



SUNY

Cobleskill

BLOODBORNE PATHOGENS EXPOSURE CONTROL
POLICY AND PROCEDURES
November 2011

STATE UNIVERSITY OF NEW YORK
COLLEGE OF AGRICULTURE AND TECHNOLOGY
COBLESKILL, NEW YORK 12043

INTRODUCTION

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard, 29 CFR 1910.1030 became effective in March 1992,. This standard was designed to prevent more than 200 deaths and 9,000 infections from bloodborne pathogens every year. While the standard was primarily aimed at hospitals, funeral homes, nursing homes, clinics, law enforcement agencies, emergency responders, and HIV/HBV research laboratories, anyone who can "reasonably expect to come in contact with blood or potentially infectious materials" as part of their job is covered by it. State University of New York employees are covered by OSHA regulations through the New York Public Employees' Safety and Health Act (PESH) enforced by the State Department of Labor. This policy manual is the cornerstone of S.U.N.Y. Cobleskill's exposure control plan to help protect workers from these hazards.

The intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. In addition to the Exposure Control Plan, the standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping. Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is our hope that this training manual will help prevent any unnecessary exposures and protect our employees.

If you have any questions regarding any aspects of this manual or any other questions about occupational exposures to bloodborne pathogens, please call the Environmental Health and Safety Office at *5411*.

In accordance with OSHA Bloodborne Pathogens Standard 29CFR1910. 1030, the following Exposure Control Plan has been developed for the State University of New York, College of Agriculture and Technology at Cobleskill.

Exposure Determination

The College of Agriculture and Technology has determined that the following departments and/or areas employ employees who may be expected to incur occupational exposure to blood or other potentially infectious materials:

- A. Athletic Department
- B. Bouck Natatorium
- C. Campus Child Care Center
- D. Health Center
- E. Physical Plant Department
- F. Public Safety Department
- G. Student Health Squad

Due to the drastic differences in the nature of work for each of these areas, each area has prepared its own Bloodborne Exposure Control Policy and Procedure. Each of these policies follow, and in combination, constitute the campus policy. Failure to comply with these procedures will result in appropriate counseling/disciplinary action. These actions include counseling, fines, loss of leave credits, suspension, and/or termination.

A. ATHLETIC DEPARTMENT

Statement

Members of the Athletic and Physical Education Department, as a result of performing coaching and teaching duties, may come in contact with blood and other potentially dangerous infectious materials. Exposure from students may include handling of various types of wounds, various acute infectious conditions, contact lenses, etc.

Exposure

Emergencies may occur on the athletic field, in the classroom on campus, or on-the-road while visiting or playing against another college. The teacher or coach may have to administer emergency care to a student who may be infected with a disease, may be exposed to an infected person's body fluids, or may come in contact with infected body fluids through breaks in his/her skin or through the mucus membranes of the mouth or eyes. A teacher/coach may find themselves in a situation in which he/she does not know what risks or infection may be present as they may not be informed of the health risks of individual students in class or on teams.

Scope

This procedure shall apply to the following personnel:

1. All inter-collegiate coaches and assistant coaches.
2. All physical education instructors.

Required Action

Universal precautions will be observed by all coaches/instructors in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered contaminated regardless of the perceived status of the source individual.

All coaches/instructors shall adhere to the following specific procedures which are intended to prevent contact with blood or other potentially infectious materials.

Handling of Potentially Infectious Materials

1. All coaches/instructors shall wear appropriate protective equipment whenever handling potentially infectious materials.

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2. All items which are soiled with blood or other potentially infectious material will be stored in sealed, appropriately labeled, red plastic bags.
3. All protective equipment shall be disposed of in the appropriate biohazard disposal bag after use.
4. In the event a person's clothing is penetrated by blood, that item shall be removed as soon as feasible, stored in a biohazard bag, and appropriately cleaned at no expense to the individual. At no time will an employee take home an article of clothing which has been penetrated by blood.

Personal Protective Equipment

1. All personal protective equipment will be provided without cost to employees.
2. Personal protective equipment will be worn based on the anticipated exposure to blood or other potentially infectious materials. This equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the members' clothing, 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.
3. Gloves are provided as protective equipment and shall be worn whenever exposure to blood or other potentially infectious material is anticipated.

Hepatitis B Vaccine

1. All coaches/instructors who incur an exposure incident will be offered the Hepatitis B vaccine at no cost to them.
2. Coaches/instructors who decline the Hepatitis B vaccine will sign a copy of the waiver (Appendix A).
3. Coaches/instructors who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost.

Post-Exposure Evaluation and Follow-Up

1. When a member incurs an exposure incident, it should be reported to the Director of Athletics.

2. All coaches/instructors who incur an exposure incident will be offered a post-exposure evaluation and follow-up in accordance with the OSHA Standard. This follow-up will include the following:
- a. Documentation of the route of exposure and the circumstances related to the incident.
 - b. The identification of the source individual and his/her status if possible. After consent has been obtained, the blood of the source individual will be tested for HIV/HBV infectivity.
 - c. The results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - d. Coaches/instructors will be offered the option of having their blood collected for testing of their HIV/HBV serological status. Blood samples will be preserved for 90 days to allow members to decide if the blood shall be tested for HIV serological status.
 - e. Coaches/instructors will be offered post-exposure prophylaxis in accordance with the current recommendations of the United States Public Health Service.
 - f. Coaches/instructors will be given appropriate counseling concerning precautions to take during the period following the exposure incident. They will also be given information on what potential illnesses to be alert for and to report any such illnesses.
 - g. It shall be the responsibility of the Director of Athletics to assure that the policy outlined herein is effectively carried out.

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professionals who evaluate coaches/instructors. Written opinions shall be obtained in the following instances:

- a. When the coach/instructor is sent to obtain the Hepatitis B vaccine.
- b. When the coach/instructor is sent to a health care professional following an exposure incident.

2. Health care professionals shall be instructed to limit their opinions to:
 - a. Whether the Hepatitis B vaccine is indicated, if the employee received the vaccine, or if an evaluation following an incident was conducted.
 - b. That the coach/instructor has been informed of the results of the evaluation.
 - c. That the coach/instructor has been told about any medical condition resulting from exposure to blood or other potentially infectious materials.

Training

Training for all coaches/instructors will be conducted prior to initial assignment of tasks where occupational exposure may occur, as well as yearly retraining.

Training for coaches/instructors will include:

1. The OSHA Standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. This procedure.
5. Procedures which might cause exposure to blood or other infectious materials.
6. Control methods which will be used to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available.
8. Post-exposure evaluation and follow-up.
9. Signs and labels used on this campus.
10. Hepatitis B vaccine program.

Recordkeeping

All records required by the OSHA Standard will be maintained by the Office of Human Resources.

B. BOUCK NATATORIUM

Purpose

The loss of blood from a victim or a rescuer can constitute a potentially serious health problem for all individuals coming in contact with the fluid. In addition, the loss of other bodily fluids such as mucus and vomit can also lead to the potential of a serious health problem. The college has developed training workshop and general procedures when involved with assisting an injured individual. Members of the College's lifeguard staff will be required to successfully complete a "Bloodborne Pathogens" training session to be eligible for employment. In addition to this training, personnel involved with incidents in the Natatorium facility shall follow the procedures outlined below.

Scope

This procedure shall apply to all persons employed as lifeguards at Bouck Natatorium.

Definitions

The term bodily fluids as used here shall include blood, mucus, vomit, and any other fluid coming from the body.

Required Action

In the event of an exposure incident in the water, the normal chlorination levels in the pool water will provide protection against infection to the rescue personnel and bathers. In the event of severe bleeding, the swimming pool shall be evacuated immediately and all bathers instructed to take hot water and soap showers. Rescue personnel and any other individuals who were in direct contact with the body fluid must also take a complete hot water and soap shower immediately upon leaving the water.

In the event the loss of bodily fluids from a victim occurs on the pool deck and/or in the locker room, the rescue personnel should protect themselves. Whenever possible, personnel should use a protective apron. This is located in the pool office. They should also wear gloves.

In all cases, the Public Safety Office shall be contacted immediately for further assistance.

Clean-Up Procedures

Following the incident, the Natatorium area must be cleaned. To accomplish this, pour sodium hypochlorite on the area and then flood the area with water. Finally, direct the sodium hypochlorite and water to the floor drains with the use of the squeegee. Any and all soiled clothing is to be placed in red biohazard plastic bags and sealed. The bag must then be well marked as having contaminated material and left in the pool office. The rescuer must then take a complete hot water and soap shower.

Personal Protective Equipment

1. All personal protective equipment used by lifeguards will be provided without cost to them.
2. Personal protective equipment will be worn based on the anticipated exposure to blood or other potentially infectious materials. This equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the members' clothing 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.
3. The following protective equipment will be available and shall be worn whenever exposure to blood or other potentially infectious material is anticipated:
 - a. Gloves
 - b. Polypropylene Apron
4. All protective equipment shall be disposed of in the appropriate biohazard disposal bag after use.
5. In the event any clothing is penetrated by blood, that item shall be removed as soon as feasible, stored in a biohazard bag, and appropriated cleaned. Under no circumstances will a member take home an article of clothing which has been penetrated by blood.

Hepatitis B Vaccine

1. All lifeguards will be offered the Hepatitis B vaccine at no cost to them.
2. Lifeguards who decline the Hepatitis B vaccine will sign a copy of the waiver (Appendix A).
3. Lifeguards who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost.

Reporting

Any incident, regardless of the type and/or severity, must be reported on the appropriate forms located in the pool office. If the loss of body fluids occurred in the pool, rescuer personnel must also record the pH and chlorine readings from the chemical control unit located in the pool office. In all cases, rescue personnel must make themselves available to college officials for a follow-up interview. In the event that the incident involved actual contact with bodily fluids, the rescuer may be instructed to be examined by a health care professional.

Post-Exposure Evaluation and Follow-Up

1. When a member incurs an exposure incident, it should be reported to the Assistant Director of Athletics.
2. All lifeguards who incur an exposure incident will be offered a post-exposure evaluation and follow-up in accordance with the OSHA Standard. This follow-up will include the following:
 - a. Documentation of the route of exposure and the circumstances related to the incident.
 - b. The identification of the source individual and his/her status if possible. After consent has been obtained, the blood of the source individual will be tested for HIV/HBV infectivity.
 - c. The results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - d. lifeguards will be offered the option of having their blood collected for testing of their HIV/HBV serological status. Blood samples will be preserved for 90 days to allow members to decide if the blood shall be tested for HIV serological status.
 - e. Lifeguards will be offered post-exposure prophylaxis in accordance with the current recommendations of the United States Public Health Service.
 - f. Lifeguards will be given appropriate counseling concerning precautions to take during the period following the exposure incident. They will also be given information on what potential illnesses to be alert for and to report any such illnesses.

g. It shall be the responsibility of the Assistant Director of Athletics to assure that the policy outlined herein is effectively carried out.

Interaction with Health Care Professionals

1. A written opinion shall be obtained from the health care professional who evaluates members. Written opinions shall be obtained in the following instances:
 - a. When the member is sent to obtain the Hepatitis B vaccine.
 - b. When the member is sent to a health care professional following an exposure incident.
2. Health care professionals shall be instructed to limit their opinions to:
 - a. Whether the Hepatitis B vaccine is indicated, if the employee received the vaccine, or if an evaluation following an incident was conducted.
 - b. That the member has been informed of the results of the evaluation.
 - c. That the member has been told about any medical condition resulting from exposure to blood or other potentially infectious materials.

Training

Training for all lifeguards will be conducted prior to initial assignment of tasks where occupational exposure may occur, as well as yearly retraining. Training for lifeguards will include:

1. The OSHA Standard for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens
4. This Procedure
5. Procedures which might cause exposure to blood or other infectious materials.
6. Control methods which will be used to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available.

8. Post-exposure evaluation and follow-up.

9. Signs and labels used on this campus.

10. Hepatitis B vaccine program.

Recordkeeping

All records required by the OSHA Standard will be maintained by the Office of Human Resources.

C. CAMPUS CHILD CARE CENTER, INC.

Purpose

To provide staff with knowledge, skills, equipment, and materials to control the exposure of bloodborne pathogens during the course of their work with children.

Scope

All direct care regular staff (master teachers, head teachers, associate teachers, and director) whose day-to-day contact with children includes the risk of exposure to body fluids. Typical incidences would include nosebleeds, certain diaper changings, and injuries sustained at play.

A. Training: Annually by Schoharie County Department of Health, Director of Nursing to include:

1. The OSHA Standard for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne diseases
3. Modes of transmission of bloodborne pathogens
4. This Exposure Control Plan, i.e, points of the plan, lines of responsibility, how the plan will be implemented, etc.
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility and who should be contacted concerning same.
8. Post exposure evaluation and follow-up.
9. Signs and labels used at the facility.
10. Hepatitis B vaccine program at the facility.

Vaccination

The center will make available Hepatitis B vaccinations to all regular Child Care staff within 10 workdays of assignment at no cost to the employee unless they have been previously vaccinated, sign a declination statement (Attachment A), had antibody testing and determined to be immune, or where the vaccine is contra-indicated for medical reasons.

B. General Procedures

1. Inform the Director or Supervisor in charge of all cases of visible blood.
2. Plastic gloves (available in all rooms of the center, the playground, and in field trip first aid kits) to be used when:
 - a. Diaper changing involves bowel movement or child has severe rash in diaper area
 - b. Treating a bloody nose or other injury
 - c. Examining an ill child
 - d. Completing post-exposure tasks
3. Whenever gloves are removed, employees and children must wash hands with soap and water (sinks available in the classrooms).
4. Extensive bleeding (as with all severe emergencies):
 - a. Parent or emergency numbers are contacted.
 - b. Child Care staff will be provided with a surgical gown kept in Center office to provide protection if the child is needing to be held.
 - c. Public Safety will be contacted to supervise the scene until the ambulance arrives.

C. Post-Exposure Procedure

1. Dispose of blood contaminated protective gear to be placed in a plastic bag with identifying label and sent to the College Health Center.
Child or staff members' clothing, with limited contamination, will be placed in laundry immediately in the Center's machines being kept separate from other items.
2. All affected areas to be cleaned and disinfected with proper solution.
3. File an accident report or other report as necessary.

D. Supervision

Staff members not adhering to policies and procedures will be subject to the same disciplinary procedures as outlined in the Personnel Policies for similar situations of improper conduct.

E. Post-Exposure Evaluation

1. Following confirmation of an exposure incident, the Center will make immediately available to the exposed employee a confidential medical evaluation by a licensed healthcare professional. This examination will document the circumstances of exposure preventive measures, counseling, and evaluation of reported illnesses.
2. The employees will be provided a copy of the evaluating physician's written opinion within 15 days of the completed evaluation.

F. Recordkeeping

1. All medical records required by the OSHA Standard will be maintained by the Human Resources Management Office. Training records will be kept in the Center's files.

D. BEARD HEALTH CENTER

Purpose

To protect health care members from exposure to all potentially infectious body fluids.

Job Classification and Related Occupational Exposure Potential

Dr. Peter O. Garner, College Physician

Barbara J.H. Perry, RPA-C

Mary D. Radliff, BS, RN-C, Head Nurse

Grace Warner, RN

Dance Ahern, BS, RN

Donna McGovern, RN

Candy Reinemann, RN

B. Berenice Dooley, BS, RN

Karin Rathbun, RN

All members of the health care team are at high risk for occupational exposure due to the nature of the health services. AU members of the health care team are required to perform any of following as needed:

first aid treatment

venapunctures

care of wounds

urethral cultures

vaginal cultures/wet mounts

urine cultures

urinalysis

injections (IM or other)

The following procedures are only performed by the Physician and the Physician Assistant:

simple surgical procedures (I&D)

suturing

Methods of Compliance

All body fluids are treated as infectious. Protective equipment is provided by the Health

Center. These include latex gloves, gowns, and protective masks for resuscitation.

Reusable equipment, such as scissors, forceps, clamps, blade handles, etc. are steam autoclaved. The efficiency of the autoclave is checked on a monthly basis using sterilizer control tubes.

Handwashing is performed by all employees immediately after all patient contacts. All treatment areas have handwashing areas adjoining them. The laboratory, pharmacy, utility, and recovery areas also have appropriate handwashing areas. In addition, antiseptic towelettes are available. Immediate handwashing is strongly reinforced after all accidental body fluid contact. Periodic inspections are held to ensure compliance with this requirement.

Contaminated Sharps

Sharps containers, which are in accordance with OSHA standards, are kept in each treatment room, laboratory, pharmacy, and utility area. Contaminated sharps are not bent nor recapped. Sharps containers are never allowed to overfill and are replaced when full. Prior to transport, these containers are permanently capped.

Work Area Restrictions

Specimens being held for transport to the hospital laboratory will be kept only in the laboratory area and/or in the laboratory refrigerator. This refrigerator is designated to be used for the storage of specimens, culture plates (sheep blood agar, chocolate media), HCG kits, and throat culture kits. Eating, drinking, applying cosmetics, and handling contact lenses are prohibited in this area and also in all treatment rooms and utility areas.

Prior to pickup, all laboratory specimens are placed in a container which is in accordance with OSHA regulations. The Schoharie County Community Hospital, Inc. is responsible for transport of these specimens.

Personal Protective Equipment

The State University will provide to all Health Center employees appropriate, fluid resistant protective equipment which includes gloves, face masks, eye protection, mouth pieces, ambu bags, and pocket masks.

Gloves are worn when the possibility exists that there may be contact with blood or other potentially infectious materials. Gloves used are replaced after each patient contact or before if any rips or tears are noted. Gloves used are disposable and therefore never reused.

Although the risk for splashes and/or sprays is small, the staff at the Health Center recognizes the need for protection. Moisture resistant gowns will be worn during minor surgical procedures. Goggles are available if sprays to the face may occur.

In the event of contamination of any staff member's personal clothing, this clothing will be removed and bagged in a red biohazard bag. Arrangements will be made for cleaning as soon as possible.

Housekeeping

The Health Center is cleaned daily and an additional detailed cleaning is done every Friday while college is in session. Located in each treatment room, laboratory, and utility area is a spray bottle containing an appropriately diluted bleach solution. All work areas are thoroughly cleaned after any possible contamination. All infectious waste receptacles are routinely cleaned on a weekly basis. In-patient units are also cleaned after each patient use.

Regulated Waste

Located in each treatment area and laboratory is a container specifically designated for regulated waste other than sharps. These containers are also in accordance with OSHA guidelines. This medical waste is held in a leak-proof container and is then picked up and transported to (to be determined by bid process).

Hepatitis B Vaccination

Staff members in the Health Center have received Hepatitis B vaccination. Members who decline hepatitis vaccination will be required to sign the OSHA waiver. Vaccines are provided to the staff member through Health Center account funds.

Post-Exposure Evaluation

Any staff member who is exposed to any potentially infectious material will report immediately to the Head Nurse.

E. PHYSICAL PLANT DEPARTMENT

I. Purpose

Implements an exposure control plan to eliminate or minimize employee exposure to blood and other potentially infectious materials. Exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

II. Authority

Implements OSHA regulations 29CFR, Subpart Z, Section 19 10.1030. Complete text of this regulation is available to any employee upon request.

ifi. Definitions

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis V virus (HBV) and human immunodeficiency virus (HIV).

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

Contaminated Laundry Laundry which has been soiled with blood or other potentially infectious materials.

Exposure Incident A specific eye, mouth, other mucous membranes or non- intact skin.

Occupational Exposure Reasonably anticipated skin, eye, mucous membrane contact with blood or other potentially infectious materials which may result from the performance of their duties.

Pathogen A specific causative agent of disease. A bacterium or virus. **Regulated Waste Liquid and** semi-liquid **blood or other potentially infectious** materials which would release blood or are **caked with dried blood.**

IV. Exposure Determination

This procedure applies to all members of the College Cleaning staff. Job classifications in which all employees have occupational exposure:

Section I

Cleaner	Occupational Code 3014000
Janitor	Occupational Code 3016000
Supervising Janitor	Occupational Code 3016800
Instructional Support Technician	Occupational Code 3710405
Instructional Support Specialist	Occupational Code 3710400
Instructional Support Assistant	Occupational Code 3710401
Instructional Support Associate	Occupational Code 3710402
Staff Assistant	Occupational Code 3754607
Assistant for Instructional Resources	Occupational Code 3731963

Section II

General Mechanic Plumber	Occupational Code 7352000
Maintenance Assistant	Occupational Code 7361000
Maintenance Assistant - Plumber	Occupational Code 7202000
Maintenance Helper	Occupational Code 7345020
Stationary Engineer	Occupational Code 7150000
Assistant Stationary Engineer	Occupational Code 7501200
Air Conditioning/Refrigeration Mechanic	Occupational Code 7501100
Mason	Occupational Code 7132200
Maintenance Supervisor U	Occupational Code 7010000
Maintenance Supervisor ifi	Occupational Code 7101500
	Occupational Code 7150300

Employees working in job classifications identified in Section II face exposure only through their being assigned first aid as a collateral duty.

V. Methods of Compliance

A. Employees shall avoid any contact with blood or other potentially infectious materials. Anytime these substances are evident, the employee will immediately notify his/her supervisor. The supervisor will immediately confirm hazard and provide employee with latex gloves, face masks, goggles, aprons, and approved disposal bags for contaminated items. Employees will not attempt cleaning until these personal protective equipment items are provided.

B. Upon completion of the cleaning tasks, all cleaning materials contaminated personal protective equipment will be deposited in approved disposal bags. The supervisor will immediately deliver regulated waste container to the dispensary for disposal.

C. Any pails or cleaning instruments will be cleaned with 3M quaternary disinfectant detergent immediately after contamination. If cleaning is not practicable then items will be disposed of.

VI. Vaccination

The College will make available Hepatitis B vaccinations to all college cleaning staff employees within 10 workdays of assignment at no cost to the employee unless they have been previously vaccinated, sign a declination statement, had antibody testing and determined to be immune, or where the vaccine is contraindicated for medical reasons. Due to low exposure risk, employees whose job classification has been identified in Section II will only be offered vaccinations upon exposure.

VII. Post-Exposure Evaluation

A. Following confirmation of an exposure incident the College will make immediately available to the exposed employee a confidential medical evaluation by a licensed healthcare professional. This examination will document the circumstances of exposure, identify the source individual if feasible, testing of the exposed employee's blood if he/she consents, post exposure preventive measures, counseling, and evaluation of reported illnesses.

B. The employee will be provided a copy of the evaluating physician's written opinion within 15 days of the completed evaluation.

C. Additionally, the College will require the following:

1. Reporting of first aid incidents involving the presence of blood or OPIM:
 - a. Name of first aid providers
 - b. Description of incident including the time, date, and whether or not an exposure incident occurred.
2. Maintain a list of such first aid incidents.
3. Bloodborne pathogen training will include specifics of first aid reporting procedures.
4. Provision for Hepatitis B vaccine within 24 hours to all unvaccinated first aid providers who provide assistance in any situation involving the presence of blood or OPIM.

Vifi. Training

A. All employees with a potential for occupational exposure will participate in a training program provided at no cost to the employee and during working hours, Training will be provided:

1. At the time of initial assignment to the cleaning staff.
2. Within 90 days after the effective date of this Standard.

B. After initial training, employees only require training on changes to this Standard or when changes in tasks or procedures assigned occur.

C. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program required by OSHA.

D. Training records will be maintained and include the following information:

1. The dates of training.
2. The contents of training
3. The names and qualifications of the persons conducting training.
4. The names and job titles of all persons attending training.

E. Training records will be maintained for three years from the date on which training occurred. They will be made available to the employee or employee representatives when requested.

F. PUBLIC SAFETY DEPARTMENT

Purpose

The purpose of this Procedure is to provide officers at SUNY Cobleskill Public Safety Department with policy and procedural guidelines for dealing with possible exposure to bloodborne pathogens. The intent of this Procedure is to assist in limiting exposure and to develop procedures for limiting the possibility of infection should exposure occur.

Background

In January 1992, Section 1910.1030 was added to the Federal Occupational Safety and Health Act. This addition covers occupational exposure to blood or other related infectious materials. It is designed to protect employees who may become exposed to “bloodborne pathogens” in the course of their employment.

Bloodborne pathogens are defined as 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). Obviously, as individuals who may well be expected to come in contact with human blood in the course of their employment, law enforcement officers are covered by the provision of this act.

This addition to OSHA regulations is scheduled to take effect in New York State on June 2, 1992.

Policy

It is the policy of SUNY Cobleskill’s Public Safety Department to provide officers with proper equipment and training to reduce their potential for exposure to bloodborne pathogens, as well as to offer Hepatitis B vaccines to all officers who incur occupational exposure to possible bloodborne pathogens.

Scope

This Procedure shall apply to the following personnel:

- A. All Grade 12 Officers
- B. All Grade 15 Supervisors
- C. The Director of Public Safety

It is anticipated that any of the above personnel may incur occupational exposure to blood when coming in contact with arrestees and/or victims of crimes and/or accidents as well as when recovering certain types of evidence.

Required Action

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

All members of this Department shall adhere to the following specific procedures which are intended to prevent contact with blood or other potentially infectious materials.

Needles and/or Sharps

1. Members recovering needles and/or sharps shall not bend, recap, remove, shear, and/or purposely break any such needle and/or sharp.
2. All recovered needles and/or sharps shall be immediately placed in specifically designated containers. These containers shall be kept in each public safety vehicle, as well as in the Public Safety Office. These containers will be appropriately labeled and sealed when used.

Work Area Restrictions

1. Members shall not eat, drink, apply cosmetics, lip balm, smoke, or handle contact lenses in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
2. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
3. Should a work area, including patrol vehicles, become contaminated by blood or other potentially infectious material members shall clean the contaminated area as soon as possible with a bleach solution. Whenever cleaning a potentially contaminated area, members shall wear appropriate protective equipment.

Handling of Potentially Infectious Materials

1. Members shall wear appropriate protective equipment whenever handling potentially infectious materials.

2. All items which come into the possession of this Department as either found property or evidence and which are soiled with blood or other potentially infectious material will be stored in sealed, appropriately labeled red plastic bags. These bags will be kept in each patrol vehicle, as well as in the Public Safety Office.

Personal Protective Equipment

1. All personal protective equipment used by this Department will be provided without cost to members.
2. Personal protective equipment will be worn based on the anticipated exposure to blood or other potentially infectious materials. This equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the members' clothing, 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.
3. The following protective equipment will be available in each patrol vehicle and shall be worn whenever exposure to blood or other potentially infectious material is anticipated:
 - a. Gloves
 - b. Polypropylene gown
 - c. Shoe covers
 - d. Surgical mask
 - e. Glasses
4. All protective equipment shall be disposed of in the appropriate biohazard disposal bag after use.
5. In the event any part of an officer's regular uniform is penetrated by blood, that item shall be removed as soon as feasible, stored in a biohazard bag, and appropriately cleaned by the Department. Under no circumstances will a member take home an article of clothing which has been penetrated by blood.

Hepatitis B Vaccine

1. All members who incur an exposure incident will be offered the Hepatitis B vaccine at no cost to them.
2. Members who decline the Hepatitis B vaccine will sign a copy of the waiver (Appendix A).

3. Members who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost.

Post-Exposure Evaluation and Follow-Up

When a member incurs an exposure incident, it should be reported to the Director of Public Safety.

2. All members who incur an exposure incident will be offered a post-exposure evaluation and follow-up in accordance with the OSHA Standard. This follow-up will include the following:

- a. Documentation of the route of exposure and the circumstances related to the incident.
- b. The identification of the source individual and his/her status if possible. After consent has been obtained, the blood of the source individual will be tested for HIV/HBV infectivity.
- c. The results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- d. Members will be offered the option of having their blood collected for testing of their HIV/HBV serological status. Blood samples will be preserved for 90 days to allow members to decide if the blood shall be tested for HIV serological status.
- e. Members will be offered post-exposure prophylaxis in accordance with the current recommendations of the United States Public Health Service.
- f. Members will be given appropriate counseling concerning precautions to take during the period following the exposure incident. They will also be given information on what potential illnesses to be alert for and to report any such illnesses.
- g. It shall be the responsibility of the Director of Public Safety to assure that the policy outlined herein is effectively carried out.

Interaction with Health Care Professionals

1. A **written** opinion shall be obtained from the health care professional who evaluates members. Written opinions shall be obtained in the following instances:
 - a. When the member is sent to obtain the Hepatitis B vaccine.
 - b. When the member is sent to a health care professional following an exposure incident.
2. Health care professionals shall be instructed to limit their opinions to:
 - a. Whether the Hepatitis B vaccine is indicated, if the employee received the vaccine, or if an evaluation following an incident was conducted.
 - b. That the member has been informed of the results of the evaluation.
 - c. That the member has been told about any medical condition resulting from exposure to blood or other potentially infectious materials.

Training

Training for all members will be conducted prior to initial assignment of tasks where occupational exposure may occur, as well as yearly retraining. Training for members will include:

1. The OSHA Standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. This Procedure.
5. Procedures which might cause exposure to blood or other infectious materials.
6. Control methods which will be used to control exposure to blood or other potentially infectious materials.

7. Personal protective equipment available.
8. Post-exposure evaluation and follow-up.
9. Signs and labels used on this campus.
10. Hepatitis B vaccine program.

Recordkeeping

All records required by the OSHA Standard will be maintained by the Office of Human Resources.

G. STUDENT HEALTH SQUAD

Purpose

Members of the Student Health Squad, as a result of performing their job duties, may come in contact with blood and other potentially infectious materials. This Exposure Control Plan will help limit occupational exposure to blood and other infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

Scope

All Squad members are covered by this OSHA mandate. This shall include every member classification: crew chief, driver, and observer.

Infectious materials include blood, semen, cerebrospinal fluid, vaginal secretions, and other bodily fluids including any fluid visibly contaminated with blood and all body fluids where it is difficult to differentiate between body fluids.

Procedures in which exposure to blood is likely would include medical calls for falls or incidents which result in lacerations, nosebleeds, some compound fractures, avulsions, amputations, and even scraps and some serious burns.

Transporting of tissue or organ cultures or cell cultures would also be included.

Compliance

Members should treat all body fluids/materials as if they are infectious. All recovered needles at a scene shall be reported to Public Safety Officers, who will place them (or other sharps) in specifically designated containers kept in patrol vehicles. Other potentially infectious material should be handled only when members wear protective items which will be provided by the College such as protective gloves, gowns, and resuscitation masks.

Patients to be transported by the Student Health Squad should be adequately bandaged and/or cleaned in such a way that continued fluid drainage will not contaminate the transport vehicle, If contamination occurs despite preventative efforts, the vehicle passenger area must be thoroughly decontaminated with a bleach solution before being restored to service for another call.

Student Health Squad members are encouraged to thoroughly wash their hands with a bleach solution following exposure to blood. Facilities for washing will be available on request at the Public Safety station and should be used immediately following such exposure if possible.

Disposal of protective gear including disposable pocket masks shall be done in the appropriate container for biohazards at Johnson Hall (Public Safety building) or at the Beard Health Center. Containers will be clearly marked. Contaminated clothing shall be removed and brought to the same facilities for cleaning.

Training

Members will be trained in bloodborne pathogen exposure control upon hiring and annually from then on. There will be opportunity for questions and answers with a knowledgeable trainer.

Vaccination

All members who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine at no cost to them within 10 days of their employment unless the member has previously had the vaccine or wished to submit antibody testing which shows he/she has sufficient immunity.

Members who decline the Hepatitis B vaccine must sign a copy of the waiver (Appendix A). Members who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost.

Post-Exposure Evaluation and Follow-Up

Members who believe they may have been exposed to a bloodborne pathogen are entitled to free laboratory tests by an accredited laboratory. Follow-up must include a confidential medical evaluation which will document the circumstances of exposure, consensual testing of the member's blood, evaluation of reported illnesses, counseling, and others. Any exposure shall be documented on the Student Health Squad Transportation Report and reported personally or by telephone to the Public Safety Director or Student Health Squad Coordinator at the earliest possible time.

Recordkeeping

All records required by the OSHA Standard will be gathered and maintained by the College's Office of Human Resources in Knapp Hall. Questions regarding this plan may be directed to the Squad Coordinator or a Public Safety Supervisor, including the Director.

APPENDIX A
COLLEGE OF AGRICULTURE AND TECHNOLOGY
COBLESKILL, NEW YORK 12043

HEPATITIS B VACCINE DECLINATION

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 t no charge to myself. However, I decline Hepatitis B vaccine at this time. I understand 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.

Employee Signature Date

XI. The Standard**General Industry**

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—[AMENDED]**Subpart Z—[Amended]**

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12-71 (36 FR 8754), 8-76 (41 FR 25059), or 9-83 (48 FR 35736), as applicable; and 29 CFR part 1911.

Section 1910.1030 also issued under 29 U.S.C. 653.

2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.

(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.

(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) 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.

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.

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).

(c) *Exposure control*—(1) *Exposure Control Plan.* (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.

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

(A) The exposure determination required by paragraph(c)(2).

(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

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

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(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.

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

(2) *Exposure determination.* (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:

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

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

(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.

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

(d) *Methods of compliance—(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.

(2) *Engineering and work practice controls.* (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.

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

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

(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.

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

(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.

(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.

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

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

(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:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

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

(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.

(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.

(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.

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

(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.

(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.

(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.

(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.

(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.

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

(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.

(3) Personal protective equipment—(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.

(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.

(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.

(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.

(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.

(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.

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

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

(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.

(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.

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

(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.

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

(1) Periodically reevaluate this policy;

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

(3) Not discourage the use of gloves for phlebotomy; and

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

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(iii) When the employee is receiving training in phlebotomy.

(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.

(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.

(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).

(4) Housekeeping. (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.

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

(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.

(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.

(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.

(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.

(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.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(i) Closable;

(ii) Puncture resistant;

(iii) Leakproof on sides and bottom; and

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

(2) During use, containers for contaminated sharps shall be:

(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);

(ii) Maintained upright throughout use; and

(iii) Replaced routinely and not be allowed to overflow.

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

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

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

(A) Closable;

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

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

(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.

(B) Other Regulated Waste Containment. (1) Regulated waste shall be placed in containers which are:

(i) Closable;

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

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

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

(2) If outside contamination of the regulated waste container occurs, it

shall be placed in a second container. The second container shall be:

(i) Closable;

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

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

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

(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.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (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.

(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.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

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

(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).

(e) HIV and HBV Research Laboratories and Production Facilities.

(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.

(2) Research laboratories and production facilities shall meet the following criteria:

(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.

(ii) Special practices.

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

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

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

(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.

(iii) Containment equipment. (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.

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

(3) HIV and HBV research laboratories shall meet the following criteria:

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

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(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.

(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.

(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.

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

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

(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).

(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).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up—(1) General.* (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.

(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:

(A) Made available at no cost to the employee;

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

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

(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).

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

(2) *Hepatitis B Vaccination.* (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(1) 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.

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

(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.

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

(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).

(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:

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

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

(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.

(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.

(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.

(iii) Collection and testing of blood for HBV and HIV serological status;

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

(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.

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

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.*

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

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

(A) A copy of this regulation;

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

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

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

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

(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.

(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.

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

(A) That the employee has been informed of the results of the evaluation; and

(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.

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

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

(g) *Communication of hazards to employees—* (1) *Labels and signs.* (i) Labels. (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).

(B) Labels required by this section shall include the following legend:



BIOHAZARD

BIOHAZARD

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

(D) Labels required by affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(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).

(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.

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

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

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



BIOHAZARD

BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area)

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

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

(2) *Information and Training.* (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.

(ii) Training shall be provided as follows:

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

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

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

(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.

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

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

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

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(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;

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

(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;

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

(H) An explanation of the basis for selection of personal protective equipment;

(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;

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

(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;

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

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

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

(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.

(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.

(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.

(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.

(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.

(h) *Recordkeeping—(1) Medical Records.* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(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);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

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

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

(A) Kept confidential; and

(B) Are 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.

(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 1910.20.

(2) *Training Records.* (i) Training records shall include the following information:

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

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

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

(3) *Availability.* (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.

(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 in accordance with 29 CFR 1910.20.

(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 1910.20.

(4) *Transfer of Records.* (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(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.

(i) *Dates—(1) Effective Date.* The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed on or before May 5, 1992.

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

(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.

Appendix A to Section 1910.1030—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.

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