EHS Office at x-8628 or x-4849. **DO NOT PLACE ANY CHEMICAL, RADIOACTIVE, BIOLOGICAL, or HAZARDOUS WASTE RESIDUE IN GLASS DISPOSAL BOXES**.

Examples of Glass Disposal Boxes:

Chemically Contaminated Sharps, Unrinsed Glass Pipettes, and Pipette Tips:

1. Collect in compatible waste containers (e.g., glass, metal, or plastic).
2. Container must be puncture proof with a screw on cap. Cardboard should be avoided. *Broken glass resulting from a chemical accident or spill should not be picked up and rinsed, but disposed of as hazardous waste.*
3. Label as waste with a hazardous waste label (see illustration below) and contact the EHS Office x-8628 or x-4849 for pickup. The labels are available at the EHS Office.

Example of Hazardous Waste Label:



All Biologically Contaminated Broken Glass, Capillary Tubes, Dispensing Tips, Needles, Pasteur Pipettes, Razor Blades, Slides, and Syringes:

1. All sharps are to be placed in the red sharps container immediately after use (see image below). If the container is full then users must not try to force further sharps inside as this may lead to an injury. **DO NOT PLACE chemical or radioactively contaminated sharps in these containers**.
2. When a sharps container is full the lid must be securely closed.
3. Seal and contact the EHS Office at x-8628 or x-4849 for disposal. No tags are needed, but please mark the building, room number, and responsible person using masking tape.

Example of Red Biohazard Container:

Further Information

Further information relating to biological sharps disposal is available from the Occupational Safety and Health Administration [OSHA 29 CFR 1910.1030].

Appendix E: Hepatitis B Vaccination Immunization Record

Date: _____

Employee Name: _____

Social Security Number (Last 4 Digits): _____

Job Title: _____

Department: _____

☐ *I understand the benefits and risks of Hepatitis B vaccine and request that it is given to me. I will complete this record below and return the completed record to my supervisor.*

☐ *I have already completed the Hepatitis B vaccination series (see below).*

Employee Statement of Hepatitis B Vaccination Receipt

Initial Dose of:_____

given_____ by_____

Second Dose of:_____

given_____ by_____
(30 days after initial)

Third Dose of:_____

given_____ by_____
(6 months after initial)

I have received the Hepatitis B Vaccinations as stated above.

_____ _____ _____
Print Employee Name Employee Signature Date

THIS FORM MUST BE MAINTAINED FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS

Cc: Human Resources Office
Environmental, Health, & Safety Office

Appendix F: Hepatitis B Vaccination Declination Form

Date: _____

Employee Name: _____

Social Security Number (Last 4 Digits): _____

Job Title: _____

Department: _____

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

_____	_____	_____
Print Employee Name	Employee Signature	Date
_____	_____	_____
Print Witness Name	Witness Signature	Date

THIS FORM MUST BE MAINTAINED FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS

Cc: Human Resources Office
Environmental, Health, & Safety Office

APPENDIX G: MEDICAL & WORKERS COMPENSATION & ACCIDENT REPORT FORM

FutureComp Consent For Release of Medical Information

Claim Number:

Insured:

Injured Worker:

Date of Injury:

Date of Birth:

Social Security Number:

I authorize the release of medical information and facts regarding this injury, including reports and records, results, or diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment relating to this injury. This information is to be used for purpose of evaluating and handling my claim for injury as result of an accident on or about date of injury as identified above on this form.

This will also authorize FutureComp Medical Case Manager if assigned to me to have access to all medical records and Utilization Review Records. The Case Manager may discuss pertinent information with professionals involved in my case to share information as appropriate and necessary for coordination of health care services and coordination with employer for return to work. I understand authorization for Case Management purposes is voluntary and not required.

I am willing that a photocopy of this authorization be accepted with the same authority as the original.

_____ _____

Signature of Injured Worker or Authorized Representative Date

FutureComp®
Banknorth
Insurance Agency, Inc.

123 Interstate Drive · P.O. Box 3600
West Springfield, MA 01090-3600
(800) 688-7256 ext. 4133
fax (413) 739-9330

ACCIDENT REPORTING FORM

PLEASE PRINT OR TYPE:

EMPLOYEE

1. Employee Name (Last, First, MI)		2. Home Telephone ( ) -	3. Social Security Number* - -
4. Home Address (No & Street, City, State Zip Code)		5. Marital Status ☐ Single ☐ Married	6. No. of Dependents
7. Date of Hire (MM/DD/YY):	8. Date of Birth (MM/DD/YY):	9. Sex ☐ Male ☐ Female	10. Hourly Wage $
11. Piece or Hourly Worker ☐ Piece ☐ Hourly	12. Hours Worked Per Day	13. Days Worked Per Week	14. Avg. 52-Week: $_____ ☐ Estimated or ☐ Actuarial

EMPLOYER

15 Employer Name Suffolk University	16. Employer Self-Insured ☐ Yes X No	17. Federal Tax ID 04-2133255
18. Employer Address (No & Street, City, State Zip Code) 8Ashburton Place Boston, MA 02108	19. Employer Telephone (617) 573 - 8415	20. Industry Code 82
21. Insurance Carrier: Name and Address of Branch Responsible for This Case (Not Local Agent or Adjuster) NEEIA c/o FutureComp (413)750-4250 P O Box 3600 W. Springfield, MA 01090-3600		
22. Workers' Compensation Policy Number 01-5000310	23. OSHA Case File Number (if applicable)	

INJURY INFORMATION

24. Date of Injury (MM/DD/YY): / /	25. Time of Injury : ☐ A.M. ☐ P.M.	26. Source of Injury (e.g., Machine, Tool, Substance, etc.)	
27. Address Where Injury Occurred (if different from #18 above)		28. On Employer's Premises: ☐ Yes ☐ No	29. Employer Location Code
30. Regular Occupation		31. Regular Occupation When Injured? ☐ Yes ☐ No	
32. To Whom Was Injury Reported:		33. Date Reported (MM/DD/YY): / /	
34. Nature of Injury(ies) (Burn, Fracture, Cut, etc.)			
35. Injured Body Part(s) Description (Arm, Leg, Back, etc.)			
36. Physician Name and Address			
37. Hospital Name and Address			
38. Describe How Injury Occurred (e.g. Struck by……., Fell from……., Exposed to…….)			
39. If Employee Has Returned to Work, Date of Return (MM/DD/YY): / /		40. Returned to Regular Occupation? ☐ Yes ☐ No	

41. Preparer's Name (Please Print or Type)	42. Preparer's Title
43. Preparer's Signature	44. Date Prepared (MM/DD/YY): / /

APPENDIX H: Sharps Injury Log

SHARPS INJURY LOG OFFICE OF ENVIRONMENTAL, HEALTH, & SAFETY			
DATE	**BRAND/TYPE OF INSTRUMENT**	**WORK AREA**	**HOW INCIDENT OCCURRED**

THIS LOG MUST BE MAINTAINED FOR 5 YEARS
FROM THE END OF THE CALENDAR YEAR IN WHICH THE INJURY OCCURED