



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

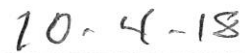
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NORTHEAST COMMUNITY COLLEGE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Northeast Community College (Northeast) is committed to the safety and security of students, faculty, staff, and visitors. In order to support that commitment, Northeast Community College has established a comprehensive Bloodborne Pathogens Exposure Control Plan that outlines Northeast's directives relevant to exposure control and personal safety process management relevant to bloodborne pathogens and other potential infections materials (OPIM). The Bloodborne Pathogens Exposure Control Plan is an official plan of Northeast and coincides with the College's governing board policies and procedures. The plan supports ongoing training, practical exercises, and management of resources to provide a safe working and learning environment.



Northeast Community College President



Date

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
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NORTHEAST COMMUNITY COLLEGE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

1.0 General

Northeast promotes safe work practices in an effort to minimize the incidence of injury and illness experienced by employees. The purpose of the Bloodborne Pathogens Exposure Control Plan is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens or other potential infectious materials (OPIM) that employees may encounter in the workplace. This plan defines special precautions that are required to be taken by Northeast personnel whose work involves potential contact with human blood and certain other body fluids or tissues. It is also recommended that all individuals at Northeast understand the hazards involved in contact with human blood and certain body fluids, and how to protect themselves from bloodborne pathogens.

The plan will be reviewed and modified as needed.

1.1 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 B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Good Samaritan: Person who volunteers assistance, as a personal choice, to a person in medical need. This assistance may or may not involve potential contact with human blood or body fluids.

Regulated Waste: A liquid or semi-liquid blood or OPIM contaminated item(s) that would release blood or OPIMs in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIMs and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or OPIMs.

Other Potential Infectious Materials (OPIMs): Human body fluids other than blood including: 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; any unfixed tissue or organ (other than intact skin) from a human (living or dead); 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.

1.2 Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or OPIMs. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination

lists all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. *Refer to Appendix A for this list.*

2.0 Training and Information

Having well informed and educated employees is extremely important to prevent Northeast employees' exposure to bloodborne pathogens. Employees identified in *Appendix A, Categories I & II* will be trained initially and annually to keep their knowledge current.

Training is to be facilitated by the Director of Environmental, Health, and Safety via online learning management system, classroom, or practical applications. Division directors can also facilitate trainings as required as part of an employee's continuing education requirements, but records must be submitted to the Director of Environmental, Health, and Safety for compilation.

2.1 Training Topics

The topics covered in Northeast's training program include, but are not limited to, the following:

- Access to a copy of OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of Northeast's Bloodborne Pathogens Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs.
- 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.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- 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 to those individuals identified as high risk or to those individuals who have experienced an exposure incident.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs.
- 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.
- Information on the post-exposure evaluation and follow-up that Northeast is required to provide for the employee following an exposure incident.
- An explanation of the biohazard signs and labels and/or color-coding required.
- An opportunity for interactive questions and answers with the person conducting the training session.

2.2 Training Methods

Northeast's training presentations make use of several training techniques including, but not limited to:

- Classroom-or practical application.
- Online learning management system (LMS).
- Training manuals/employee handouts. (*See Training Packet materials at the end of this plan.*)
- Employee review sessions.

2.3 Recordkeeping

To facilitate the training of employees, as well as to document the training process, Northeast maintains training records containing the following information:

- Dates of all training sessions.
- Contents or a summary of the training sessions.
- Names and qualifications of the instructors.
- Names and job titles of employees attending the training sessions.

Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, as well as OSHA and its representatives. All training records shall be maintained for three years from the date on which the training occurred.

3.0 Labels and Signs

For Northeast employees, one of the most obvious warnings of possible exposure to bloodborne pathogens is biohazard labels. Because of this, Northeast has implemented a comprehensive biohazard warning label program using labels of the type shown below. Red bags or containers may be used as a substitute for labels. Labels must be placed as close to the container as possible on all packages of regulated waste, refrigerators/freezers containing blood or OPIMs, and other containers used for shipping or storing blood and body fluids.

BIOHAZARD LABELS



4.0 Methods of Compliance

Northeast will comply with regulations by following guidelines outlined in Universal Precautions, Engineering Controls, Work Practice Controls, and Personal Protective Equipment.

4.1 Universal Precautions

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.

4.2 Engineering Controls

Engineering controls will be utilized to eliminate or minimize exposure to employees at Northeast. As a result, employees will use cleaning, maintenance, and other equipment designed to prevent contact with blood or OPIMs, such as hand washing, prevention of needle sticks, and minimization of the splashing or spraying of blood.

Maintaining Northeast in a clean and sanitary condition is an important part of the Bloodborne Pathogens Compliance Program. Northeast's custodial staff will employ the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or OPIMs.
- Protective coverings (such as plastic trash bags or wrap, aluminum foil or absorbent paper) are removed and replaced as soon as it is feasible when overtly contaminated.
- All trash containers, pails, bins, and other receptacles intended for use routinely are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.)

Northeast is careful in handling potentially contaminated waste (including used bandages, feminine hygiene products, and OPIMs). They are discarded or "bagged" in containers that are:

- Closeable.
- Puncture-resistant if the discarded materials have the potential to penetrate the container.
- Leak-proof if the potential for fluid spill or leakage exists.

Sharps containers are maintained upright, routinely replaced, and not allowed to overfill. Containers are collected and stored in the Physical Plant building until picked up by a contracted medical waste facility.

Whenever employees move containers of potentially contaminated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

The custodians are responsible for the collection and handling of Northeast's potentially contaminated waste.

4.3 Work Practice Controls

Northeast uses a number of Work Practice Controls to help prevent employee exposure to bloodborne pathogens. Northeast has adopted the following Work Practice Controls as part of our Bloodborne Pathogens Exposure Control Plan:

- Employees must wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- Following any contact of body areas with blood or any OPIM, employees must wash their hands and any other exposed skin with soap and water as soon as possible. They must also flush any exposed mucous membranes with water.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

4.4 Personal Protective Equipment

Personal Protective Equipment (PPE) is the employees "last line of defense" against bloodborne pathogens. Because of this, Northeast provides the PPE that employees need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Gloves
- Safety Glasses/Goggles
- Masks

To ensure that PPE is not contaminated and is in the appropriate condition to protect employees from potential exposure, Northeast adheres to the following practices:

- All PPE is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable PPE is cleaned, laundered, and decontaminated as needed.
- Single-use PPE (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by the double bagging method and placed in a waste container.

To make sure that this equipment is used as effectively as possible, Northeast employees adhere to the following practices when using their PPE:

Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.

- All potentially contaminated PPE is removed prior to leaving a work area.
- Gloves are worn in the following circumstances:
 - Whenever employees anticipate hand contact with potentially infectious materials.
 - When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practicable after contamination or if they are

- torn, punctured, or otherwise lose their ability to function as an “exposure barrier”.
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- Employees are trained on proper donning and doffing techniques of all PPE.

5.0 Hepatitis B Vaccination, Post Exposure Evaluation, and Follow-Up

Northeast recognizes that even with good adherence to exposure prevention practices, exposure incidents can occur. As a result, a Hepatitis B Vaccination Program has been established. In addition, procedures for post-exposure evaluation and follow-up procedures should exposure to bloodborne pathogens occur have been developed.

Any employee who experiences an exposure will immediately report the incident to his/her supervisor or designee. This immediate reporting requirement is to ensure proper medical attention is provided and to obtain information about the source. An Occurrence report must be completed within 24 hours, submitted to the supervisor for signature, then forwarded to Risk Management. Refer to SharePoint or the Northeast website for the Occurrence Report form. Northeast Website : <https://northeast.edu/About-Us/Risk-and-Safety-Information.aspx>. SharePoint network: <https://share.northeast.edu/sites/administrative-services/Forms/Occurrence%20Report.pdf>.

5.1 Vaccination Program

To protect employees from the possibility of Hepatitis B infection, Northeast has implemented a vaccination program. This program is available, at no cost, to Category I and II employees listed in *Appendix A*. The vaccination program is also available to those employees who have had an occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period. Employees must sign an Employee Consent/Declination to Hepatitis B Vaccine Form in order to receive the vaccine. (See *Appendix B*) After the series of inoculations is received, employees must have a Hepatitis B titer (blood test) done one (1) month after the series to insure that they have developed antibodies. This cost will be the responsibility of the employer.

As part of his/her bloodborne pathogens training, employees will receive information regarding Hepatitis Vaccination, including its safety and effectiveness. Should the employee decline the vaccination, he/she will be required to sign the Employee Consent/Declination to Hepatitis B Vaccine Form. (See *Appendix B*)

5.2 Post-Exposure Evaluation and Follow-Up

If a Northeast employee is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that are immediately focused on:

- Ensure that employees receive medical consultation, and treatment if required.
- Investigate the circumstances surrounding the exposure.

The investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

- When the incident occurred (date and time).
- Where the incident occurred (location within Northeast).
- What potentially infectious materials (PIMs) were involved in the incident (type of material, blood, etc.).
- Source of the material.
- Under what circumstances the incident occurred (type of work being performed).
- How the incident was caused (accident, unusual circumstances such as equipment malfunction, power outages, etc.).
- Personal protective equipment being used at the time of the incident.
- Actions taken as a result of the incident (employee decontamination, cleanup, notifications made, etc.).

The information is then gathered and evaluated from a written summary of the incident and its cause. Recommendations are made for avoiding similar incidents in the future. Refer to the Occurrence Report Form located on the main Northeast website or within SharePoint.

In order to ensure that employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, Northeast has set up a comprehensive post-exposure evaluation and follow-up process. The Human Resources office will follow current OSHA guidelines which are established within this plan.

It is recognized that much of the information involved in this process must remain confidential to protect the privacy of the employee(s) involved.

The first step in this process is to provide exposed employee(s) with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- Identification of the source individual (unless not feasible or prohibited by law).

Next, if possible, the source individual's blood will be tested by a health care professional to determine HBV and HIV infectivity. This information will also be made available to the exposed employee. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Finally, the blood of the exposed employee will be collected and tested for HBV and HIV status. Cost for this testing will be paid for by Northeast.

Once these procedures have been completed, an appointment is arranged for the exposed employee with a qualified health care professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

5.3 Information Provided to the Health Care Professional

To assist the health care professional, a number of documents are forwarded to them, including the following:

- A copy of the Bloodborne Pathogens Standard.
- A description of the exposure incident.
- The exposed employee's relevant medical records.
- Other pertinent information, as required.

5.4 Health Care Professionals Written Opinion

After the consultation, the health care professional provides Northeast with a written opinion evaluating the exposed employee(s) situation. Northeast, in turn, furnishes a copy of this opinion to the exposed employee(s).

In keeping with this process emphasis on confidentiality, the written opinion will contain only the following information:

- Whether Hepatitis B Vaccination is indicated for the exposed employee(s).
- Whether the employee(s) has received the Hepatitis B Vaccination.
- Confirmation that the employee(s) have been informed of the results of the evaluation.
- Confirmation that the employee(s) have been told about any medical conditions resulting from the exposure incident which could require further evaluation or treatment.

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

5.5 Medical Recordkeeping

To ensure that Northeast has as much medical information available to the participating health care professional as possible, Northeast maintains medical records for employees. The following information is included:

- Name of employee(s).
- Social security number of the employee(s).
- Copy of employee(s) Hepatitis B Vaccination status.
 - Dates of any vaccinations.
 - Medical records relative to employee(s) ability to receive vaccination.
- Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an exposure incident to bloodborne pathogens.
- A copy of the information provided to the consulting health care professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, Northeast recognizes that it is important to keep the information in these medical records confidential. Northeast will not disclose or report this information to anyone without employee written consent (except as required by law). These records are kept in the Human Resources office.

Northeast will maintain records for at least the duration of employment plus 30 years in

accordance with OSHA best management practices (BMP's).

NORTHEAST COMMUNITY COLLEGE

BLOODBORNE PATHOGENS

EXPOSURE DETERMINATION EMPLOYEES

Job Classifications	Tasks/Procedures
<i>Category I</i>	<i>Exposure anticipated in normal routine of job. May include, but not limited to, health care instructors.</i>
<i>Category II</i>	<i>Only occasional exposure anticipated in normal routine of job. May include, but not limited to, custodians, maintenance, athletic personnel, and biology instructors.</i>
<i>Category III</i>	<i>No exposure anticipated in normal routine of job. However, exposure may occur if emergency is encountered. Includes all other employees.</i>

BLOODBORNE PATHOGENS



TRAINING PACKET

OSHA[®] FactSheet

OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational

exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



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Hepatitis B Vaccination Protection

Hepatitis B virus (HBV) is a pathogenic microorganism that can cause potentially life-threatening disease in humans. HBV infection is transmitted through exposure to blood and other potentially infectious materials (OPIM), as defined in the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030.

Any workers who have reasonably anticipated contact with blood or OPIM during performance of their jobs are considered to have occupational exposure and to be at risk of being infected. Workers infected with HBV face a risk for liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer. A small percentage of adults who get hepatitis B never fully recover and remain chronically infected. In addition, infected individuals can spread the virus to others through contact with their blood and other body fluids.

An employer must develop an exposure control plan and implement use of universal precautions and control measures, such as engineering controls, work practice controls, and personal protective equipment to protect all workers with occupational exposure. In addition, employers must make hepatitis B vaccination available to these workers. Hepatitis B vaccination is recognized as an effective defense against HBV infection.

HBV Vaccination

The standard requires employers to offer the vaccination series to all workers who have occupational exposure. Examples of workers who may have occupational exposure include, but are not limited to, healthcare workers, emergency responders, morticians, first-aid personnel, correctional officers and laundry workers in hospitals and commercial laundries that service healthcare or public safety institutions. The vaccine and vaccination must be offered at no cost to the worker and at a reasonable time and place.

The hepatitis B vaccination is a non-infectious, vaccine prepared from recombinant yeast cultures, rather than human blood or plasma. There is no risk of contamination from other bloodborne

pathogens nor is there any chance of developing HBV from the vaccine.

The vaccine must be administered according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedure takes place. To ensure immunity, it is important for individuals to complete the entire course of vaccination contained in the USPHS recommendations.

The great majority of those vaccinated will develop immunity to the hepatitis B virus. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although workers may desire to have their blood tested for antibodies to see if vaccination is needed, employers cannot make such screening a condition of receiving vaccination and employers are not required to provide prescreening.

Employers must ensure that all occupationally exposed workers are trained about the vaccine and vaccination, including efficacy, safety, method of administration, and the benefits of vaccination. They also must be informed that the vaccine and vaccination are offered at no cost to the worker. The vaccination must be offered after the worker is trained and within 10 days of initial assignment to a job where there is occupational exposure, unless the worker has previously received the vaccine series, antibody testing has revealed that the worker is immune, or the vaccine is contraindicated for medical reasons. The employer must obtain a written opinion from the licensed healthcare professional within 15 days of the completion of the evaluation for vaccination. This written opinion is limited to whether hepatitis B vaccination is indicated for the worker and if the worker has received the vaccination.

Declining the Vaccination

Employers must ensure that workers who decline vaccination sign a declination form. The purpose of this is to encourage greater participation in the vaccination program by stating that a worker declining the vaccination remains at risk of acquiring hepatitis B. The form also states that if a worker initially declines to receive the vaccine, but at a later date decides to accept it, the employer is required to make it available, at no cost, provided the worker is still occupationally exposed.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

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Bloodborne Pathogen Exposure Incidents

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) requires employers to make immediate confidential medical evaluation and follow-up available for workers who have an exposure incident, such as a needlestick. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM), as defined in the standard that results from the performance of a worker's duties.

Reporting an Exposure Incident

Exposure incidents should be reported immediately to the employer since they can lead to infection with hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), or other bloodborne pathogens. When a worker reports an exposure incident right away, the report permits the employer to arrange for immediate medical evaluation of the worker. Early reporting is crucial for beginning immediate intervention to address possible infection of the worker and can also help the worker avoid spreading bloodborne infections to others. Furthermore, the employer is required to perform a timely evaluation of the circumstances surrounding the exposure incident to find ways of preventing such a situation from occurring again.

Reporting is also important because part of the follow-up includes identifying the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law, and determining the source's HBV and HIV infectivity status. If the status of the source individual is not already known, the employer is required to test the source's blood as soon as feasible, provided the source individual consents. If the individual does not consent, the employer must establish that legally required consent cannot be obtained. If state or local law allows testing without the source individual's consent, the employer must test the individual's blood, if it is available. The results of these tests must be made available to the exposed worker and the worker must be informed of the laws and regulations about disclosing the source's identity and infectious status.

Medical Evaluation and Follow-up

When a worker experiences an exposure incident, the employer must make immediate confidential medical evaluation and follow-up available to the worker. This evaluation and follow-up must be: made available at no cost to the worker and at a reasonable time and place; performed by or under the supervision of a licensed physician or other licensed healthcare professional; and provided according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedures take place. In addition, laboratory tests must be conducted by an accredited laboratory and also must be at no cost to the worker. A worker who participates in post-exposure evaluation and follow-up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, the employer must ensure that the worker's blood sample is preserved for at least 90 days in case the worker changes his or her mind about HIV testing.

Post-exposure prophylaxis for HIV, HBV, and HCV, when medically indicated, must be offered to the exposed worker according to the current recommendations of the U.S. Public Health Service. The post-exposure follow-up must include counseling the worker about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.

Written Opinion

The employer must obtain and provide the worker with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. According to OSHA's standard, the **written opinion** should only include: whether hepatitis B vaccination was recommended for the exposed worker; whether or not the worker received the vaccination, and that the healthcare provider informed the worker of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. Any findings other than these are not to be included in the written report.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

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OSHA[®] FactSheet

Personal Protective Equipment (PPE) Reduces Exposure to Bloodborne Pathogens

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) requires employers to protect workers who are occupationally exposed to blood and other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

One way the employer can protect workers against exposure to bloodborne pathogens, such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS, is by providing and ensuring they use personal protective equipment, or PPE. Wearing appropriate PPE can significantly reduce risk, since it acts as a barrier against exposure. Employers are required to provide, clean, repair, and replace this equipment as needed, and at no cost to workers.

Selecting Personal Protective Equipment

Personal protective equipment may include gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear. The PPE selected must be appropriate for the task. This means the level and type of protection must fit the expected exposure. For example, gloves may be the only PPE needed for a laboratory technician who is drawing blood. However, a pathologist conducting an autopsy would need much more protective clothing because of the different types of exposure (e.g., splashes, sprays) and the increased amount of blood and OPIM that are encountered. PPE must be readily accessible to workers and available in appropriate sizes.

If it can be reasonably expected that a worker could have hand contact with blood, OPIM, or contaminated surfaces or items, the employer must ensure that the worker wears gloves. Single-use gloves cannot be washed or decontaminated for reuse. Utility gloves may be decontaminated if their ability to provide an effective barrier is not compromised. They should be replaced when

they show signs of cracking, peeling, tearing, puncturing, or deteriorating. Non-latex gloves, glove liners, powderless gloves or similar alternatives must be provided if workers are allergic to the gloves normally provided.

Gloves are required for all phlebotomies outside of volunteer blood donation centers. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary, then the employer is required to periodically re-evaluate this policy; make gloves available for workers who want to use them; and cannot discourage their use. In addition, employers must ensure that workers in volunteer blood donation centers use gloves (1) when they have cuts, scratches or other breaks in their skin, (2) while they are in training, or (3) when the worker believes that hand contamination might occur.

When splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eyes, nose or mouth, then masks in conjunction with eye protection (such as goggles or glasses with solid side shields) or chin-length face shields must be worn. Protection against exposure to the body is provided by protective clothing, such as gowns, aprons, lab coats, and similar garments. Surgical caps or hoods, and shoe covers or boots are needed when gross contamination is expected, such as during orthopedic surgery or autopsies.

In HIV and HBV research laboratories and production facilities, laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing must be used in work areas and animal rooms. Also, protective clothing must not be worn outside of the work area and must be decontaminated before being laundered.

Exception to Use of Personal Protective Equipment

A worker may choose, temporarily and briefly, **under rare and extraordinary circumstances**, to forego use of personal protective equipment. It must be the worker's professional judgment that using the personal protective equipment would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or coworker. When such a situation occurs, the employer is required to investigate and document the circumstances to determine if there is a way to avoid it from happening again in the future. Employers and workers should be aware that this is not a blanket exemption to the requirement to use PPE. OSHA expects that this will be an extremely rare occurrence.

Decontaminating and Disposing of Personal Protective Equipment

Employers must ensure that workers remove personal protective equipment before leaving the

work area. If a garment is penetrated by blood or OPIM, it must be removed immediately or as soon as feasible. Once PPE is removed, it must be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. In addition, employers must ensure that workers wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Additional Information

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DSG 1/2011

OSHA[®] FactSheet

Protecting Yourself When Handling Contaminated Sharps

Sharps are objects that can penetrate a worker's skin, such as needles, scalpels, broken glass, capillary tubes and the exposed ends of dental wires. If blood or other potentially infectious materials (OPIM), as defined in the OSHA Bloodborne Pathogens standard (29 CFR 1910.1030), are present or may be present on the sharp, it is a contaminated sharp and appropriate personal protective equipment must be worn.

A needlestick or a cut from a contaminated sharp can result in a worker being infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other blood-borne pathogens. The standard specifies measures to reduce these types of injuries and the risk of infection.

Careful handling of contaminated sharps can prevent injury and reduce the risk of infection. Employers must ensure that workers follow these work practices to decrease the workers' chances of contracting bloodborne diseases.

Safer Medical Devices

Employers are required to consider and use safer medical devices, wherever possible. These devices include those that are needleless or have built-in protection to guard workers against contact with the contaminated sharp. In addition, employers must ask non-managerial patient care workers who could be exposed to contaminated sharps injuries for their input in identifying, evaluating and selecting effective work practice and engineering controls, including safer medical devices. The employer must document consideration and implementation of these devices, and the solicitation of worker input, in the Exposure Control Plan.

Prompt Disposal

Employers must also ensure that contaminated sharps are disposed of in sharps disposal containers immediately or as soon as feasible after use. Sharps disposal containers must be readily accessible and located as close as feasible to the area where sharps will be used. In some cases, they may be placed on carts to prevent patients, such

as psychiatric patients or children, from accessing the sharps. Containers also must be available wherever sharps may be found, such as in laundries.

Contaminated sharps must never be sheared or broken. Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if such actions are required for a specific medical or dental procedure. If recapping, bending, or removal is necessary, employers must ensure that workers use either a mechanical device or a one-handed technique. The cap must not be held in one hand while guiding the sharp into it or placing it over the sharp. A one-handed "scoop" technique uses the needle itself to pick up the cap, and then the cap is pushed against a hard surface to ensure a tight fit onto the device. Also, the cap may be held with tongs or forceps and placed over the needle. Contaminated broken glass must not be picked up by hand, but must be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Sharps Containers

Containers for contaminated sharps must be puncture-resistant. The sides and the bottom must be leakproof. They must be appropriately labeled or color-coded red to warn everyone that the contents are hazardous. Containers for disposable sharps must be closable (that is, have a lid, flap, door, or other means of closing the container), and they must be kept upright to keep the sharps and any liquids from spilling out of the container.

The containers must be replaced routinely and not be overfilled, which can increase the risk of needlesticks or cuts. Sharps disposal containers that are reusable must not be opened, emptied,

or cleaned manually or in any other manner that would expose workers to the risk of sharps injury. Employers also must ensure that reusable sharps that are contaminated are not stored or processed in a manner that requires workers to reach by hand into the containers where these sharps have been placed.

Handling Containers

Before sharps disposal containers are removed or replaced, they must be closed to prevent spilling the contents. If there is a chance of leakage from the disposal container, the employer must ensure that it is placed in a secondary container that is closable, appropriately labeled or color-coded red, and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.

Additional Information

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OSHA FactSheet

Holding the Line on Contamination

Keeping work areas in a clean and sanitary condition reduces employees' risk of exposure to bloodborne pathogens. Each year about 8,700 health care workers are infected with hepatitis B virus, and 200 die from contracting hepatitis B through their work. The chance of contracting human immunodeficiency virus (HIV), the bloodborne pathogen which causes AIDS, from occupational exposure is small, yet a good housekeeping program can minimize this risk as well.

DECONTAMINATION

Every employer whose employees are exposed to blood or other potentially infectious materials must develop a written schedule for cleaning each area where exposures occur. The methods of decontaminating different surfaces must be specified, determined by the type of surface to be cleaned, the soil present and the tasks or procedures that occur in that area.

For example, different cleaning and decontamination measures would be used for a surgical operatory and a patient room. Similarly, hard surfaced flooring and carpeting require separate cleaning methods. More extensive efforts will be necessary for gross contamination than for minor spattering. Likewise, such varied tasks as laboratory analyses and normal patient care would require different techniques for clean-up.

Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving exposure to blood. Many laboratory procedures are performed on a continual basis throughout a shift. Except as discussed below, it is not necessary to clean and decontaminate between procedures. However, if the employee leaves the area for a period of time, for a break or lunch, then contaminated work surfaces must be cleaned.

Employees also must clean (1) when surfaces become obviously contaminated; (2) after any spill of blood or other potentially infectious materials; and (3) at the end of the work shift if contamination might have occurred. Thus, employees need not decontaminate the work area after each patient care procedure, but only after those that actually result in contamination.

If surfaces or equipment are draped with protective coverings such as plastic wrap or aluminum foil, these coverings should be removed or replaced if they become obviously contaminated. Reusable receptacles such as bins, pails and cans that are likely to become contaminated must be inspected and decontaminated on a regular basis. If contamination is visible, workers must clean and decontaminate the item immediately or as soon as feasible.

Should glassware that may be potentially contaminated break, workers need to use mechanical means such as a brush and dustpan or tongs or forceps to pick up the broken glass—never by hand, even when wearing gloves.

Before any equipment is serviced or shipped for repairing or cleaning, it must be decontaminated to the extent possible. The equipment must be labeled, indicating which portions are still contaminated. This enables employees and those who service the equipment to take appropriate precautions to prevent exposure.

REGULATED WASTE

In addition to effective decontamination of work areas, proper handling of regulated waste is essential to prevent unnecessary exposure to blood and other potentially infectious materials. Regulated waste must be handled with great care—i.e., liquid or semi liquid blood and

other potentially infectious materials, items caked with these materials, items that would release blood or other potentially infected materials if compressed, pathological or microbiological wastes containing them and contaminated sharps.

Containers used to store regulated waste must be closable and suitable to contain the contents and prevent leakage of fluids. Containers designed for sharps also must be puncture resistant. They must be labeled or color coded to ensure that employees are aware of the potential hazards. Such containers must be closed before removal to prevent the contents from spilling. If the outside of a container becomes contaminated, it must be placed within a second suitable container.

Regulated waste must be disposed of in accordance with applicable state and local laws.

LAUNDRY

Laundry workers must wear gloves and handle contaminated laundry as little as possible, with a minimum of agitation. Contaminated laundry should be bagged or placed in containers at the location where it is used, but not sorted or rinsed there.

Laundry must be transported within the establishment or to outside laundries in labeled or red color-coded bags. If the facility uses Universal Precautions for handling all soiled laundry, then alternate labeling or color coding that can be recognized by the employees may be used. If laundry is wet and it might soak through laundry bags, then workers must use bags that prevent leakage to transport it.

RESEARCH FACILITIES

More stringent decontamination requirements apply to research laboratories and production facilities that work with concentrated strains of HIV and HBV.

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