

EXPOSURE CONTROL PLAN

Bloodborne Pathogens Standard

Title 29 CFR Part 1910.1030

Revision 18
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SUPERSEDES ALL PREVIOUS ISSUES



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PATERSON PUBLIC SCHOOLS FACILITIES MANAGEMENT

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BLOODBORNE PATHOGENS IN SCHOOLS INTRODUCTION

As sure as children fall while learning to walk, students experience cuts, bruises and other injuries. In times past, little thought was given to treatment of such injuries. However, in today's environment it's critical that school professionals plan a safe response to children in need.

Whether in the classroom, on a playing field or on a school bus, all school employees must know the potential danger of bloodborne pathogens.

Guidelines have been developed by the Centers of Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) that can protect you from bloodborne pathogens. These guidelines outline a method for you and our school system to follow to substantially reduce the risk of contracting a bloodborne disease while on the job. OSHA has developed a standard to protect anyone who can reasonably anticipate contact with blood or potentially infectious body fluids while at work.

OSHA recommends that school systems identify the personnel whose job duties expose them to blood and potentially infectious body fluids. Not every school employee is occupationally exposed to bloodborne pathogens. However, it's important that every school employee understands the dangers of infection and safe practices to minimize risk.

BLOODBORNE DISEASES

Bloodborne pathogens are microorganisms carried by human blood and other body fluids. The two most common are the hepatitis B virus (HBV), hepatitis C (HBC) and the human immunodeficiency virus (HIV).

Many people think of AIDS when discussing bloodborne pathogens, but HBV is much more common. According to the Centers for Disease Control, each year in the U.S. approximately 500,000 people become infected with HBV, as compared to about 40,000 individuals that may contract HIV.

Unfortunately, children are as prone to bloodborne diseases as adults are. That means you are as much in danger of infection from the children you work with as any other group in society.

2. INTRODUCTION:

Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis B warrant serious concern for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated nationally that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the *New Jersey Public Employees Occupational Safety and Health Act* has adopted the Occupational Safety and Health Administration (OSHA) regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect New Jersey public workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and other bloodborne diseases. The Occupational Safety and Health Administration (OSHA) estimate the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious materials must be treated as being infectious for HIV and HBV. Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates several requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

3. BOARD OF EDUCATION POLICY:

The Paterson Public Schools (PPS) is committed to provide a safe and healthful work environment for our entire staff at every school. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The ECP is a key document to assist our Education Faculty in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure

- Implementation of various methods of exposure control, including:

ensure that effective disinfectants are purchased.

The Supervisor of Nursing will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained. The Director of Professional Development will be responsible for training, documentation of training, and making the written ECP available to employees, PEOSHA, OSHA and NIOSH representatives.

Exposure Plan Committee will maintain and provide all necessary personal protective equipment (PPE), engineering, engineering controls (i.e., sharp containers, etc.), and labels as required by the standard and will ensure that adequate supplies of the equipment are available. They will also ensure that adequate supplies of the equipment are available in the appropriate sizes.

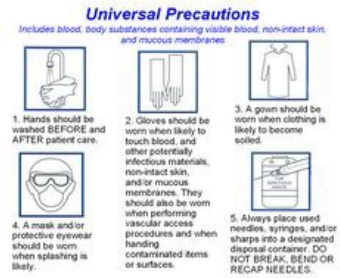
5. DEFINITIONS

Before beginning a discussion of the standard there are several definitions that should be explained which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

- A. **Blood** - human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens** - pathogenic micro-organisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency Virus (HIV).
- C. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. **Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- E. **Occupational Exposure** - 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.
- F. **Other Potentially Infectious Materials (OPIM)**
 - 1. The following human body fluids:
 - a. Semen
 - b. Vaginal secretions
 - c. Cerebrospinal fluid
 - d. Synovial fluid

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- e. Pleural fluid
- f. Pericardial fluid
- g. Peritoneal fluid
- h. Amniotic fluid
- i. Saliva in dental procedures
- j. Any bodily fluid visibly contaminated with blood
- k. All bodily 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);
- 3. HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and
- 4. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.

G. G. Regulated Waste -

- 1. Liquid or semi-liquid blood or OPIM;
- 2. Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed;
- 3. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; Contaminated sharps; and
- 4. Pathological and microbiological wastes containing blood or OPIM.

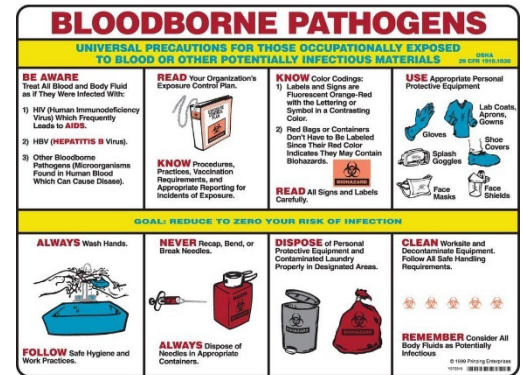
H. Sharps – items such as hypodermic syringes, needles, broken glass, etc., which can cause percutaneous wounds or breaks in the skin.**I. Universal Precautions** - an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

6. EMPLOYEE EXPOSURE DETERMINATION

- A. As part of the exposure determination section of our ECP, the following is a list of all job classifications in our district in which **all** employees have occupational exposure:

1. Dental Clinic Personnel
2. Medical Department Supervisor
3. Medical Clerks
4. School Nurses
5. Life Guards
6. Coaches/ Athletic Trainers
7. Doctors

- B. The following is a list of job classifications in which **some** employees in our district have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals.



JOB TITLE	TAKS/PROCEDURES
1. Gym Teachers	Accidents, first-aid
2. Maintenance employees	Clean-up after accidents
3. Custodial employees	Clean-up after accidents, bathroom
4. Cleaning Persons	Clean-up after accidents, bathroom
5. Bus Drivers & Aides	Clean-up after accidents
6. Guards	Assisting during accidents, injuries from fights.
7. Industrial Art Teachers	Assisting during accidents
8. EpiPen Delegates	Assist students during an allergic reaction
9. Food Service Kitchen/Cafeteria	Accidents involving kitchen duties
10. Instructional/Personal Aides	Assisting during accidents

All exposure determinations for A and B were made without regard to the use of Personal Protective Equipment (PPE).

“Good Samaritan” acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e., assisting a co-worker with nosebleed, giving CPR or first aid) are not included in the Bloodborne Standard. OSHA, however, encourages employers to offer Post-Exposure Evaluation and Follow-up in such cases.

7. EFFECTIVE DATES:

The Bloodborne Pathogens Standard was published in the New Jersey Register on July 6, 1993. The Standard including Universal Precautions becomes operative on October 4, 1993. The exposure control plan will be reviewed and updated annually.

The methods of implementation of these elements of the Standard are discussed in the subsequent pages of this Exposure Control Plan.

8. METHODS OF IMPLEMENTATION AND CONTROL

8.1 UNIVERSAL PRECAUTIONS

All PPS employees will utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV, HCV and other bloodborne pathogens (see Appendix A) and must be treated accordingly.

8.2 EXPOSURE CONTROL PLAN (ECP)

Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan, which is available in English at any time during their work shifts by contacting their School Principal or reviewing the plan located in the regulatory center in the main office of each facility. Employees seeking copies of the Plan may contact their supervisor.

The Supervisor of Nursing with the help from the Exposure Control Plan Committee will also be responsible for reviewing and updating the ECP annually or sooner, if necessary, to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

8.3 ENGINEERING CONTROLS AND WORK PRACTICES

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering and work practice controls we will use and where they will be used are listed below:

9. ENGINEERING CONTROLS:

New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts. Our engineering controls (i.e., sharps containers, etc.) will be inspected and maintained or replaced by the Supervisor of Nursing once a year, or more frequently if necessary.

Sharps containers will be inspected by School Nurses on a monthly basis and during and immediately after any clinics that generate sharps, to insure that they are not overloaded.

Examples of engineering controls include, but are not limited to:

- Puncture-resistant disposal containers for contaminated sharps.

The PPS identifies the need for changes in engineering controls and work practices by keeping aware of current OSHA requirements and thoroughly investigating any incidents that may occur

The School Nurses are the only job category that handles sharps. Tuberculin syringes (1cc, 26G) are routinely used for Mantoux testing (TB). In most cases, students are encouraged to self-administer insulin at the Nurses Office.

The ECP Committee, with input from the School Nurses, plans on selecting, purchasing and using safer syringes for the above uses. Small quantities of newer safety syringes will be purchased to determine if their use is feasible. Once the use of these safer syringes is determined to be feasible, the Nurses will restock with only these syringes. If they are not feasible, then alternative brands or types will be evaluated.

Documentation of efforts to obtain and use safer medical devices will be included in future updates to this Plan, where available.

10. WORK PRACTICE CONTROLS:

Examples of work practice controls include, but are not limited to:

- Providing readily accessible hand washing facilities

- Washing hands immediately or as soon as feasible after removal of gloves
- At non-fixed sites (i.e., emergency scenes) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels.
Employees can later wash their hands with soap and water as soon as feasible
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
- Prohibiting the recapping or bending of needles
- Shearing or breaking contaminated needles is prohibited
- Labeling
- Equipment decontamination
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work area where there is a likelihood of occupational exposure
- Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present
- Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances



10.1. STANDARD OPERATING PROCEDURES FOR HANDLING SYRINGES, NEEDLES, AND OTHER SHARPS

This procedure outlines methods for safe handling and disposal of all discarded syringes, needles, or other sharps used or handled by Paterson Public Schools staff, including nurses. It must be noted that there is limited handling of sharps, and any materials which may be contaminated with Blood or other bloodborne pathogens. If sharps are found on PPS

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property by the custodian staff, they will secure the syringe or other sharp and bring it to the nurse. All other staff members shall secure the area and notify the school nurse. The purpose of this SOP is to describe methods to prevent injury and possible Bloodborne pathogen infections from sharps.

It is the responsibility of all affected employees to contribute to and comply with these procedures. Likewise, it is the responsibility of the Nursing Department to order and maintain a sufficient number of properly labeled sharps containers in the nurse's office in each Paterson school.

1. All needles, syringes, broken glass, disposable instruments, etc., which have come in contact with blood or other bodily fluids will be disposed of at the point of use in rigid, leak proof prepaid, self-mailer sharps containers, labeled as biohazardous waste with the biohazardous symbol. Should the sharps be discovered outside of the school nurse's office, they should notify the Board of Health and the Paterson Police for disposal.
2. Always wear gloves and other appropriate personal protective equipment when performing procedures using needles and syringes.
3. Upon completion of a procedure involving use of a syringe and needle, discard entire needle and syringe system into a sharps container.
4. Needles should never be recapped, bent, broken, removed, or otherwise manipulated by hand.
5. Sharp's containers will be checked by the school nurse and changed on an as needed basis or whenever the container is about three-quarters full. Be sure to wear gloves, seal the container, and in accordance with the return mailer package instructions.
6. If a needle stick should occur, wash area thoroughly with antiseptic soap and water, report incident to the school nurse, medical department or your supervisor immediately, seek prompt medical attention and fill out an accident report as soon as possible.
7. Hypodermic syringes and needles must be stored in a secure place and only used by authorized personnel (nurses).
8. DO NOT place a needle cap in your mouth to remove the needle.
9. Never recap needles.

10. DO NOT leave sharps unattended.
11. Immediately dispose of a used hypodermic syringe and needle, as a unit, directly into a sharps container, without any further manipulation.
12. Never bend, break, shear, recap or remove needles from syringes or otherwise manipulate by hand prior to disposal.
13. Likewise, dispose of any broken glassware contaminated with bio hazardous materials directly into a black garbage bag which will be decontaminated with an approved EPA disinfectant. This black bag will be placed in another black garbage bag which will be labeled as broken glass and discarded.
14. Never force a sharps item into a container, or retrieve an item once it has been discarded
15. Never dispose of sharps in the regular trash.
16. Never handle any broken, contaminated bottles, vials, syringes or glassware directly by hand, even if wearing gloves. Use tongs, forceps or other devices, two pieces of cardboard or a brush or broom and a dustpan.

11. PERSONAL PROTECTIVE EQUIPMENT (PPE)

11.1. USE OF PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if the controls are not feasible. Training will be coordinated by the administrator of the work area in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

PPE that are in use include:

- Gloves (powdered latex) – available in Small, Medium, Large and X-Large sizes.
Non-latex (vinyl) available in large only.
- Lab Coats
- Masks

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task:

TASKS	EQUIPMENT
First Aid where blood or OPIM are present in small amounts	Use gloves
Blood or OPIM in large amounts or spurting or splashing	Use gloves, gowns, eye protection and masks
Procedures involving needles	Use gloves
Procedures involving profuse bleeding, cleaning lacerations, or projectile vomiting	Use gloves, face shields and gowns
Providing emergency CPR	Use mouth shields/ AED, Automated External Defibrillator
Cleaning contaminated areas	Use gloves

11.2. GENERAL RULES AND PRECAUTIONS FOR USE OF PPE

As a rule, all employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
- Sharps containers are in the Nurses Office at each school. These containers are to be used for sharps only.
- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves, if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with antiseptic soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc) with water.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of washing off all blood or other potentially infectious material with a brush using soap and warm water, followed by disinfecting for no less than 20 minutes with an approved disinfectant.
- Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate *disposable* gloves for reuse or before disposal.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, splatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as possible.
- Repair and/or replacement of PPE will be at no cost to employees.

12. TRAINING:

All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training coordinated by the Nursing Director and Exposure Control Plan Committee, or his/her qualified designee, which may include a consultant.

The Exposure Control Plan Committee and Nursing Department Director or his/her designee, will provide training on the epidemiology of bloodborne pathogen diseases. OSHA pamphlet “Occupational Exposure to Bloodborne Pathogens” and Fact Sheets may be used as additional training materials to inform employees of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program will cover, at a minimum, the following elements:

- A copy and explanation of the standard

- Epidemiology and symptoms of bloodborne pathogens
- Modes of transmission
- The PPS Exposure Control Plan and how to obtain a copy
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of Engineering Controls, Work Practices, and PPE
- PPE - types, use, location, removal, handling, decontamination, and disposal
- PPE - the basis for selection
- Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration
- Emergency procedures - for blood and other potentially infectious materials
- Exposure incident procedures
- Post-exposure evaluation and follow-up
- Signs and labels - and/or color coding
- Questions and answer session

Employee Education and Training documentation will be completed for each employee upon completion of training. This document will be kept with the employee's records at the Human Resource Department for a minimum period of 3 years.

13. HEPATITIS B VACCINATION:

13.1. TRAINING AND AVAILABILITY OF HEPATITIS B VACCINATION

The Nursing Department and the Exposure Control Plan Committee will provide training and information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability.

The Hepatitis B vaccination series will be made available at no cost after training and within ten (10) days of initial assignment to any employee who has occupational exposure to blood or other potentially infectious materials and are

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identified in the exposure determination section of this plan. The vaccination, if accepted, will be at no cost to the employee. The vaccination will be provided by IMMEDICENTER or current medical facility. The employee may refuse vaccination, if:

- The employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical reasons prevent taking the vaccination; or
- The employee chooses not to participate

All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination (see Appendix C) will be kept in the Human Relations Department.

Appendix B is an optional form that may be used to record the employee vaccination series information.

13.2. OTHER HEPATITIS B VACCINATION REQUIREMENTS

- Participation in pre-screening is not a prerequisite for receiving the Hepatitis B vaccination
- Hepatitis B vaccination provided even if employee declines but later accepts treatment
- Employee must sign statement when declining HB vaccination
- Vaccination administered in accordance with United States Public Health Service recommended protocol
- HB vaccination booster doses must be available to employees if recommended by the United States Public Health Service, a federal health agency.
- This ECP incorporates The Center for Disease Control and Prevention's (CDC's) recommendation on testing new Health Care Workers (*) for antibodies to hepatitis B surface antigen one (1) to two (2) months after

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completion of the three (3) dose hepatitis B vaccination series.

- (*) Health Care Workers at the PPS shall include the School Nurses.

14. EXPOSURE INCIDENTS AND POST EXPOSURE EVALUATION:

14.1 REPORTING, DOCUMENTING AND EVALUATING THE EXPOSURE

Should an exposure incident occur, contact the School Nurse immediately. Each exposure must be documented by the employee on an “Exposure Incident Report Form” (see Appendix D). The School Nurse will add any additional information as needed.

An immediately available confidential medical evaluation and follow-up will be conducted by a medical provider identified by managed care, the IMMEDICENTER or current medical facility, paid by the Paterson Board of Education. The following elements will be performed:

- Document the routes of exposure and how exposure occurred.
- Identify and document the source individual (see Appendix E), unless the employer can establish that identification is infeasible or prohibited by State or local law (See Note #1).
- Obtain consent (See Note #2) and test source individual’s blood as soon as possible to determine HIV, HBV and HCV infectivity and document the source’s blood test results.
- If the source individual is known to be infected with HIV, HBV, or HCV, testing need not be repeated to determine the known infectivity.
- Provide the exposed employee with the source individual’s test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed employee’s blood as soon as feasible after the exposure incident and test blood for HBV, HCV and HIV serological status.
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. (See Note #3).

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Appendix D “Exposure Incident Report” and Appendix E1 “Request for Source Individual Evaluation” and Appendix E2 “Employee Exposure Follow-Up Record” (see Note #4) will be provided by the nurse to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these appendices will be maintained with employee’s medical records.

The Principal and the ECP Committee will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

NOTE TO EMPLOYER:

Note #1 New Jersey law (N.J.S.A. 26-5C *et seq.*) and regulation (N.J.A.C. 8:57-2) requires information about AIDS and HIV to be kept confidential. While the law requires reporting of positive HIV results to the State Health Department, the law strictly limits disclosure of HIV-related information. When disclosure of HIV-related information is authorized by a signed release, the person who has been given the information MUST keep it confidential. Re-disclosure may occur ONLY with another authorized signed release.

Note #2 If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.

Note #3 Appendixes D, E, and F are optional forms which have been provided to assist employers with gathering information that is required by the standard. If an employer chooses not to use these forms, this information must still be provided and recorded in accordance with the Standard. Also note that HIV Confidential Case Report form and/or the AIDS Adult Confidential Case Report form, as well as, the HIV Testing Policy information applicable to New Jersey public sector employers can be obtained by contacting:

*The New Jersey State Department of Health and Senior Services
Data Analysis Unit
PO Box 363
Trenton, New Jersey 08625-0363
(609) 984-6204*

Note #4 Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment.

14.2 Emergent medical care procedure:

- For Emergent care after hours, A or B FIRST:
- Immedicenter 500 Union Blvd. Totowa
 - Monday to Friday 8 am to 8 PM
 - Saturday 9 am to 3 PM
- Immedicenter 1355 Broad Clifton
 - Monday to Friday 8 am to 8 PM
 - Saturday 9 am to 5 PM
 - Sunday 8 am to 5 PM
- Weekends after 5 PM- if emergent care is needed- go to a hospital emergency room. (ONLY IF IMMEDICENTER IS CLOSED)
- Report incident to the nurse the next day
- File all necessary paperwork with the nurse

15. HEALTH CARE PROFESSIONALS:

The Risk Manager and/or his/her designee will ensure that health care professionals responsible for employee's HBV vaccination and post-exposure evaluation and follow-up be given a copy of the OSHA Bloodborne Standard and the current PPS Exposure Control Plan. The ECP and Committee will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test; and
- Relevant employee medical records, including vaccination status.

15.1. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

The Director of Nursing or his/her designee will provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days after completion of the evaluation.

For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnoses must remain confidential and not be included in the written report to our Risk Management Department.

16. HOUSEKEEPING:

The Chief Custodian in cooperation with the custodial services vendor has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

An EPA approved disinfectant will be used throughout school facilities in diluted strengths to clean, sanitize and disinfect surfaces.

Nurses wearing appropriate PPE may prepare and use a hydrogen peroxide product to disinfect equipment and surfaces in the school nurse's offices.

Cleaning Schedule

Area	Scheduled Cleaning (Day/Time)	Cleaners and Disinfectants Used	Specific Instructions
Bathrooms	Daily or as needed	EPA Approved Disinfectant Cleaner; hydrogen peroxide based	As recommended by Manufacturer “ “ “
Nurse's Offices	Daily or as needed	EPA Approved Disinfectant Cleaner. hydrogen peroxide based, in the Hazard Communication Program, Appendix M.	As recommended by Manufacturer “ “
Hallways and Stairs	Daily or as needed	EPA Approved Disinfectant Cleaner. hydrogen peroxide based	As recommended by Manufacturer “
(Other Areas to be Specified – See Note)	Daily or as needed	EPA Approved Disinfectant Cleaner. hydrogen peroxide based	As recommended by Manufacturer


Note: Other Areas should be added to the Cleaning Schedule by the Custodial Services Supervisor, who must develop specific, written Standard Operating Procedures (SOP's) which should include the location of the SOP's and cleanup and decontamination supplies.

The following procedures will serve as interim SOPs.


Reviewed: Neil Mapp

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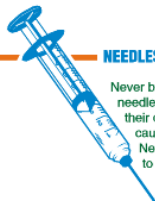


UNIVERSAL PRECAUTIONS




Protect Yourself Against the Risk of Infection with HBV, HIV, and Other Bloodborne Pathogens.

NEEDLES & SHARP INSTRUMENTS




Never break, bend or re-cap a used needle or other instrument. Dispose of needles and sharp instruments in puncture-resistant containers designed for their disposal. Handle all sharp instruments and broken glass with extreme caution. Immediately report any cut or needlestick to your supervisor. Needlesticks and sharp instruments pose the greatest risk of exposure to HBV and HIV.

LAUNDRY



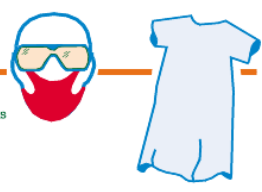
Standard laundry detergents and wash cycles are sufficient for contaminated linens. All soiled linens should be handled with gloved hands.

WASH HANDS




As a basic infection control, be sure to wash your hands regularly. Wash hands thoroughly using soap and a steady stream of water for at least 10 seconds.

WEAR PROTECTIVE CLOTHING




When there is a potential for blood or body fluid splatter or spray, protective gowns and or masks should be worn.

CASUAL CONTACT



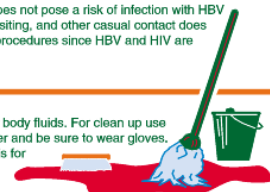
Casual contact does not pose a risk of infection with HBV or HIV. Handshaking, touching, talking, visiting, and other casual contact does not require any special infection control procedures since HBV and HIV are not spread through casual contact.

WEAR GLOVES




Always wear Latex gloves whenever you may be exposed to blood, body fluids, secretions, excretions, tissues, or mucous membranes. Wash hands before putting on gloves and after gloves have been removed. Use gloves when cleaning soiled instruments and surfaces, when handling soiled linens and when cleaning up spills of blood or body fluids. Housekeeping personnel may use standard rubber gloves.

CLEAN UP SPILLS




Immediately clean up all spills of blood or body fluids. For clean up use a 1:10 ratio of household bleach and water and be sure to wear gloves. Check to see what the proper procedure is for cleaning, some instruments require special disinfectants.

HOUSEKEEPING



Standard housekeeping procedures are adequate for routine daily cleaning including mopping, wiping, and washing (even dishes and utensils).

WEAR GOGGLES



Protective eyewear, such as goggles should be worn when there is a potential for exposure to spraying or splattering of blood or body fluids.

16.1. INTERIM STANDARD OPERATING PROCEDURES FOR CLEANING AND DECONTAMINATING WORK SURFACES FOR CUSTODIAL STAFF

1. Decontaminate work surfaces with an appropriate disinfectant (see Table, above) after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.

Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have likelihood for becoming contaminated.

When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.

2. Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glass or other sharp items. Never use hands to pick up sharps, even if gloves are worn.
3. All sharps must be kept in a locked cabinet.
4. Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage. Sharps are to be placed in a sharps container.
5. When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
6. Ensure that the sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
7. Never manually open, empty, or clean reusable contaminated sharps disposal containers.
8. Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or OPIM; items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or OPIM and capable of releasing these materials during handling; contaminated sharps; and all other wastes containing blood or OPIM.

17. LAUNDRY

17.1 Student Washers and Dryers:

A list of laundry detergents are listed in the Right-To-Know and PEOSH 2022 Survey

18. LABELING:

The following labeling method(s) will be used at our school system:

- All sharps containers used in each School Nurses Office will have an orange-red “Bio-Hazard” label affixed to it. See label symbol in Appendix G, 1910.1030(g)(1)(i)(B), on page 62.
- The Director of Nursing or his/her designee will ensure warning biohazard labels are affixed and two double black bags used since red bags are not available. Employees are to notify the Nursing Department if they discover unlabeled regulated waste containers.

19. RECORDKEEPING:

19.1 MEDICAL RECORDS:

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020.

The Nursing Department is responsible for maintenance of the required medical records and they are kept at the districts Central Offices. The Office of Risk Management shall be notified in the event an exposure occurs.

(Refer to the Appendix Section for copies of applicable medical record forms.)

In addition to the requirements of 29 CFR 1910.1020, the medical record will include:

- The name and social security number of employee;
- A copy of the employee’s Hepatitis B vaccinations and any medical records relative to the employee’s ability to receive vaccination;

PATERSON PUBLIC SCHOOLS

- A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard;
- A copy of all healthcare professionals' written opinions as required by the standard.

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law. HIPPA regulations are to be followed always.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days pursuant to HIPPA requirements.

19.2 OSHA RECORDKEEPING:

An exposure incident is evaluated to determine if the case meets the New Jersey PEOSH Program's Recordkeeping Requirements (NJ 300 Log). This determination and the recording activities are done by each school nurse.

19.3 TRAINING RECORDS:

Bloodborne pathogen training records will be maintained by the Director of Professional Development, Nursing Department & Facilities Management.

The training record shall include:

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

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the

employee's authorized representative within fifteen (15) working days.

19.4 TRANSFER OF RECORDS

If the Paterson Board of Education ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

20. FIRST AID PROVIDERS:

This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment. First aid providers who are in this collateral duty category at this facility are listed below for easy reference and in Section B of the Employer Exposure Determination on page 7.

Designated First Aid Providers:

- Nurses
- Athletic Trainers
- Central Office Emergency Response Team Members

Anyone else providing first aid who is not an official first aid provider, as designated above, will do so at their own risk, Good Samaritan.

PPS has decided it will offer pre-exposure vaccination to all first aid providers. In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance are instructed to report to the School Nurse as soon as possible after exposure.

The School Nurse will complete an exposure incident report (Appendix D may be used) which describes the name of the first aider, the date, time and description of incident.

The Risk Manager will ensure that any first aider that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty-four hours after the incident.

The Nursing Supervisor, or his/her designee, will train School nurses on the specifics of the reporting procedures, in addition to all the training required under "Section 12.0 -

Training” of this ECP.

APPENDIX A

PATERSON PUBLIC SCHOOL STAFF AT RISK

GROUP A- ALWAYS HAVE THE PORTENTIAL TO BE EXPOSED

1. Dental Clinic Personnel
2. Medical Department Supervisor
3. Medical Clerks
4. School Nurses
5. Life Guards
6. Coaches/ Athletic Trainers
7. Doctors

GROUP B- SOMETIMES HAVE THE POTENTIAL TO BE EXPOSED

1. Gym Teachers
2. Maintenance employees
3. Custodial employees
4. Matrons & Cleaning Persons
5. Bus Drivers & Aides
6. Guards
7. Industrial Art Teachers
8. EpiPen Delegates
9. Food Service Kitchen/Cafeteria
10. Instructional/Personal Aides
11. Central Office Emergency Response Team Members

APPENDIX B**CONFIDENTIAL****HEPATITIS B VACCINE IMMUNIZATION RECORD**

Employee Name: _____ SCHOOL _____

Vaccine is to be administered on: _____

Elected dates: _____

First: _____

One month from elected date: _____

Six months from elected date: _____

Date of first dose: _____

Date of second dose:
_____Date of third dose:

Antibody test results - pre-vaccine (optional): _____

Antibody test results - post-vaccine (optional): _____

Time interval since last injection:
_____Employee Signature:

APPENDIX C

DECLINATION STATEMENT

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

Employee Signature

Date

Print Last, First Name

Work Location

Job Description

APPENDIX D

EXPOSURE INCIDENT REPORT

(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Side 1 of 2-sided form

Please Print

Date Completed _____

Employee's Name _____ SS# _____

Home Phone _____ Business Phone _____

DOB _____ Job Title _____

Employee Vaccination Status _____

Date of Exposure _____ Time of Exposure _____ am _____ pm _____

Location of Incident (Home, Street, Clinic, etc.) Be Specific: _____

Nature of Incident (Auto Accident, Trauma, Medical Emergency). Be Specific:

Describe what task(s) you were performing when the exposure occurred. Be Specific:

Were you wearing personal protective equipment (PPE)? Yes _____ No _____

If yes, list _____

Did the PPE fail? Yes _____ No _____

If yes, explain how:

Side 2 of 2-sided form

What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be specific

What parts of your body became exposed? Be specific:

Estimate the size of the area of your body that was exposed:

For how long?

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?

Yes _____ No _____

If yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? Yes _____ No _____

If yes, what fluid? _____ How much? _____

Did you receive medical attention? Yes _____ No _____

If yes, where? _____

When _____

By whom _____

Identification of source individual(s) _____

Name(s) _____

Did you treat the patient directly? Yes _____ No _____

If yes, what treatment did you provide? Be specific: _____

Other pertinent information: _____

APPENDIX E1 LETTER

Request for Source Individual Evaluation

Dear (Emergency Room Medical Director, Infection Control Practitioner):

Recently a staff member was involved in an event which may have resulted in exposure to a Bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event, please determine whether the Paterson Public School Staff member is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentially assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

APPENDIX E2 FORM**CONFIDENTIAL****DOCUMENTATION AND IDENTIFICATION
OF SOURCE INDIVIDUAL**

Name of Exposed Employee _____

Name and Phone Number of Medical Provider Who Should be contacted:
_____*Incident Information*

Date: _____

Name or Medical Record Number of the Individual Who is the Source of the Exposure:
_____*Nature of the Incident*

_____ Contaminated Needle Stick Injury

_____ Blood or Body Fluid Splash onto Mucous Membrane or Non-Intact Skin

Report of Source Individual Evaluation

Chart Review By _____ Date: _____

Source Individual Unknown - Researched by _____ Date: _____

Testing of Source Individual's Blood *Consent* Obtained _____ Refused _____*Check One:*

_____ Identification of source individual infeasible or prohibited by state or local law. State why if infeasible.

_____ Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen

_____ Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person Completing Report: _____ Date: _____

Note: Report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer. **HIV-related information cannot be released without the written consent of the source individual.**

APPENDIX E3 LETTER**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

I, _____, (print full name of worker) hereby authorize
_____, (print the name of the Licensed Health Care Professional,
Medical Center or other Medical Practice or organization holding the medical records) to release to the **City of
Paterson, Paterson Board of Education Risk Management Department, at 90 Delaware Avenue, Paterson, NJ**
the following confidential medical information from my personal medical records (describe in general terms, the
information desired to be released):

_____.

I give my permission for this medical information to be used for the following purpose:

_____.

But I do not give permission for any other use or re-disclosure of this information.

Any additional restrictions on this authorization are set forth only as indicated below:

1. The expiration date for this letter (if less than one year) shall be: _____.

2. Description of medical information in my records which I do not intend to be released as a result of this
letter (if none state, "None."):

_____.

3. Other restrictions (if any):

_____.

Authorization is also granted for release of the confidential medical information listed above to the following party
(State name and address. If none, state, "None"):

_____.

Full name of Employee or Legal Representative: _____

Signature of Employee or Legal Representative: _____

Date of Signature: _____

APPENDIX F**CONFIDENTIAL****EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

Employee's Name _____ Job Title _____

Occurrence Date _____ Reported Date _____

Occurrence Time _____

Source Individual Follow-Up:

Request Made to _____

Date _____ Time _____

Employee Follow-Up:

Employee's Health File Reviewed by _____ Date _____

Information given on source individual's blood test results Yes _____ Not Obtained _____

Referred to healthcare professional with required information:

Name of healthcare professional _____

By Whom _____ Date _____

Blood Sampling/Testing Offered

By Whom _____ Date _____

Vaccination Offered/Recommended:

By Whom _____ Date _____

Counseling Offered:

By Whom _____ Date _____

Employee Advised of need for further evaluation of medical condition:

By Whom _____ Date _____

Appendix G

Sharps Injury Log

Employee ID MUST BE CONFIDENTIAL	Type of device involved in incident	Department or work area where exposure occurred	Explanation of how exposure incident occurred
			No incident reported 2022-2023

APPENDIX H 1 OF 2

APPENDIX H

REVISION LOG & REVIEW NEW TECHNOLOGY

DATE	Review of New technology/Plan	Revision number	Signature
May 25, 2014	Page 33-Appendix E1 delete paragraph 1 and replace with Recently a staff member was involved in an event which may have resulted in exposure to a BBP . strike our pre hospital care worker. Replace with PPS Staff member. P 27 & 28 Section 20 Add Central Office Emergency Response Team member.	9	<i>Brenda A. Zemo</i>
December 8, 2015	Environmental, Occupational Health and Safety has been replaced with Facilities management	10	<i>Brenda A. Zemo</i>
December 6, 2016	Plan revised to reflect personnel changes.	11	<i>Steve Morlino, CEFM</i>
December 11, 2017	Plan revised to reflect corrected address, personnel changes, responsibility references.	12	<i>Steve Morlino, CEFM</i>
December 2018	Plan revised for clarification and personnel updates and regulation changes.	13	<i>Steve Morlino, CEFM</i>
December 2019	Plan revised for clarification and personnel updates and regulation changes.	14	<i>Neil Mapp</i>
December 2020	Plan revised for clarification and personnel updates and regulation changes.	15	<i>Neil Mapp</i>
December 2021	Plan revised for clarification, material and procedure changes, personnel updates and	16	<i>Neil Mapp</i>

	regulation changes.		
December 2022	Plan revised for clarification, material and procedure changes, personnel updates and regulation changes.	17	<i>Neil Mapp</i>
December 2023	Plan revised for clarification, material and procedure changes, (LAUNDRY), personnel updates.	18	<i>Neil Mapp</i>

APPENDIX I

OSHA BLOODBORNE PATHOGENS STANDARD



U.S. Department of Labor
www.osha.gov

Occupational Safety & Health Administration

Regulations (Standards - 29 CFR)

Bloodborne pathogens. - 1910.1030

[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

• Part Number:	1910
• Part Title:	Occupational Safety and Health Standards
• Subpart: Z	
• Subpart Title:	Toxic and Hazardous Substances
• Standard Number:	1910.1030
• Title:	Bloodborne pathogens.
• Appendix:	A

[1910.1030\(a\)](#)

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

[1910.1030\(b\)](#)

Definitions. For purposes of this section, the following shall apply:

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

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

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

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

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

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

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

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

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

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

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results 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 needlesticks, human bites, cuts, and abrasions.

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

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

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

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a 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\(c\)](#)

Exposure Control --

[1910.1030\(c\)\(1\)](#)

Exposure Control Plan.

[1910.1030\(c\)\(1\)\(i\)](#)

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

[1910.1030\(c\)\(1\)\(ii\)](#)

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

[1910.1030\(c\)\(1\)\(ii\)\(A\)](#)

The exposure determination required by paragraph (c)(2),

[1910.1030\(c\)\(1\)\(ii\)\(B\)](#)

[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)

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)**1910.1030(d)(2)(ii)**

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

1910.1030(d)(2)(iii)

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

1910.1030(d)(2)(iv)

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

1910.1030(d)(2)(v)

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

1910.1030(d)(2)(vi)

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

1910.1030(d)(2)(vii)

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

..1910.1030(d)(2)(vii)(A)**1910.1030(d)(2)(vii)(A)**

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

1910.1030(d)(2)(vii)(B)

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

1910.1030(d)(2)(viii)

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

1910.1030(d)(2)(viii)(A)

Puncture resistant;

1910.1030(d)(2)(viii)(B)

Labeled or color-coded in accordance with this standard;

1910.1030(d)(2)(viii)(C)

Leakproof on the sides and bottom; and

1910.1030(d)(2)(viii)(D)

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

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

..1910.1030(d)(2)(xi)

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)**1910.1030(d)(2)(xiii)(C)**

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

1910.1030(d)(2)(xiv)

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

1910.1030(d)(2)(xiv)(A)

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

1910.1030(d)(2)(xiv)(B)

The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior 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 judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

..1910.1030(d)(3)(v)**1910.1030(d)(3)(v)**

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

1910.1030(d)(3)(vi)

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

1910.1030(d)(3)(vii)

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

1910.1030(d)(3)(viii)

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

1910.1030(d)(3)(ix)

Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

1910.1030(d)(3)(ix)(A)

Disposable (single use) gloves such as surgical or examination gloves, gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

..1910.1030(d)(3)(ix)(B)**1910.1030(d)(3)(ix)(B)**

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

1910.1030(d)(3)(ix)(C)

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit peelings, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

1910.1030(d)(3)(ix)(D)

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

1910.1030(d)(3)(ix)(D)(1)

Periodically reevaluate this policy;

1910.1030(d)(3)(ix)(D)(2)

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

1910.1030(d)(3)(ix)(D)(3)

Not discourage the use of gloves for phlebotomy; and

1910.1030(d)(3)(ix)(D)(4)

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

1910.1030(d)(3)(ix)(D)(4)(i)

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

1910.1030(d)(3)(ix)(D)(4)(ii)

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

1910.1030(d)(3)(ix)(D)(4)(iii)

When the employee is receiving training in phlebotomy.

..1910.1030(d)(3)(x)**1910.1030(d)(3)(x)**

Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.

1910.1030(d)(3)(xi)

Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

1910.1030(d)(3)(xii)

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

1910.1030(d)(4)**Housekeeping --****1910.1030(d)(4)(i)**

General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

1910.1030(d)(4)(ii)

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

..1910.1030(d)(4)(ii)(A)**1910.1030(d)(4)(ii)(A)**

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

1910.1030(d)(4)(ii)(B)

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

1910.1030(d)(4)(ii)(C)

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

1910.1030(d)(4)(ii)(D)

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

1910.1030(d)(4)(ii)(E)

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

1910.1030(d)(4)(iii)**Regulated Waste --****..1910.1030(d)(4)(iii)(A)****1910.1030(d)(4)(iii)(A)****Contaminated Sharps Discarding and Containment.****1910.1030(d)(4)(iii)(A)(1)**

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

1910.1030(d)(4)(iii)(A)(1)(i)

Closable;

1910.1030(d)(4)(iii)(A)(1)(ii)

Puncture resistant;

1910.1030(d)(4)(iii)(A)(1)(iii)

Leakproof on sides and bottom; and

1910.1030(d)(4)(iii)(A)(1)(iv)

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

1910.1030(d)(4)(iii)(A)(2)

During use, containers for contaminated sharps shall be:

1910.1030(d)(4)(iii)(A)(2)(i)

Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

1910.1030(d)(4)(iii)(A)(2)(ii)

Maintained upright throughout use; and

1910.1030(d)(4)(iii)(A)(2)(iii)

Replaced routinely and not be allowed to overfill.

1910.1030(d)(4)(iii)(A)(3)

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

1910.1030(d)(4)(iii)(A)(3)(i)

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

1910.1030(d)(4)(iii)(A)(3)(ii)

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

1910.1030(d)(4)(iii)(A)(3)(ii)(A)

Closable;

1910.1030(d)(4)(iii)(A)(3)(ii)(B)

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

1910.1030(d)(4)(iii)(A)(3)(ii)(C)

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

1910.1030(d)(4)(iii)(A)(4)

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

1910.1030(d)(4)(iii)(B)**Other Regulated Waste Containment --****1910.1030(d)(4)(iii)(B)(1)**

Regulated waste shall be placed in containers which are:

1910.1030(d)(4)(iii)(B)(1)(i)

Closable;

1910.1030(d)(4)(iii)(B)(1)(ii)

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

1910.1030(d)(4)(iii)(B)(1)(iii)

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

1910.1030(d)(4)(iii)(B)(1)(iv)

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

1910.1030(d)(4)(iii)(B)(2)

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

1910.1030(d)(4)(iii)(B)(2)(i)

Closable;

1910.1030(d)(4)(iii)(B)(2)(ii)

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

1910.1030(d)(4)(iii)(B)(2)(iii)

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

1910.1030(d)(4)(iii)(B)(2)(iv)

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

1910.1030(d)(4)(iii)(C)

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

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

1910.1030(d)(4)(iv)

Laundry.

1910.1030(d)(4)(iv)(A)

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

1910.1030(d)(4)(iv)(A)(1)

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

1910.1030(d)(4)(iv)(A)(2)

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

1910.1030(d)(4)(iv)(A)(3)

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through 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)

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)

1910.1030(e)(2)(ii)(A)

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

..1910.1030(e)(2)(ii)(B)

1910.1030(e)(2)(ii)(B)

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

1910.1030(e)(2)(ii)(C)

Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

1910.1030(e)(2)(ii)(D)

When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

1910.1030(e)(2)(ii)(E)

All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

1910.1030(e)(2)(ii)(F)

Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

..1910.1030(e)(2)(ii)(G)

1910.1030(e)(2)(ii)(G)

Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

1910.1030(e)(2)(ii)(H)

Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

1910.1030(e)(2)(ii)(I)

Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

1910.1030(e)(2)(ii)(J)

Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e.,

the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

1910.1030(e)(2)(ii)(K)

All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

..1910.1030(e)(2)(ii)(L)

1910.1030(e)(2)(ii)(L)

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

1910.1030(e)(2)(ii)(M)

A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

1910.1030(e)(2)(iii)

Containment Equipment.

1910.1030(e)(2)(iii)(A)

Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

1910.1030(e)(2)(iii)(B)

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

..1910.1030(e)(3)(i)

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 some 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)**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)****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)**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)**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)

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)**1910.1030(f)(4)(ii)(D)**

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

1910.1030(f)(4)(ii)(E)

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

1910.1030(f)(5)

Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

1910.1030(f)(5)(i)

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

1910.1030(f)(5)(ii)

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

1910.1030(f)(5)(ii)(A)

That the employee has been informed of the results of the evaluation; and

1910.1030(f)(5)(ii)(B)

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

..1910.1030(f)(5)(iii)**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)**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)**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)

Within 90 days after the effective date of the standard; and

1910.1030(g)(2)(ii)(C)

At least annually thereafter.

1910.1030(g)(2)(iii)

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

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)**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)**1910.1030(g)(2)(vii)(F)**

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

1910.1030(g)(2)(vii)(G)

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

1910.1030(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;

1910.1030(g)(2)(vii)(I)

Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

1910.1030(g)(2)(vii)(J)

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

1910.1030(g)(2)(vii)(K)

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

1910.1030(g)(2)(vii)(L)

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

..1910.1030(g)(2)(vii)(M)

1910.1030(g)(2)(vii)(M)

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

1910.1030(g)(2)(vii)(N)

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

1910.1030(g)(2)(viii)

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

1910.1030(g)(2)(ix)

Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

1910.1030(g)(2)(ix)(A)

The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

1910.1030(g)(2)(ix)(B)

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

..1910.1030(g)(2)(ix)(C)

1910.1030(g)(2)(ix)(C)

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

1910.1030(h)**Recordkeeping --****1910.1030(h)(1)****Medical Records.****1910.1030(h)(1)(i)**

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

1910.1030(h)(1)(ii)

This record shall include:

1910.1030(h)(1)(ii)(A)

The name and social security number of the employee;

1910.1030(h)(1)(ii)(B)

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

1910.1030(h)(1)(ii)(C)

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

1910.1030(h)(1)(ii)(D)

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

..1910.1030(h)(1)(ii)(E)**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)**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)**1910.1030(h)(4)****Transfer of Records.****1910.1030(h)(4)(i)**

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

1910.1030(h)(4)(ii)

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

1910.1030(h)(5)**Sharps injury log.****1910.1030(h)(5)(i)**

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

1910.1030(h)(5)(i)(A)

The type and brand of device involved in the incident,

1910.1030(h)(5)(i)(B)

The department or work area where the exposure incident occurred, and

1910.1030(h)(5)(i)(C)

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

1910.1030(h)(5)(iii)

The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

1910.1030(i)

Dates --

1910.1030(i)(1)

Effective Date. The standard shall become effective on March 6, 1992.

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001]

APPENDIX J

CURRENT EXPOSURE CONTROL PLAN COMMITTEE MEMBERS
Year 2020/21

NAME	TITLE	SCHOOL/ DEPT.	ADDRESS	PHONE NUMBER
Neil Mapp	Chief Officer for Facilities and Custodial Services			
Oscar Rivera	Manager of Sector Supervisors and Custodial Services			
Anthony Vasquez	Sector Supervisor			
Gjylten Ramadan	Sector Supervisor			
Pedro Cespedes	Sector Supervisor			
ACB/ Blue Stripe				
Kimler Williamson	Nursing Supervisor			
PEA JWSC MEMBER				
PCMA President	Kleo Papadatos			
Richard Matthews	Business Administrator			
Risk Manager Christina Llano	Worker's Compensation Manager (Risk Manager)			