Developing An Effective Bloodborne Pathogens Program

A compliance manual for Arizona schools

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The Trust

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Bloodborne pathogens (BBP) are disease-causing organisms found in the blood and certain bodily fluids of infected individuals. As part of an overall risk management plan, members of the Arizona School Risk Retention Trust, Inc. (the Trust), should have a program in place to address the risks associated with these pathogens.

The purpose of this manual is to provide Trust members with the information necessary to develop such a program and remain in compliance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) Standard, 29 CFR 1910.1030.

To allow for efficient use of the manual, a description of each major section appears in the following table.

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I. INTRODUCTION

Background

Approximately 5.6 million workers are at risk of exposure to bloodborne pathogens (BBPs), disease-causing organisms found in the blood and certain bodily fluids of infected individuals. Among the most common BBPs are the human immunodeficiency virus (HIV), the hepatitis B virus (HBV), and the hepatitis C virus (HCV). Exposure to the blood/bodily fluids of an individual infected with one of these pathogens can result in the development of serious health issues and, in extreme cases, even death.

The Occupational Safety and Health Administration’s (OSHA) bloodborne pathogens standard (see 29 CFR 1910.1030) was adopted in order to “...eliminate or minimize occupational exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other bloodborne agents that can produce disease.”

In order to meet the OSHA standard, employers—including school districts—may need to modify both physical facilities and work practices. In addition, employers must provide information to workers that will help minimize or eliminate exposure. Finally, employers must develop and implement an exposure control plan for each work site—in the case of school districts, each campus, and any off-campus school facility at which BBPs might be an issue. (These requirements, and others, are discussed in detail in Section II of this document.)

Benefits of Compliance and Risks of Non-Compliance

Benefits of compliance

By maintaining compliance with the OSHA standard, schools demonstrate their commitment to the health and well-being of students, staff, and members of the surrounding community. They also indicate the seriousness with which they take the requirements of federal statutes and regulations.

Risks of non-compliance

Schools may be held liable if an employee or student is exposed to a bloodborne pathogen and the school has not taken proper precautions and/or fails to respond appropriately. In addition, non-compliance can produce a negative community response if violations are made public. Finally, OSHA and/or the Industrial Commission of Arizona may investigate allegations of non-compliance, and even perform surprise inspections. In the case of non-compliance, fines of up to $70,000 for each violation can be assessed. An additional $7,000 per day can be levied for failure to correct violations within the prescribed time frame.
II. STATUTORY/REGULATORY REQUIREMENTS, AND PROGRAM GUIDELINES

Exposure Determination

The OSHA standard for bloodborne pathogens requires that every school campus, and any other applicable facility (such as an off-campus bus barn), determine which employees are at risk for exposure in the work setting. The end product of this process is called an exposure determination.

The exposure determination is a list of job classifications in which some or all employees are at risk for occupational exposure to BBPs. The assessment of risk depends on whether the employee can “reasonably anticipate” encountering BBPs as part of their work responsibilities.

Examples of jobs in a school setting potentially covered by the BBP standard include:

- school nurses;
- school physicians;
- health office personnel;
- special education teachers, aides, and bus drivers;
- athletic program personnel;
- lifeguards and swim instructors;
- emergency and public safety personnel;
- personnel expected/designated to provide first aid; and
- personnel expected/designated to handle regulated waste.

Nurses, health aides, and athletic trainers are examples of employees in the “all” category—that is, in job categories in which all employees are presumed to be at risk for occupational exposure to BBPs. Elementary school office staff and physical education teachers are examples of employees in the “some” category. Employees in this category are presumed to be at risk of exposure only in the event that they must respond to a medical emergency.

While individuals in the “all” and “some” categories comprise two distinct groups, all employees with potential exposure to BBPs are covered by the OSHA standard. This means that all applicable requirements and obligations under the standard extend to members of both groups.

Please note, however, that the bloodborne pathogen regulations do not apply to “good Samaritan” acts. If, for example, an untrained individual—someone not considered to be at risk for occupational exposure to BBPs—responds to a medical emergency involving blood or other potentially infectious materials, his or her actions and the follow-up by the school and district are not governed by the regulatory guidelines discussed in this publication.
Exposure Control Plan

An exposure control plan (ECP) documents the specific actions that a school will take to minimize or eliminate BBP exposure for employees identified in the exposure determination. Each school campus, and any other applicable facility, must have a written ECP on site that is accessible to all employees.

As part of the plan development process, schools must solicit input from at-risk employees responsible for direct student care. These employees will help in the identification, evaluation, and selection of engineering and work practice controls (discussed below). The plan must then be reviewed at least annually, and must be updated based on exposure-related changes in:

- employee tasks and assignments;
- work procedures;
- technology; and
- consideration or implementation of safer medical devices.

The ECP must include the school’s exposure determination, and must contain information on the licensing/credentials of any healthcare professional(s) designated to provide medical evaluation and treatment under the plan. Furthermore, the ECP must detail the manner in which the school will:

1. promote universal precautions;
2. employ engineering and work practice controls;
3. ensure use of personal protective equipment;
4. implement appropriate housekeeping procedures;
5. provide hepatitis B vaccinations to at-risk employees;
6. provide post-exposure medical evaluation and follow-up;
7. use signs and labels for regulated waste;
8. provide information and training to employees; and
9. maintain required records.

The next portion of this document discusses each of these plan elements in detail.

1. **Promote universal precautions**

Universal precautions are an approach to infection control that advises employees to treat all human blood and certain bodily fluids as if they are infectious. This approach is critical, because infected individuals may be unaware of their condition or may not show symptoms. Accordingly, universal precautions must be observed in all situations in which the possibility exists of contact with blood or other potentially infectious materials.
2. Employ engineering and work practice controls

Engineering and work practice controls are the primary methods used to manage the transmission of BBPs. In identifying, evaluating, and selecting these controls, schools must solicit input from non-administrative, at-risk employees who are responsible for direct student care.

*Engineering controls.* Engineering controls reduce employee exposure by either removing the hazard (such as “sharps,” which include needles, glass, scalpels, syringes, etc.) or protecting the employee from it. Examples of engineering controls include:

- puncture-resistant, leak-proof sharps disposal containers designed so that employees need not reach inside;
- protective bags and containers for biological waste; and
- readily accessible hand-washing facilities.

Other engineering controls include: (1) systems for collecting body fluids and administering medication without the use of a needle; and (2) engineered sharps injury protections (ESIPs), that is, safety protections built into a sharps device for purposes of reducing the likelihood of a sticking, cutting, or puncture injury.

*Work practice controls.* Work practice controls reduce the likelihood of BBP exposure by altering the way in which a task is performed. Generally, these types of protections can be adopted with little financial impact. Examples of work practice controls are indicated in italics in the following paragraphs.

First, schools should implement procedures and guidelines for *washing hands and other areas of the body.* These should include: (1) washing hands immediately after removing gloves; and (2) washing any exposed area of the body and flushing mucous membranes with water as soon as possible after an exposure.

(Please note that *waterless hand sanitizers are not a substitute for hand-washing.* In an emergency, antibacterial gels, foams, or liquids can be a stopgap measure. As soon as possible, though, hands should be thoroughly washed with soap and water.)

Second, *appropriate work procedures* can also help minimize the risk of exposure. These include:

- minimizing the splashing, spraying, and splattering of blood and other potentially infectious materials;
- decontaminating equipment prior to servicing or shipping;
- training new employees, or employees who change jobs, on unfamiliar work practice controls;
- placing blood or other potentially infectious materials in leak-proof, properly labeled containers for
collection, handling, processing, storing, transporting, and shipping; and

- placing primary specimen containers in a second, leak-proof, properly labeled container to prevent outside contamination.

Third, schools should adopt procedures for care of sharps, including needles, syringes, and glass. Specifically:

- Contaminated sharps should be placed in appropriate containers as soon as possible after use.
- Contaminated sharps should never be sheared, bent, broken, or re-capped.

Finally, appropriate personal work habits can also serve as effective work practice controls. For example:

- Employees should never eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in areas in which there is a reasonable likelihood of occupational exposure.
- Food and drink should never be kept in refrigerators or freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.

3. Ensure use of personal protective equipment

When an occupational exposure cannot be eliminated or managed through engineering or work practice controls, personal protective equipment (PPE) must be used. The purpose of PPE is to prevent blood or other potentially infectious materials from contacting the employees' clothes, undergarments, skin, eyes, mouth, or other mucous membranes. For obvious reasons, PPE must be removed as soon as possible after use and disposed of in a designated container.

Specific types of PPE can include:

- gloves,
- gowns,
- face shields,
- eye protection,
- mouthpieces, and
- resuscitation devices.

Gloves must be worn by all employees whenever hand contact with blood or other potentially infectious materials is anticipated. Gloves should not be reused and must be discarded in an available biological waste container after use. Torn, punctured, or otherwise compromised gloves should be discarded immediately. Hypoallergenic gloves, glove liners, powderless gloves,
or other, similar alternatives must be provided to employees who are allergic to the standard items.

Employees who face occupational exposure to BBPs must wear eye protection, such as goggles or glasses with side shields. In addition, face shields and protective body clothing, such as gowns or aprons, should be worn when splashing, spraying, or splattering of blood or other infectious materials may occur. If a garment is penetrated by blood or other bodily fluids, it must be removed as soon as feasible—immediately, if possible.

PPE must be available in the needed sizes and must be issued to employees (or made readily accessible) at each school campus or other applicable facility. Additionally, PPE must be provided, replaced, and disposed of at no cost to employees.

4. Implement appropriate housekeeping procedures

Thorough, careful housekeeping is important for preventing BBP exposure. Housekeeping practices should include written procedures and schedules for high-risk areas at each school campus or other applicable facility. Additionally, PPE must be provided, replaced, and disposed of at no cost to employees.

Cleaning and decontamination. Schools should maintain a documented schedule and procedures for cleaning and decontaminating high-risk areas based on the:

- location of the areas within the school campus or other applicable facility,
- type of surface to be cleaned,
- type of contaminant(s) that may be present, and
- tasks or procedures being performed in the high-risk areas.

The work surface must be decontaminated with an appropriate disinfectant, such as a diluted bleach solution, or tuberculocides or sterilants registered with the Environmental Protection Agency (EPA). Decontamination of surfaces must take place:

- after completion of procedures involving BBPs,
- whenever surfaces are contaminated, and
- at the end of each day.

Examples of school areas that may require regularly scheduled cleaning and decontamination include: (1) the health services office where, for example, a student may receive an insulin shot; (2) special education classrooms with changing tables; and (3) gym locker rooms where injured athletes may have been. (Schools must ensure that if they have identified areas such as these as high risk, the associated employees are listed on the exposure determination. For example, if gym locker rooms are listed, athletic trainers must also be identified.)
**Regulated waste disposal.** Any contaminated waste, such as soiled materials or gloves, must be disposed of appropriately. Specifically, regulated waste must be placed in closed containers that secure the contents and prevent leakage—preferably, in red bags or bags with a biohazard warning label. (See “Use signs and labels for regulated waste,” which is item 8 below, for more information on proper labeling.)

If contamination of a waste container should occur, it must be placed in a secondary container. In addition, regulated waste must be located as close as possible to the work area, and must be disposed of in accordance with applicable federal, state, and local regulations.

5. **Provide hepatitis B vaccinations to at-risk employees**

While vaccines do not exist for all BBPs, a hepatitis B vaccination is available. Hepatitis B vaccines are made from a part of the hepatitis B virus, but cannot cause the infection. The vaccine is usually given as a series of three or four shots and provides long-term, possibly lifelong, protection.

**Administration.** Schools must make the hepatitis B vaccination available to all employees identified in the exposure determination within 10 working days of their initial assignment. The vaccine must be available to employees at a reasonable time and place, and at no cost to them. The vaccination must also be administered by a licensed healthcare professional.

Some employees may not require the vaccination, including:

- employees who have previously received the series;
- employees who are immune, as determined by antibody testing; and
- employees for whom the vaccine is contraindicated for medical reasons.

Employers may not, however, require employees to participate in any type of prescreening program as a prerequisite for receiving the vaccine.

**Informed consent and refusal.** As part of BBP training, schools must provide information to employees prior to offering the hepatitis B vaccine. This information must include the efficacy, safety, method of administration, and benefits of the vaccine.

If after participating in the training, an employee decides not to accept the vaccine, he or she must sign a declination (refusal) form. An employee must also sign a declination form if he or she is exposed to potentially infectious materials and declines a vaccination. In the event an employee declines the vaccine but later wishes to receive it, the school must make it available.
Practical considerations. While the OSHA standard indicates that all employees with potential exposure must be offered the hepatitis B vaccine, additional, practical factors may be considered. For example, courts have ruled that it is a de minimus violation—that is, a technical violation carrying no penalty—if employees who administer emergency first-aid outside of normal job responsibilities are not offered the hepatitis B vaccine until/unless they actually provide assistance in an exposure incident.

6. Provide post-exposure medical evaluation and follow-up

An “exposure incident” is one in which:

- an employee has had contact with blood or other potentially infectious materials during the performance of his or her job duties; and
- the contact was to the eyes, mouth, non-intact skin, or any other mucous membrane.

In addition to splashing, spraying, and splattering, an exposure incident can occur from a contaminated needle stick or from other types of skin punctures, such as a human bite.

When an exposure incident occurs, the school and its personnel must respond as dictated by the site’s exposure control plan. In particular, the physical area of the facility should be secured if the potential exists for others to be exposed. The employee should thoroughly flush the exposed area(s) of his or her body with water and wash with soap and water, if appropriate. The employee should also advise the appropriate site contact of the exposure incident, and should seek immediate medical attention.

Source individual. Following an exposure incident, the employer must seek consent from the “source individual”—that is, the person who was the source of the blood or other potentially infectious bodily fluids or materials—or legal guardian to test the individual’s blood for HIV, HBV, and HCV as soon as possible. If consent cannot be obtained, the school must appropriately document this fact. Source individuals who are already known to be infected are not required to be re-tested. In all cases, though, information regarding the source individual that relates to the exposure incident must be thoroughly documented.

Exposed individual. Any employee who is exposed to bloodborne pathogens must immediately be offered a combination of information and treatment. The exposed individual, however, must provide consent for all
services, including the collection and testing of blood.

The OSHA standard requires that blood be collected from the exposed individual within 10 calendar days, and be tested for HIV, HBV, and HCV within 30 calendar days. If the individual agrees to blood collection but not testing, the sample must be preserved for at least 90 days to ensure availability in the event he or she later grants permission.

Whether or not the exposed individual’s blood is tested, post-exposure protective treatment for him or her must include: (1) counseling regarding the exposure and any potential or actual resulting conditions; (2) preventive treatments for any potentially resulting conditions; and (3) evaluation and treatment of any reported post-exposure illnesses.

*Healthcare professional.* In order to facilitate medical evaluation, counseling, and treatment, the school should provide its designated healthcare professional(s) with the following information as soon as possible:

- a copy of the bloodborne pathogens standard;
- documentation of the routes of exposure and the circumstances under which the exposure occurred;
- a description of the exposed employee’s job duties as they relate to the exposure incident;
- any medical records that the employer is required to maintain relevant to the treatment of the exposed employee, including vaccination status; and
- results of the source individual’s blood testing, if available.

The healthcare professional may document this and other information in the form of an exposure incident evaluation report. A sample report form is included in Appendix E of this document.

Following the healthcare professional’s medical evaluation, employers must provide a written report to the exposed employee within 15 days. The report should include only the following information:

- whether a hepatitis B vaccination was indicated, and if the employee received the vaccination;
- confirmation that the employee has been informed of the results of the evaluation; and
- confirmation that the employee has been advised regarding any medical conditions resulting from the exposure that require further evaluation or treatment.

All diagnoses or additional findings are confidential and must not be included in the written report.

Employers must review all documentation after the exposure incident to ensure that OSHA requirements have been met. In
addition, if the exposure involved a contaminated sharp, the sharps injury log must be completed. (See item 9 below, “Maintain required records.”)

7. **Use signs and labels for regulated waste**

Labels and signs are the primary tools for warning employees of potential biohazards. Warning labels are required on:

- containers of regulated waste;
- refrigerators and freezers containing blood and other potentially infectious materials; and
- containers used to store, transport, or ship blood or other potentially infectious materials.

The following two types of items do not require labeling: (1) individual containers of blood and infectious materials that are placed in a labeled secondary container; and (2) regulated waste that has been decontaminated.

The BBP standard requires a specific label design, as indicated in the example below. The colors must be predominantly fluorescent orange or orange-red, with letters and symbols in a contrasting color. The biohazard symbol must be in the center of the label, with the word “biohazard” immediately below or in the lower left-hand corner. For labels on contaminated equipment, there must be an area indicating which portions of the equipment are contaminated. The label must be attached to the container or equipment with string, wire, adhesive, or some other method that prevents loss or unintentional removal.

Red bags or containers may be substituted for labels, and are recommended.

8. **Provide information and training to employees**

Employee training is an important component of the BBP standard. Training and awareness activities can help prevent exposures and ensure proper response in the event that an exposure occurs. Accordingly, comprehensive training requirements are included as part of the BBP standard.

*Training audience.* OSHA regulations require that schools provide training to all employees at the time of hire, and annually thereafter. In addition, further training is necessary when an employee is initially assigned to a job with occupational exposure to BBPs, or when changes to an employee’s job affect the potential for exposure.

*General requirements.* All employees must have the opportunity to attend a training session. The training must be
provided during working hours and at no cost to the employee. The curriculum must be presented in a way that is understandable to the average employee, including appropriate content and vocabulary, and in a language that the employee can understand.

The person conducting the training must be knowledgeable regarding the bloodborne pathogens standard, the school’s exposure control plan, and the site’s procedures. Emphasis should be placed on the information necessary for the particular work environment and the employees’ specific job duties.

*Training curriculum.* The BBP standard requires that the curriculum include:

- an explanation, and access to a copy of, the OSHA BBP standard;
- information on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases;
- an explanation of the school campus’ or other applicable facility’s exposure control plan and how to obtain a copy;
- an explanation of methods for recognizing work tasks or activities that may involve exposure to blood and other potentially infectious materials, including explanation of what constitutes an exposure incident;
- information on the hepatitis B vaccine, including its efficacy, safety, benefits; and method of administration;
- an explanation of the uses and limitations on methods for preventing or reducing exposure, such as engineering and work practice controls, and personal protective equipment;
- information on the school’s vaccination program, including the availability of vaccines at no cost to employees;
- an explanation of the types, uses, and location of personal protective equipment, as well as the selection, removal, handling, decontamination, and disposal of the equipment;
- information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- an explanation of the procedures to follow if an exposure incident occurs;
- information on post-exposure medical evaluation and preventive treatment; and
- an explanation of the signs and labels, including color coding, required by the standard and in use at the school.

*Training methods.* While OSHA does allow for video or distance training, the instructor must provide specific information regarding the site’s exposure control plan, employees’ exposure-related job duties, and site-specific procedures in the event of an exposure. In addition, the instructor must be able—in person, by phone, or via other electronic media—to facilitate
an interactive exchange and answer questions.

9. **Maintain required records**

A final requirement under the OSHA BBP standard is that employee medical information and training session records be maintained and be available for review and photocopying by the employee, his or her representative, and OSHA inspectors (subject to privacy restrictions).

**Medical records.** Medical records for employees with occupational exposure to BBPs must be maintained. These records, like all medical records, must be kept confidential; the employee’s written consent is necessary before disclosure. The records must include the employee’s:

- name;
- Social Security number;
- hepatitis B vaccination status, including vaccination dates and any records relative to the employee’s ability to receive vaccinations;
- a copy of any information provided to the site’s designated healthcare professional(s) after an exposure incident;
- results of post-exposure blood testing, medical evaluation, and preventive treatment; and
- a copy of the healthcare professional’s written opinion.

These medical records must be kept for the duration of the exposed employee’s employment, plus 30 years.

**Training records.** The BBP standard also requires documentation for all training sessions. Training records must include:

- the dates training was offered,
- the name(s) and qualifications of persons conducting the training,
- a summary of the training sessions, and
- names and job titles of all persons attending the training sessions.

All BBP employee training records must be kept for a minimum of three years.

**Sharps injury log.** In 2001, in response to the Needlestick Safety and Prevention Act, OSHA revised the BBP standard. As part of this revision, employers are now required to maintain a log for recording employees’ injuries from contaminated sharps. The purpose of the log is to help identify problem devices or incomplete or inappropriate procedures.

The log must be maintained in such a fashion as to ensure employee privacy, and must at a minimum contain:

- information about each sharps injury,
- the type and brand of device involved in the incident,
- the location, department, or work area of the incident, and
• an explanation of how the incident occurred.

The log must be reviewed annually, with the resulting analysis used to update the exposure control plan. Sharps logs must be retained for five years following the end of each completed log year.
### III. GLOSSARY

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<th>Term</th>
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<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<tr>
<td>Biohazard</td>
<td>A hazard to humans or the environment resulting from biological agents or conditions</td>
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<tr>
<td>Blood</td>
<td>Human blood, human blood components, and products made from human blood</td>
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<tr>
<td>Bloodborne pathogens</td>
<td>Microorganisms that are present in human blood and can cause disease in humans, such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV)</td>
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<tr>
<td>Contamination</td>
<td>A state characterized by the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface</td>
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<td>Contaminated sharps</td>
<td>Any contaminated sharp object that can penetrate the skin; sharps include but are not limited to needles, scalpels, broken glass, broken capillary tubes, and the exposed ends of dental wires</td>
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<td>Contraindicated</td>
<td>Considered inadvisable; used of medical procedures or treatments</td>
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<tr>
<td>Decontamination</td>
<td>The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item so that the surface or item is rendered safe for handling, use, or disposal</td>
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<tr>
<td>De minimus violation</td>
<td>A technical violation that carries no penalty</td>
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<td>Designated emergency first aid responders</td>
<td>Employees trained in first aid, rescue procedures, or emergency response and designated by the employer as responsible for rendering first aid as part of their job duties</td>
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<td>Engineering controls</td>
<td>Controls, such as sharps disposal containers and self-sheathing needles, that isolate or remove the bloodborne pathogen hazard from the workplace</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td><strong>Epidemiology</strong></td>
<td>The branch of medical science dealing with the transmission and control of diseases</td>
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<td><strong>ESIP</strong></td>
<td>Engineered sharps injury protection: This is a safety protection built into a sharps device for purposes of reducing the likelihood of a sticking, cutting, or puncture injury.</td>
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<td><strong>Exposed individual</strong></td>
<td>An employee who has been exposed to one or more bloodborne pathogens in the workplace</td>
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<tr>
<td><strong>Exposure control plan</strong></td>
<td>A document detailing the specific actions that a school (or other applicable facility) will take to minimize or eliminate bloodborne pathogen exposure for employees identified in the exposure determination</td>
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<td><strong>Exposure determination</strong></td>
<td>An inventory of employees who are at risk of exposure to bloodborne pathogens in the workplace</td>
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<td><strong>Exposure incident</strong></td>
<td>Specific contact with blood or other potentially infectious materials in the eyes, mouth, other mucous membranes, non-intact skin, or inoculation or injection sites, resulting from the performance of an employee’s duties</td>
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<tr>
<td><strong>Hand-washing facility</strong></td>
<td>A facility providing an adequate supply of running, potable water; soap; and single use towels or air drying machines</td>
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<td><strong>HBV</strong></td>
<td>Hepatitis B virus</td>
</tr>
<tr>
<td><strong>HCV</strong></td>
<td>Hepatitis C virus</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>Human immunodeficiency virus</td>
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<tr>
<td><strong>Mask (face)</strong></td>
<td>Surgical-type face protection that guards against blood or other body fluids that may splash, spray, or splatter on or against the nose or mouth</td>
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<tr>
<td><strong>Mask (resuscitation)</strong></td>
<td>A ventilation device used to prevent direct contact during emergency resuscitation activities</td>
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<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Occupational exposure</td>
<td>Reasonably anticipated contact with blood or other potentially infectious materials in the eyes, mouth, other mucous membranes, non-intact skin, or inoculation or injection sites, resulting from the performance of an employee’s duties</td>
</tr>
<tr>
<td>Other potentially infectious materials</td>
<td>Bodily fluids including: (1) 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 in which it is difficult or impossible to differentiate between the fluids; (2) any unfixed tissue or organ (other than intact skin) from a living or dead human; (3) HIV-containing cell or tissue cultures, organ cultures, and HIV-, HBV-, or HCV-containing culture mediums or other solutions; and (4) blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV</td>
</tr>
<tr>
<td>Parenteral exposure</td>
<td>Human exposure to pathogenic organisms through the piercing of mucous membranes or through the skin with needle sticks, human bites, cuts, and abrasions</td>
</tr>
<tr>
<td>Pathogen (human)</td>
<td>An organism, usually microscopic, such as a bacterium or virus, that is capable of causing human disease. HIV, HBV, and HCV are examples of pathogens that can infect the blood of a susceptible person.</td>
</tr>
<tr>
<td>Percutaneous</td>
<td>Effected, occurring, or performed through the skin</td>
</tr>
<tr>
<td>Personal protective equipment</td>
<td>Specialized clothing or equipment worn by an employee for protection against a biohazard. Gloves, gowns, and face masks are examples of personal protective equipment.</td>
</tr>
<tr>
<td>Regulated waste</td>
<td>(1) liquid or semi-liquid blood or other potentially infectious materials; (2) contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or other potentially infectious materials</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sharp(s)</td>
<td>Any item(s) having corners, edges, or projections capable of cutting or piercing the skin</td>
</tr>
<tr>
<td>Source individual</td>
<td>Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee</td>
</tr>
<tr>
<td>Universal precautions</td>
<td>An approach to infection control in which all human blood and certain human body fluids are treated as if they are known to be infected with HIV, HBV, HBC, or other bloodborne pathogens</td>
</tr>
<tr>
<td>Work practice controls</td>
<td>Changes to the way a task is performed so as to reduce the likelihood of exposure to a bloodborne pathogen</td>
</tr>
</tbody>
</table>
IV. ADDITIONAL RESOURCES

Region IX: Occupational Safety and Health Administration (OSHA)

90 7th Street, Suite 18100
San Francisco, CA 94103

Main (8:00 a.m.–4:30 p.m. PST): (415) 625-2547
Technical assistance: (800) 475-4019
Complaints: accidents/fatalities: (800) 475-4020
Publication requests: (800) 475-4022
Fax: (415) 625-2534

Web sites:
Occupational Safety and Health Administration (OSHA) http://www.osha.gov

Industrial Commission of Arizona
Arizona Division of Occupational Safety and Health (ADOSH)

Phoenix Office
800 W. Washington Street, 2nd floor
Phoenix, AZ 85007
Phone: (602) 542-5795
Fax: (602) 542-1614

Tucson Office
2675 E. Broadway Blvd. #239
Tucson, AZ 85716
Phone: (520) 628-5478
Fax: (520) 322-8008

Web site:
Arizona Division of Occupational Safety and Health http://tinyurl.com/qqmbs

Centers for Disease Control and Prevention (CDC)

Web sites:
Centers for Disease Control and Prevention (CDC) http://www.cdc.gov
CDC human immunodeficiency virus http://www.cdc.gov/hiv/
CDC hepatitis http://www.cdc.gov/hepatitis/index.htm
APPENDIX A: QUICK REFERENCE

The attached flowcharts illustrate graphically some of the key procedural steps required by the OSHA standard and/or recommended in this manual.

These flowcharts should not be considered a definitive interpretation of OSHA requirements. Schools should directly consult the BBP standard for specific compliance information.
Exposure incident occurs.

Employee flushes the exposed area and washes with soap/water, if appropriate.

District personnel ensure that area is secure.

Employee reports the incident to the site contact and seeks medical attention.

Does the potential exist for others to be exposed?

Yes

Is there a known source individual?

No

Seek consent from the exposed individual or legal guardian to test blood for HIV, HBV, and HCV.**

Document the incident in the Sharps injury log, if applicable.

Provide the designated healthcare professional with the following information:
(1) the BBP standard; (2) the source/circumstances of the exposure; (3) the exposed employee’s job duties; (4) the exposed employee’s medical records, including vaccination records; and (5) the results of the source individuals blood tests, if available.

Provide the exposed employee with a copy of the healthcare professional’s written report within 15 days of completion of the medical evaluation.

Seek consent from the source individual or legal guardian to test blood for HIV, HBV, and HCV; document if consent is denied.

Provide the exposed employee with information regarding: (1) laws and regulations concerning disclosure of information on the source individual, if applicable; (2) medical information on the source individual, if available and if consent was obtained; and (3) the availability of counseling, medical evaluation, and treatment (including hepatitis B vaccination) at no cost.

Yes

**Blood from the exposed individual should be: (1) collected within 10 days of the incident; (2) tested within 30 days of the incident; and (3) preserved for at least 90 days if the individual does not consent to testing.
Bloodborne Pathogens Exposure Control Procedures: Cuts and Bloody Noses

Cut or bloody nose occurs.

Are gloves available?

Put on gloves. → Yes

Apply pressure to control bleeding, if appropriate.

Secure the area if risk of further exposure exists.

Take injured person to health office or first aid station for further treatment.

Properly remove and dispose of gloves.

Wash hands.

No

Have cut or injured person apply pressure to control bleeding, if appropriate.

Secure the area if risk of further exposure exists.

Take injured person to health office or first aid station for further treatment.

Contact maintenance personnel and arrange for proper cleaning and decontamination of any affected areas.
APPENDIX B: LAWS AND REGULATIONS

The first item in this appendix is the portion of the Arizona Revised Statutes (ARS) dealing with exceptions to the confidentiality protections applicable to personal medical information. (See 36 ARS Section 664.) Following an exposure incident, these statutory provisions should be reviewed in consultation with legal counsel, and should be shared with the exposed individual.

The second item in the appendix is the complete OSHA bloodborne pathogens regulation.

Both items are current as of the publication date of this document. However, users of this manual should confirm that they are referencing the most recent laws and regulations. The Arizona statute is published, and updated, at the following URL: http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/36/00664.htm&Title=36&DocType=ARS. The address for the OSHA bloodborne pathogens regulation is as follows: http://www.osha.gov/pls/oshaweb.
Provisions Relating to Disclosure of Otherwise Confidential Medical Information

36-664. Confidentiality; exceptions

A. A person who obtains communicable disease related information in the course of providing a health service or obtains that information from a health care provider pursuant to an authorization shall not disclose or be compelled to disclose that information except to the following:

1. The protected person or, if the protected person lacks capacity to consent, the protected person’s health care decision maker.

2. The department or a local health department for purposes of notifying a good Samaritan pursuant to subsection E of this section.

3. An agent or employee of a health facility or health care provider to provide health services to the protected person or the protected person’s child or for billing or reimbursement for health services.

4. A health facility or health care provider, in relation to the procurement, processing, distributing or use of a human body or a human body part, including organs, tissues, eyes, bones, arteries, blood, semen, milk or other body fluids, for use in medical education, research or therapy or for transplantation to another person.

5. A health facility or health care provider, or an organization, committee or individual designated by the health facility or health care provider, that is engaged in the review of professional practices, including the review of the quality, utilization or necessity of medical care, or an accreditation or oversight review organization responsible for the review of professional practices at a health facility or by a health care provider.

6. A private entity that accredits the health facility or health care provider and with whom the health facility or health care provider has an agreement requiring the agency to protect the confidentiality of patient information.

7. A federal, state, county or local health officer if disclosure is mandated by federal or state law.

8. A federal, state or local government agency authorized by law to receive the information. The agency is authorized to redisclose the information only pursuant to this article or as otherwise permitted by law.
9. An authorized employee or agent of a federal, state or local government agency that supervises or monitors the health care provider or health facility or administers the program under which the health service is provided. An authorized employee or agent includes only an employee or agent who, in the ordinary course of business of the government agency, has access to records relating to the care or treatment of the protected person.

10. A person, health care provider or health facility to which disclosure is ordered by a court or administrative body pursuant to section 36-665.

11. The industrial commission or parties to an industrial commission claim pursuant to section 23-908, subsection D and section 23-1043.02.

12. Insurance entities pursuant to section 20-448.01 and third party payors or the payors' contractors.

13. Any person or entity as authorized by the patient or the patient's health care decision maker.

14. A person or entity as required by federal law.

15. The legal representative of the entity holding the information in order to secure legal advice.

16. A person or entity for research only if the research is conducted pursuant to applicable federal or state laws and regulations governing research.

B. At the request of the department of economic security in conjunction with the placement of children in foster care or for adoption or court-ordered placement, a health care provider shall disclose communicable disease information, including HIV-related information, to the department of economic security.

C. A state, county or local health department or officer may disclose communicable disease related information if the disclosure is any of the following:

1. Specifically authorized or required by federal or state law.

2. Made pursuant to an authorization signed by the protected person or the protected person's health care decision maker.

3. Made to a contact of the protected person. The disclosure shall be made without identifying the protected person.

4. For the purposes of research as authorized by state and federal law.
D. The director may authorize the release of information that identifies the protected person to the national center for health statistics of the United States public health service for the purposes of conducting a search of the national death index.

E. The department or a local health department shall disclose communicable disease related information to a good Samaritan who submits a request to the department or the local health department. The request shall document the occurrence of the accident, fire or other life-threatening emergency and shall include information regarding the nature of the significant exposure risk. The department shall adopt rules that prescribe standards of significant exposure risk based on the best available medical evidence. The department shall adopt rules that establish procedures for processing requests from good Samaritans pursuant to this subsection. The rules shall provide that the disclosure to the good Samaritan shall not reveal the protected person's name and shall be accompanied by a written statement that warns the good Samaritan that the confidentiality of the information is protected by state law.

F. An authorization to release communicable disease related information shall be signed by the protected person or, if the protected person lacks capacity to consent, the protected person's health care decision maker. An authorization shall be dated and shall specify to whom disclosure is authorized, the purpose for disclosure and the time period during which the release is effective. A general authorization for the release of medical or other information, including communicable disease related information, is not an authorization for the release of HIV-related information unless the authorization specifically indicates its purpose as an authorization for the release of confidential HIV-related information and complies with the requirements of this section.

G. A person to whom communicable disease related information is disclosed pursuant to this section shall not disclose the information to another person except as authorized by this section. This subsection does not apply to the protected person or a protected person's health care decision maker.

H. If a disclosure of communicable disease related information is made pursuant to an authorization under subsection F of this section, the disclosure shall be accompanied by a statement in writing that warns that the information is from confidential records protected by state law and that prohibits further disclosure of the information without the specific written authorization of the person to whom it pertains or as otherwise permitted by law.

I. This section does not prohibit the listing of communicable disease related information, including acquired immune deficiency syndrome, HIV-related illness or HIV infection, in a certificate of death, autopsy report or other related document that is prepared pursuant to law to document the cause of death or that is prepared to release a body to a funeral director. This section does not modify a law or rule relating to access to death certificates, autopsy reports or other related documents.
J. If a person in possession of HIV-related information reasonably believes that an identifiable third party is at risk of HIV infection, that person may report that risk to the department. The report shall be in writing and include the name and address of the identifiable third party and the name and address of the person making the report. The department shall contact the person at risk pursuant to rules adopted by the department. The department employee making the initial contact shall have expertise in counseling persons who have been exposed to or tested positive for HIV or acquired immune deficiency syndrome.

K. Except as otherwise provided pursuant to this article or subject to an order or search warrant issued pursuant to section 36-665, a person who receives HIV-related information in the course of providing a health service or pursuant to a release of HIV-related information shall not disclose that information to another person or legal entity or be compelled by subpoena, order, search warrant or other judicial process to disclose that information to another person or legal entity.

L. This section and sections 36-663, 36-666, 36-667 and 36-668 do not apply to persons or entities subject to regulation under title 20.
OSHA BLOODBORNE PATHOGENS STANDARD,
29 CFR 1910.1030

1910.1030(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b) Definitions. For purposes of this section, the following shall apply:

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

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

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

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

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

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

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

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

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

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

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

**Hand washing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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

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

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

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

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

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

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

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

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
Sharps with Engineered Sharps Injury Protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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

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

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

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

1910.1030(c)(1) Exposure Control Plan.

1910.1030(c)(1)(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

1910.1030(c)(1)(ii) The Exposure Control Plan shall contain at least the following elements:

1910.1030(c)(1)(ii)(A) The exposure determination required by paragraph (c)(2),

1910.1030(c)(1)(ii)(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

1910.1030(c)(1)(ii)(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

1910.1030(c)(1)(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR

1910.1020(e).

1910.1030(c)(1)(iv)
The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

1910.1030(c)(1)(iv)(A)
Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

1910.1030(c)(1)(iv)(B)
Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

1910.1030(c)(1)(v)
An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

1910.1030(c)(1)(vi)
The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

1910.1030(c)(2)
Exposure Determination.

1910.1030(c)(2)(i)
Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1910.1030(c)(2)(i)(A)
A list of all job classifications in which all employees in those job classifications have occupational exposure;

1910.1030(c)(2)(i)(B)
A list of job classifications in which some employees have occupational exposure, and

1910.1030(c)(2)(i)(C)
A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

1910.1030(c)(2)(ii)
This exposure determination shall be made without regard to the use of personal protective equipment.

1910.1030(d)
Methods of Compliance.

1910.1030(d)(1)
General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
1910.1030(d)(2)
Engineering and Work Practice Controls.

1910.1030(d)(2)(i)
Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

1910.1030(d)(2)(ii)
Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1910.1030(d)(2)(iii)
Employers shall provide hand washing facilities which are readily accessible to employees.

1910.1030(d)(2)(iv)
When provision of hand washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

1910.1030(d)(2)(v)
Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

1910.1030(d)(2)(vi)
Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

1910.1030(d)(2)(vii)
Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

1910.1030(d)(2)(vii)(A)
Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

1910.1030(d)(2)(vii)(B)
Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

1910.1030(d)(2)(viii)
Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

1910.1030(d)(2)(viii)(A)
Puncture resistant;

1910.1030(d)(2)(viii)(B)
Labeled or color-coded in accordance with this standard;

1910.1030(d)(2)(viii)(C)
Leak proof on the sides and bottom; and
1910.1030(d)(2)(viii)(D)
In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

1910.1030(d)(2)(ix)
Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

1910.1030(d)(2)(x)
Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

1910.1030(d)(2)(xi)
All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

1910.1030(d)(2)(xii)
Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

1910.1030(d)(2)(xiii)
Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1910.1030(d)(2)(xiii)(A)
The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

1910.1030(d)(2)(xiii)(B)
If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

1910.1030(d)(2)(xiii)(C)
If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

1910.1030(d)(2)(xiv)
Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

1910.1030(d)(2)(xiv)(A)
The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i)(H) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

1910.1030(d)(2)(xiii)(B)
If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

1910.1030(d)(2)(xiii)(C)
If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

1910.1030(d)(2)(xiv)
Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

1910.1030(d)(2)(xiv)(A)
A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.
Bloodborne Pathogens Program: June 2009

1910.1030(d)(2)(xiv)(B)
The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.

1910.1030(d)(3)
Personal Protective Equipment.

1910.1030(d)(3)(i)
Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

1910.1030(d)(3)(ii)
Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)
Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

1910.1030(d)(3)(iv)
Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

1910.1030(d)(3)(v)
Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

1910.1030(d)(3)(vi)
If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

1910.1030(d)(3)(vii)
All personal protective equipment shall be removed prior to leaving the work area.
When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

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.

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.

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

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 exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

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

Periodically reevaluate this policy;

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

Not discourage the use of gloves for phlebotomy; and

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

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

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

When the employee is receiving training in phlebotomy.

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.
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.

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).

Housekeeping.

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.

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

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.

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 work shift if they may have become contaminated during the shift.

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.

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.

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.

Regulated Waste.
Contaminated Sharps Discarding and Containment.

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

1. Closable;
2. Puncture resistant;
3. Leak proof on sides and bottom; and
4. Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

During use, containers for contaminated sharps shall be:

1. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
2. Maintained upright throughout use; and
3. Replaced routinely and not be allowed to overfill.

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

1. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
2. Placed in a secondary container if leakage is possible. The second container shall be:
   - Closable;
   - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
   - Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

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.

Other Regulated Waste Containment.

Regulated waste shall be placed in containers which are:
Closable;

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

1910.1030(d)(4)(iii)(B)(1)(iii)
Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

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

1910.1030(d)(4)(iii)(B)(2)
If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

Closable;

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

1910.1030(d)(4)(iii)(B)(2)(iii)
Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

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

1910.1030(d)(4)(iv)
Laundry.

1910.1030(d)(4)(iv)(A)
Contaminated laundry shall be handled as little as possible with a minimum of agitation.

1910.1030(d)(4)(iv)(A)(1)
Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

1910.1030(d)(4)(iv)(A)(2)
Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

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

1910.1030(d)(4)(iv)(B)
The employer shall ensure that employees who have contact with contaminated
laundry wear protective gloves and other appropriate personal protective equipment.

1910.1030(d)(4)(iv)(C)
When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

1910.1030(e)
HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)
This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

1910.1030(e)(2)
Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)
Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2)(ii)
Special Practices.

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

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

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.

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.

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.
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.

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.

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.

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.

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.

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.

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

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.

Containment Equipment.

Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.
**1910.1030(e)(2)(iii)(B)**
Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

**1910.1030(e)(3)**
HIV and HBV research laboratories shall meet the following criteria:

**1910.1030(e)(3)(i)**
Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

**1910.1030(e)(3)(ii)**
An autoclave for decontamination of regulated waste shall be available.

**1910.1030(e)(4)**
HIV and HBV production facilities shall meet the following criteria:

**1910.1030(e)(4)(i)**
The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

**1910.1030(e)(4)(ii)**
The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned.

Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

**1910.1030(e)(4)(iii)**
Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

**1910.1030(e)(4)(iv)**
Access doors to the work area or containment module shall be self-closing.

**1910.1030(e)(4)(v)**
An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

**1910.1030(e)(4)(vi)**
A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

**1910.1030(e)(5)**
Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

**1910.1030(f)**
Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
**1910.1030(f)(1)**

*General.*

**1910.1030(f)(1)(i)**
The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

**1910.1030(f)(1)(ii)**
The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1910.1030(f)(1)(ii)(A)
Made available at no cost to the employee;

1910.1030(f)(1)(ii)(B)
Made available to the employee at a reasonable time and place;

1910.1030(f)(1)(ii)(C)
Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

1910.1030(f)(1)(ii)(D)
Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

**1910.1030(f)(1)(iii)**
The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

**1910.1030(f)(2)**

*Hepatitis B Vaccination.*

**1910.1030(f)(2)(i)**
Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

**1910.1030(f)(2)(ii)**
The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

**1910.1030(f)(2)(iii)**
If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

**1910.1030(f)(2)(iv)**
The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

**1910.1030(f)(2)(v)**
If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).
1910.1030(f)(3)
Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1910.1030(f)(3)(i)
Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

1910.1030(f)(3)(ii)
Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1910.1030(f)(3)(ii)(A)
The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

1910.1030(f)(3)(ii)(B)
When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

1910.1030(f)(3)(ii)(C)
Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

1910.1030(f)(3)(iii)
Collection and testing of blood for HBV and HIV serological status;

1910.1030(f)(3)(iii)(A)
The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

1910.1030(f)(3)(iii)(B)
If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

1910.1030(f)(3)(iv)
Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

1910.1030(f)(3)(v)
Counseling; and

1910.1030(f)(3)(vi)
Evaluation of reported illnesses.

1910.1030(f)(4)
Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)
The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.
1910.1030(f)(4)(ii)
The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1910.1030(f)(4)(ii)(A)
A copy of this regulation;

1910.1030(f)(4)(ii)(B)
A description of the exposed employee's duties as they relate to the exposure incident;

1910.1030(f)(4)(ii)(C)
Documentation of the route(s) of exposure and circumstances under which exposure occurred;

1910.1030(f)(4)(ii)(D)
Results of the source individual's blood testing, if available; and

1910.1030(f)(4)(ii)(E)
All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

1910.1030(f)(5)
Healthcare Professional's Written Opinion.
The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1910.1030(f)(5)(ii)(A)
That the employee has been informed of the results of the evaluation; and

1910.1030(f)(5)(ii)(B)
That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

1910.1030(f)(5)(iii)
All other findings or diagnoses shall remain confidential and shall not be included in the written report.

1910.1030(f)(6)
Medical Recordkeeping.
Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

1910.1030(g)
Communication of Hazards to Employees

1910.1030(g)(1)
Labels and Signs --

1910.1030(g)(1)(i)
Labels.

1910.1030(g)(1)(i)(A)
Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship
blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

1910.1030(g)(1)(i)(B)
Labels required by this section shall include the following legend:

1910.1030(g)(1)(i)(C)
These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

1910.1030(g)(1)(i)(D)
Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

1910.1030(g)(1)(i)(E)
Red bags or red containers may be substituted for labels.

1910.1030(g)(1)(i)(F)
Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

1910.1030(g)(1)(i)(G)
Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

1910.1030(g)(1)(i)(H)
Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

1910.1030(g)(1)(i)(I)
Regulated waste that has been decontaminated need not be labeled or color-coded.

1910.1030(g)(1)(ii)
Signs.

1910.1030(g)(1)(ii)(A)
The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

- name of the infectious agent
- special requirements for entering the area
- name, telephone number of the laboratory director or other responsible person
1910.1030(g)(1)(ii)(B)  These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

1910.1030(g)(2)  Information and Training.

1910.1030(g)(2)(i)  Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

1910.1030(g)(2)(ii)  Training shall be provided as follows:

1910.1030(g)(2)(ii)(A)  At the time of initial assignment to tasks where occupational exposure may take place;

1910.1030(g)(2)(ii)(B)  At least annually thereafter.

1910.1030(g)(2)(iii)  [Reserved]

1910.1030(g)(2)(iv)  Annual training for all employees shall be provided within one year of their previous training.

1910.1030(g)(2)(v)  Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

1910.1030(g)(2)(vi)  Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

1910.1030(g)(2)(vii)  The training program shall contain at a minimum the following elements:

1910.1030(g)(2)(vii)(A)  An accessible copy of the regulatory text of this standard and an explanation of its contents;

1910.1030(g)(2)(vii)(B)  A general explanation of the epidemiology and symptoms of bloodborne diseases;

1910.1030(g)(2)(vii)(C)  An explanation of the modes of transmission of bloodborne pathogens;

1910.1030(g)(2)(vii)(D)  An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

1910.1030(g)(2)(vii)(E)  An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

1910.1030(g)(2)(vii)(F)  An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
An opportunity for interactive questions and answers with the person conducting the training session.

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.

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.

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.

The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is
developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

1910.1030(h)
Recordkeeping.

1910.1030(h)(1)
Medical Records.

1910.1030(h)(1)(i)
The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

1910.1030(h)(1)(ii)
This record shall include:

1910.1030(h)(1)(ii)(A)
The name and social security number of the employee;

1910.1030(h)(1)(ii)(B)
A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

1910.1030(h)(1)(ii)(C)
A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

1910.1030(h)(1)(ii)(D)
The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

1910.1030(h)(1)(ii)(E)
A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

1910.1030(h)(1)(iii)
Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

1910.1030(h)(1)(iii)(A)
Kept confidential; and

1910.1030(h)(1)(iii)(B)
Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

1910.1030(h)(1)(iv)
The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

1910.1030(h)(2)
Training Records.

1910.1030(h)(2)(i)
Training records shall include the following information:

1910.1030(h)(2)(i)(A)
The dates of the training sessions;

1910.1030(h)(2)(i)(B)
The contents or a summary of the training sessions;

1910.1030(h)(2)(i)(C)
The names and qualifications of persons conducting the training; and
1910.1030(h)(2)(i)(D)
The names and job titles of all persons attending the training sessions.

1910.1030(h)(2)(ii)
Training records shall be maintained for 3 years from the date on which the training occurred.

1910.1030(h)(3)
Availability.

1910.1030(h)(3)(i)
The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

1910.1030(h)(3)(ii)
Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

1910.1030(h)(3)(iii)
Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

1910.1030(h)(4)
Transfer of Records.

1910.1030(h)(4)(i)
The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

1910.1030(h)(4)(ii)
If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

1910.1030(h)(5)
Sharps injury log.

1910.1030(h)(5)(i)
The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

1910.1030(h)(5)(i)(A)
The type and brand of device involved in the incident,

1910.1030(h)(5)(i)(B)
The department or work area where the exposure incident occurred, and

1910.1030(h)(5)(i)(C)
An explanation of how the incident occurred.

1910.1030(h)(5)(ii)
The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.
1910.1030(h)(5)(iii)
The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

1910.1030(i)
Dates.

1910.1030(i)(1)
Effective Date. The standard shall become effective on March 6, 1992.

1910.1030(i)(2)
The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

1910.1030(i)(3)
Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

1910.1030(i)(4)

APPENDIX C: REQUIRED POSTINGS

The attached notifications should be posted in a conspicuous place next to the site’s posting(s) of the workers’ compensation notice to employees.
WORK EXPOSURE TO BODILY FLUIDS

NOTICE TO EMPLOYEES

Re: Human Immunodeficiency Virus (HIV)
Acquired Immune Deficiency Syndrome (AIDS)
Hepatitis C

Employees are notified that a claim may be made for a condition, infection, disease, or disability involving or related to the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or hepatitis C within the provisions of the Arizona workers' compensation law, and the rules of the Industrial Commission of Arizona. Such a claim shall include the occurrence of a significant exposure at work, which generally means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood.

An EMPLOYEE MUST CONSULT A PHYSICIAN TO SUPPORT A CLAIM. Claims cannot arise from sexual activity or illegal drug use.

<table>
<thead>
<tr>
<th>Certain classes of employees may more easily establish a claim related to HIV, AIDS, or Hepatitis C if they meet the following requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The employee's regular course of employment involves handling or exposure to blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. Included in this category are health care providers, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.</td>
</tr>
<tr>
<td>2. <strong>NO LATER THAN TEN (10) CALENDAR DAYS</strong> after a possible significant exposure which arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure as provided by Commission rules. Reporting forms are available at the office of this employer or from the Industrial Commission of Arizona, 800 W. Washington, Phoenix, AZ 85007, (602) 542-4661 or 2675 E. Broadway, Tucson, AZ 85716, (520) 628-5188. If an employee chooses not to complete the reporting form, that employee may be at risk of losing a prima facie claim.</td>
</tr>
<tr>
<td>3. <strong>NO LATER THAN TEN (10) CALENDAR DAYS</strong> after the possible significant exposure the employee has blood drawn, and <strong>NO LATER THAN THIRTY (30) CALENDAR DAYS</strong> the blood is tested for <strong>HIV OR HEPATITIS C</strong> by antibody testing and the test results are negative.</td>
</tr>
<tr>
<td>4. <strong>NO LATER THAN EIGHTEEN (18) MONTHS</strong> after the date of the possible significant exposure at work, the employee is retested and the results of the test are HIV positive or the employee has been diagnosed as positive for the presence of HIV, or <strong>NO LATER THAN SEVEN (7) MONTHS</strong> after the date of the possible significant exposure at work, the employee is retested and the results of the test are positive for the presence of Hepatitis C or the employee has been diagnosed as positive for the presence of Hepatitis C.</td>
</tr>
</tbody>
</table>

THIS NOTICE APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA FOR CARRIER USE
EXPOSICION A FLUIDOS CORPORALES EN EL TRABAJO

AVISO A LOS EMPLEADOS

Re: El Virus de la Inmunodeficiencia Humana (VIH), Sindrome de la Inmunodeficiencia Adquirida (SIDA) y Hepatitis C

Se les notifica a los empleados que se puede hacer una reclamación por una condición, infección, enfermedad o incapacidad relacionada con o derivada del Virus de Inmunodeficiencia Humana (VIE), Sindrome de Inmunodeficiencia Adquirida (SIDA), o Hepatitis C bajo lo provisto por la Ley de Compensación para los Trabajadores de Arizona y las reglas de La Comisión Industrial de Arizona. Tal reclamación debe incluir el suceso de una exposición importante en el trabajo, la que por lo general significa contacto de alguna ruptura de la piel o mucosa del empleado con la sangre, semen, fluido vaginal, fluido(s) quirurgico(s) o cualquier otro fluido de una persona que contenga sangre.

EL EMPLEADO DEBE CONSULTAR A UN MEDICO PARA CONFIRMAR SU RECLAMACION. Las reclamaciones no pueden resultar de actividad sexual o uso illicito de drogas.

Ciertas clases de empleados pueden establecer más fácilmente una reclamación relacionada con el VIH, SIDA o Hepatitis C si reUen los requisitos siguientes:

1. El curso regular del empleo del empleado requiere el manejo de o la exposición a sangre, semen, fluido vaginal, fluido(s) quirurgico(s) o cualquier otro fluido que contenga sangre. Incluidos en esta categoría son los proveedores de cuidados de la salud, trabajadores de laboratorios forenses, bomberos, agentes policiales, técnicos medicos de emergencia, paramédicos y agentes correccionales.

2. NO MAS DE DIEZ (10) DIAS DE CALENDARIO después de una posible exposición importante que resulta de y en el curso de su trabajo, el empleado reporta a su patron por escrito los detalles de la exposición como lo proveen las reglas de la Comisión. Las formas de reporte están disponibles en la oficina de este patron o de la Comisión Industrial de Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 o 2675 E. Broadway, Tucson, Arizona 85716, (520) 628-5188. Si un empleado elige no llenar la forma de reporte, ese empleado corre el riesgo de perder una reclamación de prima facie.

3. NO MAS DE DIEZ (10) DIAS DE CALENDARIO después de una posible exposición importante el empleado va a que le saquen sangre, y NO MAS DE TREINTA (30) DIAS DE CALENDARIO la sangre es analizada para VIH O HEPATITIS C por medio de análisis de anticuerpos y por medio de análisis anticuerpos y el análisis resulta negativo.

4. NO MAS DE DIECIOCHO (18) MESES después de la fecha de la posible exposición importante en el trabajo, el empleado es examinado nuevamente y los resultados del análisis son positivos por VIH o el empleado ha sido diagnosticado como positivo por la presencia de VI, o NO MAS DESEIETE (7) MESES despues de la fecha de la posible exposición importante en el trabajo, el empleado es examinado nuevamente y los resultados del análisis son positivos por la presencia de Hepatitis C o el empleado ha sido diagnosticado como positivo por la presencia de Hepatitis C.

MANTENER FIJO EN UN LUGAR SOBRESALIENTE JUNTO AL AVISO A LOS EMPLEADOS SOBRE COMPENSACION PARA TRABAJADORES

ESTE AVISO HA SIDO APROBADO POR LA COMISION INDUSTRIAL DE ARIZONA PARA USO DE LAS ASEGURADORAS
APPENDIX D: EXPOSURE CONTROL PLAN TEMPLATE

This exposure control plan (ECP) template is intended to provide schools with an easy-to-use framework for their ECP that can be adapted for specific school campuses and other applicable facilities.

This template, however, should not be considered a definitive interpretation of OSHA requirements. Schools should directly consult the BBP standard for specific compliance information.
Exposure Control Plan

(Insert name of school district, school, or applicable facility) is committed to providing a safe and healthy environment for students and staff. The following exposure control plan (ECP) has been developed in accordance with Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The ECP provides site-specific information on:

- program administration;
- employee exposure determination;
- methods of exposure control, including universal precautions, engineering and work practice controls, personal protective equipment, and appropriate housekeeping procedures;
- availability of hepatitis B vaccination;
- procedures for post-exposure evaluation and follow-up;
- use of signs and labels for regulated waste;
- employee training; and
- recordkeeping.

Employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the work practices outlined in this ECP.
Program Administration

Exposure control plan review and update

(Insert name of responsible person or department) is responsible for implementation of the ECP. (Insert name of responsible person or department) will maintain, review, and update the ECP at least annually, and whenever necessary to reflect new or revised employee job classifications or new or modified tasks and procedures that affect occupational exposure.

(Insert contact name)
(Insert contact location)
(Insert contact phone number)
(Insert contact e-mail)

Personal protective equipment and engineering and work practice controls

(Insert name of responsible person or department) will provide and maintain all necessary personal protective equipment (PPE); engineering controls (e.g., sharps containers); and hazardous waste disposal labels, containers, and bags as required by the standard. (Insert name of responsible person or department) will ensure that adequate supplies of the necessary equipment are available in the appropriate sizes.

(Insert contact name)
(Insert contact location)
(Insert contact phone number)
(Insert contact e-mail)
Medical actions

(Insert name of responsible person or department) will be responsible for ensuring that all medical actions required by the standard are performed—including hepatitis B vaccinations for at-risk employees, and follow-up on exposure incidents—and that appropriate employee health and OSHA-required records are maintained.

(Insert contact name)
(Insert contact location)
(Insert contact phone number)
(Insert contact e-mail)

Training, and exposure control plan availability

(Insert name of responsible person or department) will be responsible for ensuring that BBP training is provided to all employees. This individual will also ensure that employees may review the ECP any time during their work hours, and that employees who request a copy of the ECP will receive it within 15 days of the request at no cost to the employee. In addition, this individual is responsible for providing the ECP to federal and state regulatory agencies at the time of inspection or in the event of an exposure.

(Insert contact name)
(Insert contact location)
(Insert contact phone number)
(Insert contact e-mail)
Employee Exposure Determination

The following is a list of all job classifications at [Insert name of school or applicable facility] in which all employees have occupational exposure:

(Add, delete, or change the job classifications as necessary. Employees who are part-time, temporary, contract, or per diem must comply with the bloodborne pathogens standard and should be included in this list.)

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Department</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic trainer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camp counselor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childcare center office manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coach/Assistant coach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custodian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic care manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary school office manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency medical technician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health occupation teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifeguard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paramedic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical education aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical education teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School police or security officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special education aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special education bus aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special education bus driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special education teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swim instructor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen parenting employee</td>
<td></td>
<td></td>
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<tr>
<td>Truant officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational teacher (working with potentially dangerous equipment)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following is a list of all job classifications at (Insert name of school or applicable facility) in which some employees have occupational exposure. A list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals is included. The tasks and procedures considered when developing this list included:

- care of minor injuries such as a bloody nose, scrape, or minor cut;
- initial care of injuries that require medical or dental assistance, such as damaged teeth or a severe laceration;
- care of students with medical needs, including a tracheotomy, colostomy, or injections;
- care of students who need assistance with daily living skills, such as toileting, menstrual needs, washing, or feeding;
- care of students who exhibit self-injurious or harmful behaviors, such as biting, hitting, or scratching;
- care of injured persons in laboratory settings, technical education settings, or art classes; and
- care of injured persons during a sporting activity.

(Add, delete, or change the job classifications as necessary. Employees who are part-time, temporary, contract, or per diem must comply with the bloodborne pathogens standard and should be included in this list.)

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Department</th>
<th>Location</th>
<th>Task/Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp counselor</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Childcare center staff</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>District administrative and secretarial support</td>
<td></td>
<td></td>
<td>Cleaning spills of bodily fluids that contain blood</td>
</tr>
<tr>
<td>Emergency responder</td>
<td></td>
<td></td>
<td>First aid treatment</td>
</tr>
<tr>
<td>Facilities supervisor</td>
<td></td>
<td></td>
<td>Cleaning spills of bodily fluids that contain blood</td>
</tr>
<tr>
<td>Food service personnel</td>
<td></td>
<td></td>
<td>Cleaning spills of bodily fluids that contain blood</td>
</tr>
<tr>
<td>Guidance counselor</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Librarian/Library aide</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Lunchroom aide</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Occupational therapist/ assistant</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Physical education aide</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Job Classification</td>
<td>Department</td>
<td>Location</td>
<td>Task/Procedures</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------</td>
<td>----------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Physical education teacher</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Physical therapist/assistant</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>School office staff</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>School police or security officer</td>
<td></td>
<td></td>
<td>First aid treatment as required and handling of potentially infective substances</td>
</tr>
<tr>
<td>School psychologist</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>School social worker</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Speech therapist</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Substitute teacher</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
<tr>
<td>Teacher (other than those listed as at-risk)</td>
<td></td>
<td></td>
<td>Exposure to students who bite; changing diapers and other clothing saturated with bodily fluids containing blood</td>
</tr>
<tr>
<td>Teacher aide (other than those listed as at-risk)</td>
<td></td>
<td></td>
<td>Exposure to students who bite; changing diapers and other clothing saturated with bodily fluids containing blood</td>
</tr>
<tr>
<td>Volunteer</td>
<td></td>
<td></td>
<td>First aid treatment as required</td>
</tr>
</tbody>
</table>

Methods of Exposure Control

**Universal precautions**

All employees will utilize universal precautions. This means that all human blood and other potentially infectious materials will be treated as if they are known to contain HIV, HBV, HCV, or other bloodborne pathogens. In circumstances in which it is difficult or impossible to differentiate between body fluid types, all body fluids are assumed to be potentially infective.

**Engineering controls**

*(Add, delete, or change the engineering controls as necessary. The specific items below are provided as examples.)*

Engineering controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls used are listed below:
• Hand-washing facilities are readily accessible. In areas in which this is not feasible, antiseptic towelettes or antiseptic cleanser in conjunction with clean cloths or paper towels are provided.

• Containers are available for contaminated sharps disposal. These containers are puncture resistant, are labeled with a biohazard warning label, and are leak-proof on the sides and bottom.

• Appropriately labeled or red waste bags are used.

Work practice controls

(Add, delete, or change the work practice controls as necessary. The specific items below are provided as examples.)

Work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific work practice controls used are listed below:

**Hand and body washing**

• Employees must wash their hands as soon as possible following contact with blood or any potentially infectious materials, including after removal of gloves or other protective equipment.

• Employees must wash any exposed area of the body, and flush mucous membranes with water, as soon as possible after contact with blood or other potentially infectious materials.

• When working with blood or other potentially infectious materials, employees must minimize splashing, spraying, splattering, and generation of droplets.

**Work procedures**

• Using mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

• New employees or current employees that change jobs within the facility must be trained on any unfamiliar work practice controls.
**Sharps handling**

- Contaminated sharps must be placed in appropriate containers immediately after use.

- Shearing or breaking of contaminated needles is prohibited.

- Contaminated needles and other sharps cannot be bent, recapped, or removed unless no other alternative is feasible or such action is required by a specific medical procedure.

**Personal work habits**

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

- Food and drink may not be kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.

This work site identifies the need for changes in engineering controls and work practices through:

- review of OSHA records
- employee interviews
- safety committee activities
- review of the sharps injury log
This work site evaluates new procedures and new products regularly by: (Describe the process, literature reviewed, products considered, etc.)

<table>
<thead>
<tr>
<th>Employees’ involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration’s involvement</td>
</tr>
</tbody>
</table>

(Insert name of responsible person or department) is responsible for ensuring that any resulting recommendations are implemented.

**Personal protective equipment (PPE)**

Personal protective equipment (PPE) is used to protect employees against exposure to blood or other potentially infectious material. PPE is provided to employees at no cost. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Insert name of responsible person or department) during initial training, during retraining, and when training is provided to an employee who changes positions.

The types of PPE available to employees are as follows:

(Add, delete, or change personal protective equipment types as necessary. The specific items below are provided as examples.)

- Gloves
- Gowns
- Face shields or masks
- Eye protection, such as safety glasses and goggles
- Resuscitation bags, CPR masks, or other ventilation devices

PPE is located (Insert location) and may be obtained by contacting (Insert name of responsible person or department).

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Dispose of contaminated PPE in (List appropriate containers for disposal).
- Wear gloves when it is reasonably anticipated that there may be hand contact with blood or other potentially infectious materials, or when handling or touching contaminated items or surfaces.
- Do not use gloves that are torn, punctured, or otherwise unable to function as a barrier.
- Discard all gloves after use; do not wash or decontaminate these items.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eyes, nose, or mouth.
- Immediately, or as soon as feasible, remove any garment contaminated with blood or other potentially infectious materials, in such a way as to avoid contact with the outer surface.

To ensure that PPE is not contaminated and is in the appropriate condition to protect employees from potential exposure, the procedure for handling used PPE is as follows:

(Add, delete, or change the personal protective equipment procedures as necessary. The specific items below are provided as examples.)

- All PPE is inspected periodically, and replaced as needed to maintain its effectiveness.
- PPE is disposed of in appropriately labeled or colored containers located in or near the immediate work area.
Housekeeping

*Cleaning and decontamination.* Maintaining site facilities in a clean and sanitary condition is an important part of exposure control. The procedure for cleaning and decontaminating areas exposed to blood or other potentially infectious materials is as follows:

*(Add, delete, or change the cleaning and decontamination process as necessary. The specific items below are provided as examples.)*

- Wear appropriate personal protective equipment.
- Pick up broken glassware using a brush and dustpan.
- Remove gross amounts of contaminated or infectious material by wiping with an absorbent material appropriate for the type of contamination present, and properly dispose of it according to the type of waste.
- Clean areas, equipment, and materials with soap/detergent and water.
- Decontaminate with a disinfectant authorized for blood and other potential infectious material, or a 10 percent bleach solution (one part bleach to nine parts cold water).
- If using a 10 percent bleach solution, apply a freshly made solution to the contaminated surface and leave in place for 5 to 10 minutes.
- Decontaminate any cleaning implements, such as mops, brooms, or dust pans by rinsing in disinfectant as soon as feasible.

*Cleaning and decontamination schedule.* Contaminated areas in this facility are cleaned and decontaminated by appropriately trained personnel according to the following schedule:

*(Add, delete, or change the cleaning and decontamination procedures as necessary. The specific items below are provided as examples.)*
<table>
<thead>
<tr>
<th>Area</th>
<th>Day/Time of Cleaning</th>
<th>Cleaners &amp; Disinfectants Used</th>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special education classrooms</td>
<td></td>
<td></td>
<td>Classrooms with changing tables</td>
</tr>
<tr>
<td>Custodial and maintenance closets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locker rooms and showers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic conditioning area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gymnasium, field house</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pool areas</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following general cleaning and decontamination procedures are also followed:

All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials, including after the completion of medical procedures, when overtly contaminated, or after spills.

Protective coverings, such as plastic wrap, aluminum foil or absorbent paper, are removed and replaced as soon as feasible when overtly contaminated.

All pails, bins, cans and other receptacles are routinely inspected for contamination at the beginning of each day, and are cleaned and decontaminated as soon as possible when visibly contaminated.

*Regulated waste.* Regulated waste is disposed of in an appropriate biohazard container. This type of waste includes:

- containers of liquid or semi-liquid blood or other potentially infectious materials;
- items that when compressed could release blood or other potentially infectious materials in a liquid or semi-liquid state; and
- items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
Body waste products, such as urine and feces without blood, are not included in this category. Waste such as sanitary napkins, dressings, gauze, cotton rolls, and drapes with small amounts of dried blood or other body fluids are not considered regulated waste.

Regulated waste is placed in containers that are: (1) closable; (2) constructed so as to contain all contents and prevent leakage; (3) appropriately labeled or color-coded; and (4) closed prior to removal to prevent spillage or protrusion of contents during handling.

**Sharps.** Contaminated sharps are discarded in designated containers immediately, or as soon as possible. The procedure for handling sharps containers is as follows:

(Add, delete, or change the handling of sharps disposal procedures as necessary. The specific items below are provided as examples.)

| - Sharps containers are closable, puncture-resistant, and leak-proof (if the potential for fluid spill or leakage exists). |
| - Sharps containers are red in color or are labeled with the appropriate biohazard warning label. |
| - Sharps containers are located in the immediate work area, are easily accessible to employees, and are located as close as possible to sources of waste. |
| - Sharps containers are maintained upright, are routinely replaced, and are not allowed to overfill. |
| - When removing sharps containers, they are: (1) immediately closed; (2) placed in a secondary container if leakage is anticipated; and (3) never re-opened, emptied, or cleaned manually or in any other manner that would pose a risk of exposure. |

Sharps disposal containers are available in the following areas:
Sharps disposal containers are inspected and maintained or replaced by (Insert name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.

**Hepatitis B Vaccination**

The hepatitis B vaccination series is available to employees at no cost after initial training and within 10 days of employee assignment to a job classification identified in the exposure determination.

Vaccination is encouraged unless: (1) documentation exists that the employee has previously received the series; (2) antibody testing reveals that the employee is immune; or (3) medical evaluation shows that vaccination is contraindicated. An employee who declines the vaccination must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost.

Vaccinations will be provided by (Insert name of responsible healthcare professional) at (Insert location). Documentation of refusal of the vaccination is part of an employee’s medical record and is maintained at (Insert location).

**Post-Exposure Evaluation and Follow-up**

When an exposure incident occurs, the employee must contact (Insert name of responsible person or department) at (Insert phone number).

After the employee receives initial first aid, (Insert name of licensed healthcare professional), will complete the required tasks, including:

- identifying the source individual, unless identification is infeasible, and obtaining all relevant information regarding the exposure and consent to test blood for HIV, HBV, HCV;
- documenting that the source individual’s test results were conveyed to the exposed employee’s healthcare provider, if applicable;
- providing the exposed employee with information regarding the laws and regulations concerning the disclosure of the source individual’s identity and infectious status, if applicable;
- providing the exposed employee with information regarding the source individual (if applicable and if consent has been obtained), including medical information about the individual;
• offering the exposed employee a confidential medical evaluation and hepatitis B vaccine, and obtaining consent or declination;
• offering the employee post-exposure protective treatment, if appropriate and medically indicated, and if consent is obtained;
• completing the exposure incident evaluation report, which contains information on: (1) the exposed employee, including his or her job title and duties; (2) the date, time, and place of the incident; (3) the type of infectious material involved; (4) the name of the source individual; (5) the circumstances surrounding the exposure incident, including relevant information on personal protective equipment and engineering controls and work practices that were in place; and (6) any recommended changes to the exposure control plan based on the incident; and
• providing the exposed employee with a copy of a written report within 15 days of completion of the medical evaluation, the contents of which report are to include only: (1) whether a hepatitis B vaccination was indicated, and if the employee received the vaccination; (2) confirmation that the employee has been informed of the results of his or her medical evaluation; and (3) confirmation that the employee has been advised regarding any medical conditions resulting from the exposure that require further evaluation or treatment.

(Insert name of responsible person or department) will ensure that the healthcare professional(s) responsible for the exposed employee’s hepatitis B vaccination, post-exposure medical evaluation, and preventive treatment are provided with:

• a copy of OSHA’s bloodborne pathogens standard;
• a description of the employee’s job duties relevant to the exposure incident;
• information on the circumstances of the exposure and the possible exposure route(s);
• results of the source individual’s blood test, if available; and
• relevant employee medical records, including vaccination status.

(Insert name of responsible person or department) will ensure that the following requirements have been completed:
The exposed employee’s blood is collected within 10 days of the incident and is tested for HIV, HBV, and HCV within 30 days of the incident, if the employee consents to testing.

The baseline blood sample is preserved for at least 90 days if the exposed employee does not give consent for testing.

Testing is performed as soon as feasible if the exposed employee subsequently elects to have his or her blood tested during the 90-day period.

The exposed employee is provided with a copy of the evaluating healthcare professional’s written opinion within 15 days after completion of the evaluation.

Post-exposure protective treatment, including counseling and evaluation of any post-exposure illnesses, is provided if the exposed employee consents to the service.

All specific medical findings and diagnoses are confidential and will not be included in the healthcare professional’s written report or in the employee’s personnel file.

After an exposure incident, the documentation of the case is evaluated to determine if it meets OSHA’s recordkeeping requirements. This determination is completed by (Insert name of responsible person or department).

If the exposure was the result of a contaminated sharps injury, (Insert name of responsible person or department) will record the event in the sharps injury log.

If as a result of the exposure incident, it is determined that revisions to this ECP are necessary (Insert name of responsible person or department) will ensure that appropriate changes are made. Changes may include such things as an evaluation of safer devices or adding employees to the exposure determination list.

**Use of Signs and Labels for Regulated Waste**

All potentially infectious materials are identified with biohazard warning labels or are placed in red, color-coded containers. The labels display the universal “biohazard” symbol and are fluorescent orange or orange–red with lettering or symbols in a contrasting color. Labels are affixed to containers by strong wire, adhesive, or other methods that prevent loss or unintentional removal. Labels affixed to contaminated equipment also indicate the portion(s) of the equipment that are contaminated.
(Insert name of responsible person or department) is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

The following labeling methods are used:


Employees are to notify (Insert name of responsible person or department) if they discover regulated waste containers, refrigerators containing blood or other potentially infectious materials, or contaminated equipment without proper labels.

**Employee Training**

All employees receive initial and annual training arranged or conducted by (Insert name of responsible person or department). The trainer’s qualifications include:


Training methods may include, but are not limited to, classroom instruction, personal instruction, videos, and handouts. Training materials are available at (Insert location).

The training, at a minimum, includes the following elements:

- an explanation of the BBP standard and access to a copy of the standard;
- information on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases;
- an explanation of the school’s exposure control plan and how to obtain a copy;
- an explanation of methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident;
• an explanation of the use and limitations of methods to prevent or reduce exposure, such as engineering and work practice controls, and personal protective equipment (PPE);
• an explanation of the types, uses, and location of PPE, as well as their selection, removal, handling, decontamination, and disposal;
• information on the hepatitis B vaccine, including its efficacy, safety, method of administration, and the benefits of being vaccinated;
• information on the district’s vaccination program, including its availability at no cost to the employee;
• information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
• an explanation of the procedure to follow if an exposure incident occurs;
• information on the post-exposure evaluation and follow-up after an exposure incident;
• an explanation of the signs and labels, including color coding, required by the bloodborne pathogens standard and actually implemented at the school or facility; and
• an opportunity for interactive questions and answers with the person conducting the training session.

**Recordkeeping**

**Medical records**

Medical records are maintained for each employee with occupational exposure. These medical records include:

• name;
• Social Security number;
• hepatitis B vaccination status and associated records;
• a copy of information provided to the evaluating healthcare professional in the event of an exposure incident;
• a copy of the results of any medical evaluation resulting from an exposure incident; and
• a copy of the healthcare professional’s written report generated as the result of an exposure incident.
(Insert name of responsible person or department) is responsible for maintenance of the required medical records. These confidential records are kept in (Insert location) for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to (Insert name of responsible person or department).

Training records

Training records are maintained upon completion of training sessions. The training records include:

- the dates of training sessions,
- the contents or a summary of the training sessions,
- the names and qualifications of persons conducting the training, and
- the names and job titles of all persons attending the training sessions.

These documents will be retained by (insert name of responsible person or department) for at least three years following training at (insert location).

Employee training records are provided upon request of the employee or the employee’s authorized representative within 15 working days. Such requests should be addressed to (Insert name of responsible person or department).

Sharps injury log

In addition to the above recordkeeping requirements, all percutaneous injuries from contaminated sharps are also recorded in a sharps injury log. All logged entries must include at least:

- the date of the injury,
- the type and brand of the device involved (such as syringes or suture needles),
- the department or work area where the incident occurred, and
- an explanation of how the incident occurred.

Applicable information will be recorded in the sharps injury log by (Insert name of responsible person or department). The log is reviewed as part of the annual ECP evaluation and is maintained for at least five years following the end of the calendar year covered. If a copy is requested, any personal identifiers will be removed.
APPENDIX E: FORMS

This appendix contains a number of sample forms designed to help ensure compliance with the OSHA bloodborne pathogens standard. The purpose of each form is described in the form title appearing at or near the top of each page.

These forms should not be considered a definitive interpretation of OSHA requirements. Schools should directly consult the BBP standard for specific compliance information.
## Bloodborne Pathogens Program Compliance Checklist

<table>
<thead>
<tr>
<th>School:</th>
<th>Responsible party:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Responsible party job title:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Task</th>
<th>Comments</th>
</tr>
</thead>
</table>

### Program Administration

- **A site administrator** has been identified. Name:

- The **Exposure Control Plan** is written, is reviewed annually, and has been updated as necessary. Date last updated:

- **Hepatitis B vaccine** is offered to at-risk employees, and their consent or declination is documented.

- Training **is provided** to all employees, and covers the necessary elements; training session documentation is retained for three years.

- **Post-exposure evaluation and follow-up** procedures are documented, as are actual evaluation and follow-up activities.

- **Sharps injuries are recorded** on the sharps injury log.

- **Required postings** are conspicuously displayed. Location:

### Exposure Prevention Methods

- **Universal precautions** are practiced.

- **Engineering controls**, such as accessible hand-washing sinks, are available and are used.

- **Sharps containers** are available and are used.

- **Safety syringes** are available and are used.

  - Proper **work procedures** are documented and are practiced by employees.

  - **Personal protective equipment** is appropriate and available, and is used by employees.

  - Proper **personal work habits** are practiced, such as no eating or drinking in exposure areas.

### Housekeeping

- **Proper cleaning and decontamination** procedures are documented and followed.

- **Regulated waste** is handled and disposed of properly.

### Biohazard Communication

- **Labels and signs** are used to denote all potentially infectious material and regulated waste.

- **Training sessions** include the required elements.
# EXPOSURE INCIDENT CHECKLIST

**EXPOSED SCHOOL DISTRICT**  
**ADDRESS**  
**PHONE NUMBER**

## EXPOSURE INCIDENT CHECKLIST

<table>
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<tr>
<th>Date Completed</th>
<th>Task</th>
<th>Comments</th>
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<tbody>
<tr>
<td></td>
<td><strong>Source individual information</strong></td>
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<td></td>
<td><strong>Seek consent</strong> from the source individual or legal guardian to test for HIV, HBV, and HCV.</td>
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<td><strong>Document</strong> source individual’s response to request for blood tests.</td>
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<td><strong>Arrange to test source individual’s blood</strong> as soon as possible (if consent is given).</td>
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<td><strong>Exposed individual information</strong></td>
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<tr>
<td></td>
<td><strong>Complete exposure incident evaluation report</strong>, including all relevant information on the source individual.</td>
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</tbody>
</table>
|                | **Provide the exposed employee with information on:**  
|                | - the laws and regulations concerning disclosure of the source individual’s identity and his or her infectious status;  
|                | - the source individual and the results of tests of his or her blood, if applicable; and  
|                | - the availability of counseling, medical evaluation, and treatment. |          |
|                | **Offer hepatitis B vaccine, medical evaluation** (including collection and testing of blood; obtain and document consent or declination), and **post-exposure preventive treatment**. |          |
|                | **Obtain and provide to the exposed employee a copy of the healthcare professional’s written medical evaluation** within 15 days of completion of the evaluation. |          |
|                | **Provide access to post-exposure preventive treatment** for the exposed employee, including:  
|                | - counseling regarding the exposure and resulting conditions, and  
|                | - evaluation of any illnesses experienced as a result of the exposure. |          |
|                | **Healthcare professional information** |          |
|                | **Provide the healthcare professional conducting the evaluation with:**  
|                | - a copy of the bloodborne pathogens regulation;  
|                | - a list of the exposed employee’s job duties as they relate to the exposure incident;  
|                | - information on the route(s) of exposure and circumstances of the incident;  
|                | - results of the source individual’s blood testing, if available; and  
|                | - any medical records that the employer is required to maintain relevant to the treatment of the exposed employee, including vaccination status. |          |
|                | **Ensure timelines for blood collection, testing, and preservation are adhered to,** including collecting blood within 10 calendar days of the incident, testing blood within 30 calendar days, and preserving blood for 90 days if the employee agrees to collection but not testing. |          |
Exposure Incident Evaluation Report

Name of exposed employee: ___________________ Social Security #: ___________________

Address: ___________________________ City: __________ State: ____ Zip: ______

Job title: ____________________________

Employee’s duties as they relate to the exposure incident: ____________________________

Date of exposure: _________________ Time of exposure: ___________ a.m./p.m.

Infectious material type: _______________ Source: _______________

Address or location of exposure: ____________________________

Provide the name of source individual, if known ____________________________

Describe the circumstances surrounding the incident, including the type and brand of any device being used.

List the personal protective equipment the employee was wearing ____________________________

List the engineering controls and work practices that were in place at the time of the incident (e.g., sharps disposal containers, hand-washing procedures) ____________________________

How could the accident have been avoided? ____________________________

What are the recommended changes to avoid future incidents? ____________________________
NAME OF SCHOOL DISTRICT
ADDRESS
PHONE NUMBER

Exposure Incident
Source Individual’s Consent to Test

Name of source individual: ____________________________ Social Security #: ____________________________

Address: ____________________________ City: ____________ State: _______ Zip: _______

Job title: _______________________________________________________________________

Phone number: ____________________________ Exposure date: ____________________________

I understand that a district employee has been accidentally exposed to my blood and/or other potentially infectious materials and that testing for the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) is requested. I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV testing when an employee is exposed to the blood or bodily fluids of any individual. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed employee, and to regulatory agencies and others as required by law.

I am not required to give my consent, but if I do, my blood will be tested at no cost to me.

☐ I consent to HIV testing  ☐ I refuse consent for HIV testing
☐ I consent to HBV testing  ☐ I refuse consent for HBV testing
☐ I consent to HCV testing  ☐ I refuse consent for HCV testing

_______________________________________________________________
Signature

_______________________________________________________________
Print name

_______________________________________________________________
Date

_______________________________________________________________
Relationship (if signed by someone other than the source individual)
NAME OF SCHOOL DISTRICT
ADDRESS
PHONE NUMBER

Exposure Incident
Exposed Employee’s Consent to Test
and Post-Exposure Evaluation and Treatment

Name of exposed employee: ____________________ Social Security #: ____________________

Address: ____________________________ City: __________ State: ______ Zip: ______

Job title: ____________________________

Phone number: ____________________________ Exposure date: ____________________________

I was exposed to blood and/or other potentially infectious material at my worksite on the date
listed above. I understand that employers are required by law to attempt to obtain consent for:
(1) human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV)
testing; (2) medical evaluation; and (3) preventive treatment when an employee is exposed to
the blood or bodily fluids of any individual. I understand that the results of the foregoing tests,
evaluation, and treatment will be kept confidential and will only be released to medical
personnel directly responsible for my care and treatment and to others as required by law.

I understand that I am not required to give my consent, but if I do, these services will be
provided to me at no cost.

☐ I consent to the hepatitis B vaccine, which I have not previously received.
☐ I consent to blood collection but am declining all other services at this time. I understand
  that my blood samples will be retained for 90 days in the event that I might later grant
  permission for blood testing, evaluation, and follow-up services.

☐ I consent to HIV testing  ☐ I refuse consent for HIV testing
☐ I consent to HBV testing  ☐ I refuse consent for HBV testing
☐ I consent to HCV testing  ☐ I refuse consent for HCV testing

☐ I consent to a medical evaluation  ☐ I consent to preventive treatment

☐ I have declined all of the above services

Employee’s signature: ____________________________ Date: __________

School administrator’s signature: ____________________________ Date: __________
EMPLOYEE MEDICAL RECORD CHECKLIST

Employee name: __________________________________________

School: ________________________________________________

Social Security #: ________________________________________

Job classification/title: _________________________________

☐ Copy of employee’s hepatitis B vaccination record or declination form
☐ Any additional medical records relative to the hepatitis B vaccine, including information on immunity, and if the vaccine is medically contraindicated
☐ Records on all exposure incidents

Incident #1
Date: __________Description of incident: ______________________

☐ Copy of exposure incident evaluation report
☐ Exposed employee consent to test and post-exposure evaluation form
☐ Copy of information provided to healthcare professional
☐ Results of source individual’s blood testing (if available and consent obtained)
☐ Copy of healthcare professional’s written report

Incident #2
Date: __________Description of incident: ______________________

☐ Copy of exposure incident evaluation report
☐ Exposed employee consent to test and post-exposure evaluation form
☐ Copy of information provided to healthcare professional
☐ Results of source individual’s blood testing (if available and consent obtained)
☐ Copy of healthcare professional’s written report
HEPATITIS B VACCINATION RECORD

Employee name: ____________________________________________

School: ____________________________________________________

Social Security #: __________________________________________

Job classification/title: ______________________________________

The following vaccines have been administered to the above-named employee:

<table>
<thead>
<tr>
<th>Hepatitis B Vaccination Dates</th>
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<tbody>
<tr>
<td>Date of inoculation 1:</td>
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<tr>
<td>Date of inoculation 2:</td>
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<td>Date of inoculation 3:</td>
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</tbody>
</table>

The employee did not receive the hepatitis B vaccine because:

☐ The employee was previously vaccinated on ____________________.
☐ Antibody testing has revealed that the employee is immune.
☐ The vaccine is contraindicated for medical reasons.

Relevant medical records are attached.

HEPATITIS B VACCINATION 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, at no cost; however, I decline the hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at that time at no cost.

Employee signature: ________________________________________

Date: ____________________
Bloodborne Pathogens Training Session

Date:  

Instructor:  

Title:  

Qualifications:  

*Summary of training session is attached*

List of Attendees

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee ID</th>
<th>Job Title</th>
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<td>a copy of the regulatory text of the bloodborne pathogens standard;</td>
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<td>an explanation of the modes of transmission of bloodborne pathogens;</td>
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<td>an explanation of the school’s exposure control plan and how to obtain a copy;</td>
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<td>an explanation of the methods used for identifying the tasks and activities that may involve exposure to blood and other potentially infectious materials;</td>
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<td>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;</td>
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<td>information on the selection, types, proper use, and location of personal protective equipment;</td>
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<td>information on the handling, removal, decontamination, and disposal of personal protective equipment;</td>
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<td>information on the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits, and availability at no charge;</td>
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<td>information on the procedures to be followed, including the person(s) to contact, in the event of an emergency involving blood or other potentially infectious materials;</td>
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<td>an explanation of the procedures to be followed in the event of an exposure incident, including the proper means for reporting the incident, and the availability of blood testing;</td>
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<td>information on post-exposure evaluation and follow-up for the exposed employee;</td>
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<td>an explanation of hazard signs and labels, including color coding; and</td>
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<td>an opportunity for interactive questions and answers with the person conducting the training session.</td>
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APPENDIX F: HANDOUTS

The attached handouts may be used for employee training sessions or general employee education regarding bloodborne pathogens.
HEPATITIS B VACCINE
WHAT YOU NEED TO KNOW

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

**Acute (short-term) illness.** This can lead to:
- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

**Chronic (long-term) infection.** Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:
- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don’t appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:
- contact with a mother’s blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% — and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a series of 3 or 4 shots. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

**Children and Adolescents**

- All children should get their first dose of hepatitis B vaccine at birth and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

**Adults**

- All unvaccinated adults at risk for HBV infection should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.

Anyone else who wants to be protected from HBV infection may be vaccinated.

**4 Who should NOT get hepatitis B vaccine?**

- Anyone with a life-threatening allergy to baker's yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

**5 Hepatitis B vaccine risks**

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

**6 What if there is a moderate or severe reaction?**

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

**What should I do?**

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

**7 The National Vaccine Injury Compensation Program**

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

**8 How can I learn more?**

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC websites at:
    - www.cdc.gov/nait/diseases/hepatitis
    - www.cdc.gov/vaccines
    - www.cdc.gov/travel

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
Vaccine Information Statement (Interim)
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26
LA VACUNA CONTRA LA HEPATITIS B
LO QUE USTED NECESITA SABER

1 ¿Qué es la hepatitis B?
La hepatitis B es una enfermedad seria que afecta el hígado. Es causada por el virus de la hepatitis B (HBV). El HBV puede causar:

- Una enfermedad aguda (a corto plazo) que puede causar:
  - pérdida del apetito
  - diarrea y vómitos
  - cansancio
  - ictericia (piel y ojos amarillos)
  - dolores en los músculos, en las articulaciones y el estómago

La enfermedad aguda es más común entre los adultos. Los niños infectados por lo general no tienen una enfermedad aguda.

- Una infección crónica (a largo plazo). Algunas personas contraen una infección crónica por el HBV. Esto puede ser muy serio y a menudo causa:
  - daño al hígado (cirrosis)
  - cáncer del hígado
  - la muerte

La infección crónica es más común entre los bebés y los niños que entre los adultos. Las personas infectadas pueden transmitir el HBV a otras personas, incluso si no parecen estar enfermas.

- En 2005, unas 51,000 personas se infectaron con la hepatitis B.
- Unos 1.25 millones de personas en Estados Unidos tienen una infección crónica por el HBV.
- Todos los años entre 3,000 y 5,000 personas mueren de cirrosis o de cáncer del hígado causados por el HBV.

El virus de la hepatitis B se transmite por el contacto con la sangre u otros fluidos del cuerpo de una persona infectada. Una persona se puede infectar mediante:

- el contacto con la sangre y los fluidos del cuerpo de una mujer durante el parto;
- el contacto con la sangre y los fluidos del cuerpo por heridas en la piel, como las picaduras, cortadas o llagas;
- el contacto con objetos que pueden contener sangre o fluidos del cuerpo, como los cepillos de dientes o las navajas de afeitar;
- tener relaciones sexuales sin protección con una persona infectada;
- compartir agujas al inyectarse drogas;
- punzarse en el trabajo con una aguja usada.

2 La vacuna contra la hepatitis B: ¿Por qué vacunarse?
La vacuna contra la hepatitis B puede prevenir la hepatitis B y las serias consecuencias de la infección por el HBV, incluyendo el cáncer del hígado y la cirrosis.

En Estados Unidos se empezó a vacunar rutinariamente a los niños contra la hepatitis B en 1991. Desde entonces, la incidencia que se informó de la hepatitis B aguda entre los niños y los adolescentes ha bajado por más de un 95%, y por un 75% entre todas las edades.

La vacuna contra la hepatitis B es hecha con una parte del virus de la hepatitis B. No puede causar la infección por el HBV.

La vacuna contra la hepatitis B por lo general se aplica como una serie de 3 a 4 inyecciones. Esta serie de vacunas da protección contra la infección por el HBV a largo plazo, y posiblemente para toda la vida.

3 ¿Quiénes deben recibir la vacuna contra la hepatitis B y cuándo?

Niños y adolescentes

- Se debe aplicar la primera dosis de la vacuna contra la hepatitis B a todos los niños al nacer y deben haber completado la serie de dosis de la vacuna entre los 6 y 18 meses de edad.
- Los niños y los adolescentes de hasta 18 años que no fueron vacunados anteriormente también se deben vacunar.

Adultos

- Todos los adultos no vacunados en riesgo de infectarse por el HBV se deben vacunar. Esto incluye:
  - parejas sexuales de personas infectadas con el HBV,
  - hombres que tienen relaciones sexuales con hombres,
  - personas que se inyectan drogas de la calle,
  - personas con más de una pareja sexual,
  - personas con enfermedades crónicas del hígado o de los riñones,
  - personas con trabajos que les exponen a la sangre humana,
  - contactos en el hogar con personas infectadas por el HBV,
  - residentes y personal de instalaciones para personas con discapacidades del desarrollo,
  - pacientes de diálisis del riñón,

Hepatitis B VHS - Spanish (7/18/07)
- Personas que viajan a países donde la hepatitis B es común,
- Personas infectadas con el VIH.

- Todas las demás personas que deseen estar protegidas contra la infección por el HBV se pueden vacunar.

**4 ¿Quiénes NO deben recibir la vacuna contra la hepatitis B?**

- Las personas que tengan una reacción alérgica a la levadura de panadería o a cualquier otro componente de la vacuna, que pone en riesgo su vida, no se deben vacunar contra la hepatitis B. Diga a su médico si tiene alergias graves.
- Las personas que tuvieron una reacción alérgica a una dosis anterior de la vacuna contra la hepatitis B, que puso en riesgo su vida, no deben recibir otra dosis de la vacuna.
- Las personas que tengan una enfermedad moderada o grave el día de la vacuna por lo general deben esperar hasta recuperarse antes de vacunarse.

Su médico le puede dar más información sobre estas precauciones.

Las mujeres embarazadas que necesitan protección contra la infección por el HBV se pueden vacunar.

**5 Los riesgos de la vacuna contra la hepatitis B**

La vacuna contra la hepatitis B es muy segura. La mayoría de las personas no tienen ningún problema con ella.

Se han informado los siguientes problemas leves:
- Dolor en el lugar donde se aplicó la vacuna (hasta 1 persona de cada 4).
- Temperatura de 99.9°F o más (hasta 1 persona de cada 15).

Los problemas graves ocurren muy rara vez.

Se cree que las reacciones alérgicas graves ocurren aproximadamente en 1 de cada 1.1 millones de dosis.

Una vacuna, como cualquier medicamento, **podría** causar una reacción seria. Pero el riesgo de que una vacuna cause un daño serio, o la muerte, es sumamente pequeño. Más de 100 millones de personas en Estados Unidos han recibido la vacuna contra la hepatitis B.

**6 ¿Qué pasa si hay una reacción moderada o grave?**

**¿A qué debo prestar atención?**

- Cualquier cosa fuera de lo común, como fiebre alta o cambios en el comportamiento. Los signos de una reacción alérgica grave pueden incluir dificultad para respirar, ronquera o sibilancias, ronchas, palidez, debilidad, latidos rápidos del corazón o mareos.

**¿Qué debo hacer?**

- **Llame** a un médico o lleve a la persona inmediatamente a un médico.
- **Diga** al médico lo que ocurrió, la fecha y la hora en que ocurrió y cuándo recibió la vacuna.
- **Pida** a su médico, enfermera o departamento de salud que informe la reacción presentando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS).


**VAERS no proporciona consejos médicos.**

**7 El Programa Nacional de Compensación por Lesiones Causadas por las Vacunas**

En el caso de que usted o su hijo tuviera una reacción seria a una vacuna, puede pedir ayuda al programa federal que ayuda a pagar la atención de las personas a quienes les haya hecho daño la vacuna.

Para obtener detalles sobre el Programa Nacional de Compensación por Lesiones Causadas por las Vacunas, llame al 1-800-338-2382 o visite su sitio Web, en www.hrsa.gov/vaccinecompensation.

**8 ¿Cómo puedo obtener más información?**

- Consulte con su médico o enfermera. Le pueden dar el folleto de información que viene con la vacuna o sugerirle otras fuentes de información.
- **Llame** al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (CDC):
  - **Llame al:** 1-800-232-4636 (1-800-CDC-INFO)
  - **Visite** los sitios Web de los CDC en:
    - www.cdc.gov/nceid/diseases/hepatitis
    - www.cdc.gov/vaccines
    - www.cdc.gov/travel
Preventing Exposure to Bloodborne Pathogens

**DO**

- Treat all blood and bodily fluids as though they are infected.
- Take the time to put on gloves and other needed personnel protective equipment.
- Wash hands immediately after exposure.
- Follow the cleaning, decontamination, and waste removal procedures in the site’s exposure control plan.
- Discard used sharps in labeled, puncture-resistant, leak-proof containers.
- Discard other contaminated waste in red or appropriately labeled bags.

**DON’T**

- Assume gloves are a substitute for hand-washing.
- Keep food or drink in work areas with exposure potential.
- Eat, drink, smoke, apply cosmetics, or handle contact lenses in work areas with exposure potential.
- Use direct mouth-to-mouth resuscitation.
- Break, bend, or re-cap used needles.
What should you do if you come in direct contact with blood or other potentially infectious materials in your job?

If you get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, or if you are stuck by a contaminated needle or other sharp, such as glass:

- Immediately **flood the exposed area with water** and clean any wound with soap and water or a skin disinfectant if available.

- **Secure the area**, if necessary, to ensure that others are not exposed

- **Report immediately** to:
  
  INSERT CONTACT NAME

  INSERT CONTACT LOCATION

  INSERT CONTACT PHONE NUMBER

- Seek immediate medical attention.