ATLANTIC CAPE COMMUNITY COLLEGE

2024-2025

EXPOSURE

CONTROL

PLAN

*Mays Landing

*Atlantic City

*Cape May Court House

Updated by: Mary Simpson, Compliance Officer
April 2023

ATLANTIC CAPE COMMUNITY COLLEGE

EXPOSURE CONTROL PLAN

I. Introduction

Occupational Safety and Health Administration (OSHA) estimates that 5.6 million workers in the health care industry and related occupations are at risk of occupational exposure to bloodborne pathogens, including Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and others.

All occupational exposure to blood or other potentially infectious materials (OPIM) place workers at risk for infection with bloodborne pathogens. OSHA defines blood to mean human blood, human blood components, and products made from human blood. Other potentially infectious materials (OPIM) 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 bodily 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-containing or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

In recognition of these potential hazards, the New Jersey Public Employees Occupational Safety and Health Act (PEOSHA) has adopted the Occupational Safety and Health Administration (OSHA) regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR), Standard 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. Standard 1910.1030 is expected to reduce and prevent employee exposure to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne diseases.

The Occupational Safety and Health Administration estimates Standard 1910.1030 could prevent more than 200 deaths and 9,000 infections per year from HBV alone. Each employer must determine the application of Universal Precautions by performing

an employee exposure evaluation. If employee exposure is recognized, as defined by Standard 1910.1030, then the Standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan (ECP), which mandates training, work practices, engineering controls, personal protective equipment (PPE) and HBV vaccinations. The Standard also mandates practices and procedures for housekeeping, medical evaluation, hazard contamination and record keeping.

The revised PEOSHA Bloodborne Pathogens Standard 1910.1030 was adopted on September 4, 2001.

II. Policy Rationale

Atlantic Cape Community College ("College") is committed to providing a safe and healthy work environment for the College community. 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 PEOSHA Bloodborne Pathogens Standard, Title 29 of Code of Federal Regulations 1910.1030.

The ECP is a key document to assist the College in implementing and ensuring compliance with the Standard, thereby protecting the College community.

This ECP includes:

A. Program Administration

B. Employee Exposure Determination

C. Effective Dates

D. Exposure Control Plan

E. Engineering Controls

F. Personal Protective Equipment

G. Training

H. Hepatitis B Vaccination

I. Post Exposure Evaluation

J. Health Care Professionals

K. Housekeeping

L. Labeling

M. Record Keeping

N. First Aid Providers

APPENDIX A: Consent For Drawing Blood Specimen(s)

APPENDIX B: Request For Source Individual Evaluation

APPENDIX C: Documentation and Identification Of Source Individual

APPENDIX D: EXPOSURE INCIDENT REPORT

APPENDIX E: EMPLOYEE EXPOSURE FOLLOW-UP RECORD, SOURCE

APPENDIX F: EMPLOYEE MEDICAL EVALUATION & TREATMENT DECLINATION FORM

APPENDIX G: HEPATITIS B VACCINE DECLINATION FORM

APPENDIX H: SHARPS INJURY LOG

APPENDIX I: HEPATITIS B VACCINE INFORMATION, (2 pages)

APPENDIX J: Blood (OPIM) Cleanup Guidelines

APPENDIX K: Link to **Updated** ***US Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis***

APPENDIX L: US Department of Labor OSHA Standard 29 CFR 1910.1030

APPENDIX M: PEOSH Revised Bloodborne Pathogens Standard 29 CFR 1910.1030 (9 pages)

A. PROGRAM ADMINISTRATION

- Atlantic Cape Community College is responsible for the implementation of the ECP. The Compliance Officer will review and update the written ECP yearly to include new information or modified tasks and procedures.

- Those employees (including student employees) who may have contact with or exposure to blood, body fluids or other potentially infectious materials are required to comply with the procedures and work practices outlined in this Exposure Control Plan. Hereinafter "employees" means full time and part time staff and faculty and student workers.

- Atlantic Cape Community College will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are available.

- The Compliance Officer will be responsible for initial training, yearly retraining, record keeping and making certain the ECP is made available to all employees, PEOSH and NIOSH (National Institute for Occupational Safety and Health).

- Department Heads of Facilities, Athletics, Security, Allied Health, Nursing, HPI, Culinary, Art and Science or their designees will maintain and provide all necessary PPE, engineering controls, labels and red bags or leak proof marked bio-hazard bags as required by the Standard.

- The above referenced Department Heads or designees will ensure that adequate quantities of the aforementioned equipment are available.

B. EMPLOYEE EXPOSURE DETERMINATION

As part of the exposure determination section of the ECP, the following list comprises all job classifications within Atlantic Cape Community College in which all employees have a potential for occupational exposure:

Security Officers:	• First Aid	HPI, Nursing, Biology and Chemistry Professors, Instructors and Lab Staff	• Needle Sticks/Sharps Injuries • Blood or OPIM exposure • Animal blood and other OPIM • Burns
Facilities Maintenance, Housekeeping and Grounds:	• Cleaning spills of blood and OPIM • Disposal of waste • Sharps injuries	Academy of Culinary Arts:	• Knife Accidents • Burns • Equipment use injuries

	• Equipment use injuries • Plumbing repairs		
Athletics Staff and Coaches:	• First Aid	Art:	• Cutting Accidents • Equipment use injuries

NOTE: Good Samaritan acts which result in exposure to blood or OPIM from assisting others (i.e. nosebleed, cuts, giving CPR, or first aid) are not included in the Bloodborne Standard; however, PEOSHA encourages employers to offer Post-Exposure Evaluation and follow-up in such cases. *All such exposures will be immediately reported to Security and Human Resources.

C. EFFECTIVE DATES

The Bloodborne Pathogens Standard was published in the New Jersey Register on July 6. 1993. The Standard including Universal Precautions became operative October 4, 1993.

The dates for completing the different parts of the Standard are:

- Exposure Control Plan: December 3, 1993
- Record Keeping: January 6, 1994
- Information and Training: January 6, 1994
- Methods of Compliance: February 6, 1994 (Except Universal Precautions)
- Hepatitis B Vaccinations, Post Exposure Evaluation and Follow Up: February 6, 1994
- Labels and Signs: February 6, 1994
- Federal Needle Stick Safety and Prevention Act November 6, 2000
- PEOSHA revised Standard: September 4, 2001

D. EXPOSURE CONTROL PLAN

Methods of Implementation and Control

1. Universal Precautions:

   All personnel will utilize Universal Precautions. Universal Precautions are an infection control method that requires employees to assume that all human blood and specified human body fluids and possibly animal blood and body fluids are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly.

2. Exposure Control Plan:

   Employees covered by the Standard will receive an explanation of this ECP during their initial training session. The ECP may also be reviewed in the refresher training.

   All employees will have an opportunity to review this plan at any time during their work shifts by visiting the Atlantic Cape Community College Health & Wellness

website. A written copy of this plan will also be available in the Security and Compliance offices at each campus. Within 15 days of the College's receipt of any employee's request, a written copy of this plan will be made available to that employee, free of charge.

The Compliance Officer will be responsible for updating the ECP at least yearly or when necessary to reflect any new or modified tasks which affect occupational exposure. Additionally, the updated ECP will reflect new or revised employee positions with occupational exposure.

E. ENGINEERING CONTROLS AND WORK PRACTICES

Engineering controls and work practice controls will be used to prevent exposure to bloodborne pathogens. The College will utilize the following engineering and work practice controls in the following situations:

- Biohazard/leak-proof bags or rigid containers with biohazard stickers will be available to all employees when possible contact is eminent.

- Regulated medical waste (RMW): puncture resistant disposal containers for sharp objects, needles, syringes, glass (all types), metal, etc., will be placed at or near the point of use.

- Ventilated laboratory hoods will be used where applicable for control of aerosols.

- Providing either readily available hand-washing stations, or when not available, antiseptic wipes or other waterless hand cleaner. Employees will be trained to wash their hands as soon as possible after removing gloves or after contact with unprotected skin by a possibly contaminated substance.

- Labeling

- Equipment decontamination

- Prohibiting eating, drinking, smoking, application of makeup or lip balm, and handling contacts in work areas where there is a likelihood of occupational exposure.

- Prohibiting food or drink to be stored in refrigerator, freezers, shelves, cabinets or on counter tops where blood or other potentially infectious materials are stored or present.

- Mandatory placement of specimens, blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or preparation for disposal of these items is mandatory.

- Personnel should examine equipment that may be contaminated with blood or other potentially infectious material prior to servicing or shipment and decontaminating such

equipment as necessary. Items will be labeled if not completely decontaminated and a sign indicating adequate decontamination should be posted prior to moving or servicing the equipment.

- The Cross Functional Safe Campus Initiative Advisory Committee of Atlantic Cape Community College identifies the need for changes in engineering controls and work practices and evaluates new products and procedures regularly by legislative changes, OSHA recommendations, and reviewing current literature. This committee is comprised of representatives from areas of the College that provide services to the campus community applicable for institutional emergency management. The Compliance Officer and Department heads are responsible for ensuring that these recommendations are implemented.

F. PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) must also be used if potential occupational exposure remains after instituting engineering controls and work practice controls, or if controls are not feasible. The Compliance Officer will provide training in the use of appropriate PPE for the employee's specific job classification and the tasks/procedures they will perform. This equipment will be provided at no cost to the employees of Atlantic Cape.

PPE **will be worn** by all college personnel whenever it can be reasonably anticipated that they may have contact with or exposure to blood, feces, urine, or OPIM.

Face shields or safety goggles with surgical/dust mask **will be worn** by all personnel when splashes, sprays, spatters or droplets of blood, urine, sweat or any OPIM pose a hazard to their face, eyes, nose or mouth.

Appropriate PPE is required for the following tasks; the equipment is listed for each task:

TASK EQUIPMENT

- Housekeeping: cleaning animal and human blood/body fluids and OPIM in labs, bathrooms, emptying trash--gloves, face masks, face shields, tongs must be utilized where required
- Maintenance/plumbing/grounds: when working in bathrooms and with sewage—gloves (disposable gloves can be worn under work gloves), face masks, face shields, goggles, disposable jumpsuits, foot coverings must be utilized where required
- Security and Athletics: First Aid and CPR--gloves, face masks, face shields, goggles, CPR masks, antibacterial wipes

All equipment will be readily available from shift supervisors at the beginning of each shift in sufficient quantities to last through the workday.

All personnel using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

2. If a wash facility and appropriate anti-bacterial hand soap are not readily available, then alcohol-based hand sanitizer/antibacterial wipes are to be used and disposed of properly.

3. Remove PPE before leaving designated work area or after a garment becomes soiled.

4. Place used PPE in appropriately designated areas or containers when being stored, decontaminated or discarded.

5. If contaminated, place in NJ Regulated Medical Waste (RMW) collection containers.

6. Biohazard bags and labels will be available in each department having employees where RMW materials may be generated.

7. Each area where RMW waste may be generated should contain red bio-hazard bags, leak-proof bags with bio-hazard labels or solid bio-hazard containers.

8. Contaminated PPE will be placed inside bio-hazard bags/containers and disposed of through Health Services or lab or campus areas with bio-hazard disposal.

9. Wear appropriate PPE when it can be anticipated that contact with potentially infectious materials may occur and when handling or touching contaminated items or surfaces.

10. Replace any reusable PPE that may be torn or punctured, becomes contaminated frequently or cannot be thoroughly decontaminated or if the ability to function as a barrier becomes compromised.

11. **NEVER** wash or decontaminate disposable gloves, mask or other disposable PPE to be reused. Disposable PPE must never be used more than one time.

12. Wear appropriate face and eye protection such as mask with face shield when splashes, sprays, splatters or droplets of blood or other potentially infectious materials pose a hazard to the eyes, nose and mouth.

13. If blood or other potentially infectious material penetrates a garment, this garment(s) must be removed immediately or as soon as feasible.

14. Pull-over type garments must be cut off to avoid contamination to the face in the event the infectious material penetrates to the inner side of the fabric.

G. TRAINING

All employees who have a potential for occupational exposure to bloodborne pathogens (as listed in Section B: Employee Exposure Determination) will receive initial and annual training facilitated by the Compliance Officer.

Training will include the epidemiology of bloodborne pathogens diseases. Standards and fact sheets located in the Record Keeping section and all training aids will be used to inform the College community of the following elements:

- A copy and explanation of the Standard
- Epidemiology and symptoms of bloodborne pathogens
- Modes of transmission
- Methods to recognize exposure tasks and other activities that may involve exposure to potentially infectious materials
- Use and limitations of engineering controls, work practices and PPE
- PPE- types, use, location, handling, decontamination and disposal
- PPE- the basis for selection
- Hepatitis B Vaccination, offered free of charge to those employees who are reasonably anticipated to have occupational exposure to bloodborne pathogens. Training will be given prior to vaccination on its safety, effectiveness, benefits, and methods of administration.
- Emergency procedures for blood spill or other potentially infectious materials
- Exposure incident definition and procedures
- Post-exposure evaluation and follow-up
- Signs and labels and/or color-coding
- Question and answer session
- An Employee Education and Training Record will be maintained for each employee upon completion of training, and will be kept in the Compliance Office and in the Vector Solutions database. The Compliance Officer will also keep a record containing the acceptance/declination of the Hepatitis B vaccine for personnel eligible to receive the immunization. This information will be added into the training database.

H. HEPATITIS B VACCINATION

The Compliance Officer will provide information on Hepatitis B vaccinations, addressing its safety, benefits, efficiency, methods of administration and availability at the initial training.

The Hepatitis B vaccination series will be made available at no cost through Atlantic Cape's Occupational Health contractor following initial training to all personnel who are reasonably anticipated to have occupational exposure to blood or other potentially infectious materials, unless:

- Personnel has previously received the series, (proof requested)
- Antibody testing reveals that the employee is immune
- Medical reasons exist that prevent taking the vaccination
- The employee chooses not to participate

All personnel are encouraged to receive the Hepatitis B vaccination series.

However, if an individual chooses to decline Hepatitis B vaccination, then that individual must sign a declination for that will be kept with all records in Compliance Office.
Highlights of Hepatitis B vaccinations other requirements:

- Participation in pre-screening is not a prerequisite for receiving Hepatitis is B vaccinations.
- Hepatitis B vaccination will be provided at a later date even if the employee initially refuses.
- Employee must sign an acceptance/declination sheet.
- Vaccination is to be administered in accordance with USPHS (United States Public Health Service) recommended protocol.

I. POST EXPOSURE EVALUATION

Post Exposure Evaluation and Follow-up, Procedures for Reporting, Documenting and Evaluating the Exposure are addressed in this section.

Should an exposure incident occur, the employee should contact his/her immediate supervisor and Security as soon as possible.

The supervisor will contact the Human Resources, through Security, if after hours.

Each exposure must be documented by the employee on an Exposure Incident Report (see Appendix D).

Human Resources will add any additional information if deemed necessary. If possible, participants should save the offending material in the event testing is deemed appropriate.

Personnel are strongly encouraged to immediately report to the nearest hospital emergency center, urgent care center, or as directed by Human Resources or Security for a confidential medical evaluation and follow-up.

The health care provider is to be advised that the patient is an employee of Atlantic Cape and that the exposure is a work-related incident. The following is information necessary for Atlantic Cape must be documented:

- The route(s) of exposure, and the circumstances under which the exposure incident occurred, particularly if medical sharps were involved.

- Brand, type, and size of any medical sharps or any other item that caused an injury and exposure (if applicable).

- Identification of the source individual, unless the Atlantic Cape can establish that identification is unfeasible or prohibited by state or local law.

The source individual(s) 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, it shall be established that legally required consent cannot be obtained.

When the source individual's consent is not required, the source individual's blood, if available, shall be tested and the results documented. Or, 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.

Results of the source individual's testing shall be made available to the exposed employee, and the exposed employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained for HBV and HIV serological status.

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 tested, such testing shall be done as soon as feasible. By law, all test results are confidential.

Post exposure prophylaxis, when medically indicated, as recommended by the U. S. Public Health Service, should be as follows:

1. Counseling
2. Evaluation of any reported illnesses
3. ***Updated US Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis*** (Appendix K)

Human Resources will ensure that forms required for evaluation: Appendix B "Request for Source Individual Evaluation," Appendix D "Exposure Incident Report," Appendix E "Employee Exposure Follow-up Record, Source," are provided to the employee so that they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these Appendices will be maintained with the employees' medical records in the Human Resources Office.

Human Resources, the Compliance Officer and the supervisor of the exposed individual will review the circumstances of the exposure incident to determine engineering controls in use at the time, work practices followed, and a description of the device being used, to determine if protocols, procedures and/or training need to be revised.

NOTE: New Jersey Law (NJSA 26-5C et seq.) and Regulations (NJAC 8:57-2) requires information about AIDS (Acquired Immune Deficiency Syndrome) and HIV be kept confidential. While the law requires positive results to be reported to the State Department of Health, 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.

The HIV Confidential Case Report form, the AIDS Adult Confidential Case report form, and the HIV Testing Policy information applicable to New Jersey public sector employees can be obtained by contacting:

The New Jersey State Department of Health
Data Analysis Unit
PO Box 363
Trenton, NJ 08625-0363
609-984-6204

J. HEALTH CARE PROFESSIONALS

Human Resources will ensure that the health care professionals responsible for exposed employee's post-exposure evaluation and follow-up receive the following:

- A copy of OSHA's bloodborne pathogens standard.
- A description of the employee's job duties, relevant to the exposure incident.
- Route(s) and circumstances of exposure.
- When possible, source individual's information and if obtained signed "Request for Source Individual Evaluation," relevant medical records, including vaccination status.
- Human Resources will provide the employee a copy of the evaluating health care professional's written opinion within 15 days after receipt of the same from the health care professional.
- This written opinion will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions, which may require any further evaluation and/or treatment.
- All other diagnoses must remain confidential and not included in the written report to the College.

K. HOUSEKEEPING

The following procedures are provided:

- Disinfect work surfaces and/or areas of possible contamination with an appropriate disinfectant as soon as feasible, or immediately when overtly contaminated, after a spill of any and all potentially infectious materials.
- Inspect and disinfect, 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.
- **ALWAYS** use mechanical means such as tongs, brush and dustpan to pick up contaminated broken glassware or other sharp object.
- **NEVER** pick up with hands even if gloves are worn.
- Place regulated medical waste in closable labeled or color-coded containers.

- When storing, handling or transporting, put ALL regulated medical waste in containers constructed to be leak-proof.

- When discarding contaminated sharp objects, place them in red sharps containers that are sealable, puncture resistant, are appropriately color-coded or labeled, and leak proof on sides and bottom.

- Discard all regulated medical waste according to federal, state and local regulations and the Atlantic Cape Regulated Medical Waste Management Plan.

L. LABELING

The Standard requires either florescent red-orange biohazard bags or red-orange biohazard labels be affixed to leak-proof bags/containers to be used. The shift supervisor will ensure warning labels are affixed or red bags are used as required. Employees are to notify the Compliance Officer and department head if they discover any unlabeled regulated waste.

Sharps disposal containers are inspected by the department supervisor. They are maintained and/or replaced by the department supervisor or her designee whenever necessary to prevent overfilling.

M. RECORD KEEPING

MEDICAL RECORDS

Medical records will be maintained for each employee with occupational exposure in accordance with PEOSHA regulation Access to Employee Exposure and Medical Records 29 CFR 1910.1020.

Human Resources will be responsible for maintenance of the required medical records, and they will be kept at the Mays Landing Campus. In addition to the requirements of 29 CFR 1910.1020, the medical records will include:

- The name and last 4 digits of the social security number of the employee

- A copy of the employee's Hepatitis B vaccination and any medical records related to the employee's ability to receive the vaccination

- A copy of all results of examinations, medical tests, and follow-up procedures as required by the Standard

- A copy of all health care professional's written opinion(s) as required by the Standard

- All employee medical records will be held 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 may be required by law

- All records of employees who have had an exposure incident will be held for 30 years after employee leaves the employ of Atlantic Cape Community College

- Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 days of that request.

Any exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination of the recordkeeping activities is done by the Compliance Officer.

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded by the Compliance Officer in a Sharps Injury Log. All incidences must include at least the date of injury, type and brand of the involved device, and explanation of how the incident occurred. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, personal identifiers must be removed from the report.

TRAINING RECORDS

Original bloodborne pathogens training records will be maintained in the Compliance Office and the Vector Solutions database. The training records will be made available to the employee within 15 days of request

The training records shall include:

- The dates of training sessions

- The content or summary of the training sessions

- The name(s) and qualifications of the person(s) conducting the training

- The name and job titles of all persons attending the training session will be on the sign in sheet

N. FIRST AID PROVIDERS

- Security personnel/Designated First Aid Providers/First Responders

- Athletic Trainers, Coaches and Staff

The above listed categories are included in this coverage and all information previously listed and to follow will and do pertain to them. Therefore, pre-exposure training and vaccinations have been given to them, upon their signed acceptance thereof.

In the event of an exposure incident they will advise Human Resources, Security (in the case of Athletics), the Compliance Officer, and Department Head.

The Compliance Officer will ensure that all first aid providers receive training and specifics on how to report an exposure incident.

If no pre-exposure vaccination has been given, Human Resources will ensure that all medical tests are offered and post-exposure prophylaxis per the Standard.

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Appendix A

CONSENT FOR DRAWING BLOOD SPECIMEN(S)

I understand that an incident has occurred which may have resulted in my being exposed to blood or other body fluid, which may be infected with HIV, HPV or other bloodborne pathogens.

It has been explained to me and I understand that under these circumstances it is recommended by the Public Employees Occupational Safety and Health Act (PEOSH) that my blood be tested for bloodborne pathogens. Therefore, I freely consent to having samples of my blood drawn for testing purposes.

Employee Signature _____ DATE_____

Employee Name _____ DATE_____
Please Print

Witness Signature _____ DATE_____

Witness Name _____ DATE_____
Please Print

ATLANTIC CAPE COMMUNITY COLLEGE

Appendix B

REQUEST FOR SOURCE INDIVIDUAL EVALUATION

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

During a recent incident, one of our employees, staff or emergency care providers was involved in an event which may have resulted in an exposure to a Bloodborne Pathogen.

I am asking that you perform an evaluation of the source individual who has produced this letter. Given the circumstances surrounding this event, please determine whether our employee is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" 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 confidentiality assurances for the patient and the exposed worker. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to HIV and AIDS has specific protections under the law and cannot be disclosed or released without 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,

Human Resources Representative

ATLANTIC CAPE COMMUNITY COLLEGE

Appendix C

CONFIDENTIAL

DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

1. Name of Exposed Employee

_____

2. Name and phone number of Medical Provider who should be contacted.

_____

Incident Information

3. Date: _____

4. Name or medical record number of the individual who is the Source of the Exposure;

_____

5. **Nature of the Incident**

[ ] Contaminated Needle Stick injury

[ ] Blood, body fluid splash onto mucous membrane or non-intact skin

[ ] Other

_____

Report of Source Individual Evaluation

6. Chart reviewed by _____ 6a. Date _____

7. Source Individual Unknown-researched by _____7a. Date_____

8. Testing of Source Individual's blood **CONSENT:** Obtained [ ] Refused [ ]

9. **Check One**

[ ] Identification of source individual unfeasible or prohibited by State Law. State why unfeasible. _____

[ ] Evaluation of the source individual reflected known exposure to Bloodborne Pathogen.

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

10. Report completed by_____10a. 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 findings to the employer. **HIV and AIDS** related information **cannot** be released without the written consent of the source individual.

ATLANTIC CAPE COMMUNITY COLLEGE

Appendix D

EXPOSURE INCIDENT REPORT
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Please Print

1. DATE COMPLETED_____

2. EMPLOYEE'S NAME _____

3. SS#_____

4. HOME PHONE _____

5. WORK PHONE_____

6. CELL PHONE_____

7. D.O.B. _____

8. JOB TITLE_____

9. EMPLOYEE'S VACCINATION STATUS _____

10. DATE OF EXPOSURE_____

11. TIME OF EXPOSURE_____ 11a. AM___PM___

12. LOCATION OF INCIDENT (BE SPECIFIC) _____

13. NATURE OF INCIDENT (BE SPECIFIC) _____

14. DESCRIBE TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED (BE SPECIFIC)

_____
_____

15. WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)?

YES ___ IF YES, LIST PPE WORN _____
NO ___

Appendix D (Continued)

16. DID PPE FAIL?

YES ___ IF YES, HOW? _____
NO ___

17. WHAT BODY FLUIDS/OTHER POTENTIALLY INFECTIOUS MATERIALS WERE YOU EXPOSED TO? BE SPECIFIC.

_____

18. WHAT PART(S) OF YOUR BODY WAS EXPOSED? BE SPECIFIC.

_____

19. ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED

_____

20. DID A FOREIGN BODY, (NEEDLE, METAL, GLASS, ETC) PENETRATE YOUR BODY?

YES ____ IF YES, WHAT? _____
NO ____

21. WHERE DID IT PENETRATE YOUR BODY?

_____

22. WAS ANY FLUID INJECTED INTO YOUR BODY?

YES ____ IF YES, WHERE? _____ WHEN?_____
NO ____

23. DID YOU RECEIVE MEDICAL ATTENTION?

YES ____ IF YES, BY WHOM?_____
NO ____

24. IDENTIFICATION OF SOURCE INDIVIDUAL(S):

_____

25. NAMES:

_____

26. ANY/ALL OTHER PERTINENT INFORMATION:

_____
_____

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX E

EMPLOYEE EXPOSURE FOLLOW-UP RECORD, SOURCE

1. EMPLOYEE'S NAME _____
2. JOB TITLE _____
3. DATE OF INCIDENT _____
4. DATE REPORTED _____
5. TIME OF INCIDENT_____5a. AM [ ] PM [ ]

SOURCE INDIVIDUAL FOLLOW-UP

6. REQUEST MADE TO:

_____

7. DATE_____7a. TIME_____7b. AM [ ] PM [ ]

EMPLOYEE FOLLOW-UP

8. EMPLOYEE'S HEALTH FILE REVIEWED BY_____ 8a. DATE_____

9. INFORMATION GIVEN ON SOURCE INDIVIDUAL'S BLOOD TEST RESULTS:
   YES [ ] NOT OBTAINED [ ]

REFERRED TO HEALTH CARE PROFESSIONAL WITH REQUIRED INFORMATION

10. NAME OF HEALTH CARE PROFESSIONAL_____

11. REFERRED BY: _____ 11a. DATE_____

BLOOD SAMPLING/TESTING OFFERED

12. OFFERED BY:_____ 12a. DATE_____

VACCINATION OFFERED/RECOMMENDED

13. OFFERED BY: _____ 13a. DATE_____

COUNSELING OFFERED

14. OFFERED BY: _____ 14a. DATE_____

EMPLOYEE ADVISED OF NEED FOR FURTHER EVALUATION OF MEDICAL CONDITION

15. ADVISED BY: _____ 15a. DATE_____

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX F

Employee Medical Evaluation and Treatment

Declination Form

I understand that due to my occupation exposure to blood or other potentially infectious materials, I may be at risk of acquiring a potential infection. I have been given the opportunity to have a medical evaluation and treatment at this time. I understand that by declining this, I continue to be at risk of acquiring a potential infection due to the exposure.

As per the Exposure Control Plan, Atlantic Cape strongly encourages personnel to immediately report to the nearest hospital emergency center, urgent care center, or as directed by the College for a confidential medical evaluation and follow-up.

I release Atlantic Cape Community College from all liability and responsibility resulting from the exposure to blood and potentially infectious materials.

Employee Signature _____ DATE_____

Employee Name _____ DATE_____
Please Print

Witness Signature _____ DATE_____

Witness Name _____ DATE_____
Please Print

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX F - 2

Employee Medical Evaluation and Treatment

By-Stander

Declination Form

I understand that due to my exposure as a By-Stander to blood or other potentially infectious materials, I may be at risk of acquiring a potential infection. I have been given the opportunity to have a medical evaluation and treatment at this time. I understand that by declining this, I continue to be at risk of acquiring a potential infection due to the exposure.

As per the Exposure Control Plan, Atlantic Cape strongly encourages personnel to immediately report to the nearest hospital emergency department, urgent care center, or as directed by the College for a confidential medical evaluation and follow-up.

I release Atlantic Cape Community College from all liability and responsibility resulting from the exposure to blood and potentially infectious materials.

Employee Signature _____ **DATE**_____

Employee Name _____ **DATE**_____
Please Print

Witness Signature _____ **DATE**_____

Witness Name _____ **DATE**_____
Please Print

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX G

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

I have been given the opportunity to be vaccinated with Hepatitis B vaccine, 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 and I consent to hold the college harmless in the event that I am exposed to the virus.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature _____ DATE_____

Employee Name _____ DATE_____
Please Print

Witness Signature _____ DATE_____

Witness Name _____ DATE_____
Please Print

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX H

Sharps Injury Log

Date	Location where injury occurred (facility name, room #, etc.)	Brief description of how the injury occurred.	Type of device (lancet, syringe, etc.)	Brand name of device

OSHA's Bloodborne Pathogens Standard requires an employer to establish and maintain a Sharps Injury Log for recording all punctures of skin occurring 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 log should include all sharps injuries occurring in a calendar year and it must be retained for 5 years following the end of the year to which it relates.

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX I

Vaccine Information Statement

Hepatitis B Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis.
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis.

1. **Why get vaccinated?**

Hepatitis B vaccine can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:
- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously. **Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

Pregnant or breastfeeding people who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.

Vaccine Information Statement (Interim)
Hepatitis B Vaccine
5/12/2023
42 U.S.C. § 300aa-26

Department of Health and Human Services
Centers for Disease Control and Prevention

ATLANTIC CAPE COMMUNITY COLLEGE
APPENDIX J

Blood (OPIM) Cleanup Guidelines

For safety purposes and to prevent the spread of disease, blood and/or other bodily fluids should be cleaned up and properly disposed, the area disinfected, and the incident and clean up recorded in the following manner:

- Blood clean up should be performed only by those employees who are current in their Bloodborne Pathogens training. Be careful not to step on the blood when entering the spill area.
- The individual cleaning the blood spill needs to use the proper protective equipment (PPE), (e.g. nitrile gloves; goggles, mask & suit for larger spills).
- A micro-encapsulation absorbent material (solidifier) may be applied to pooled blood so that the bulk of contamination can be removed to a biohazard red bag before decontamination. Use the solidifier according to manufacturer's directions.
- With gloves on, place the solidified blood into a red biohazard bag.
- Use the disinfectant that is included in clean up kit on area of spill. Wipe area with the paper towels and dispose of in red bag. A solution of 1 oz. bleach plus 9 oz. water (10% bleach solution) may also be used as a disinfectant. Let the disinfectant sit on the spill area for 15 minutes, and then wipe up.
- For larger spills outdoors, 10% bleach solution can be used after solidified blood is removed, disinfectant applied and wiping is performed.
- Inspect the blood spill area closely making sure that there is nothing missed and that the cleanup process is complete.
- Remove gloves and dispose of in the biohazard red bag. Tie the red bag, place ID sticker on, and dispose of in the biohazard disposal area on the campus. (ML- Rm H114, WACC- HPI, CMCC-Housekeeping storage area.
- Wash hands with antiseptic soap and water for several minutes.
- Caution should be used to not get blood on skin, or in eyes, nose, mouth. If exposure does occur, contact your supervisor right away. The Compliance Officer or designee will provide directions per the Exposure Control Plan.

Contacts: Compliance Officer 609-343-5112

Date: _____**Time:** _____

Campus: _____

Location: _____

Description of Spill: _____

Employee performing clean-up:

(print)_____(sign)_____

Red bag disposal location: **ML** **WACC** **CMCC**

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX K

Updated US Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis

Published 9/25/2013 Update (May 23, 2018)-Current 12/2020

www.stacks.cdc.gov/view/cdc/20711

Superseded ***Updated US Public Health Service guidelines for the management of occupational exposures to HBV, HCV and HIV and recommendations for postexposure prophylaxis***

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis

Prepared by the U.S. Public Health Service Working Group
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Update: Interim Statement Regarding Potential Fetal Harm from Exposure to Dolutegravir – Implications for HIV Postexposure Prophylaxis (PEP). Please see attached file.

CDC: National Center for Emerging and Zoonotic Infections, Division of Healthcare Quality Promotion

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX L

UNITED STATES DEPARTMENT OF LABOR OSHA STANDARD 29 CFR 1910.1030
Current 12/2020

1910.1030(a)

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

1910.1030(b)

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

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

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

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

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

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

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

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

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

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

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

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

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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

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

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

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

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

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

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

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

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

Sharps with engineered sharps injury protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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

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

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

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

1910.1030(c)

Exposure Control --

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)

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

1910.1030(c)(1)(ii)(A)

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

1910.1030(c)(1)(ii)(B)

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

1910.1030(c)(1)(ii)(C)

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

1910.1030(c)(1)(iii)

Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

1910.1030(c)(1)(iv)

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

1910.1030(c)(1)(iv)(A)

Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

1910.1030(c)(1)(iv)(B)

Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

Exposure Determination.

1910.1030(c)(2)(i)

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

1910.1030(c)(2)(i)(A)

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

1910.1030(c)(2)(i)(B)

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

1910.1030(c)(2)(i)(C)

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

1910.1030(c)(2)(ii)

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

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

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

1910.1030(d)(2)(ii)

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

1910.1030(d)(2)(iii)

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

1910.1030(d)(2)(iv)

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

1910.1030(d)(2)(v)

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

1910.1030(d)(2)(vi)

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

1910.1030(d)(2)(vii)

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

1910.1030(d)(2)(vii)(A)

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

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

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

1910.1030(d)(2)(viii)

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

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and

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

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

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

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

1910.1030(d)(2)(xi)

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

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

1910.1030(d)(2)(xiii)(A)

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

1910.1030(d)(2)(xiii)(B)

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

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

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

1910.1030(d)(2)(xiv)

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

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

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

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

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

1910.1030(d)(3)

Personal Protective Equipment --

1910.1030(d)(3)(i)

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

1910.1030(d)(3)(ii)

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

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

1910.1030(d)(3)(v)

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

1910.1030(d)(3)(vi)

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

1910.1030(d)(3)(vii)

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

1910.1030(d)(3)(viii)

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

1910.1030(d)(3)(ix)

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

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

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

1910.1030(d)(3)(ix)(B)

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

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

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

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

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

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

Periodically reevaluate this policy;

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

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

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

Not discourage the use of gloves for phlebotomy; and

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

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

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

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

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

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

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

When the employee is receiving training in phlebotomy.

1910.1030(d)(3)(x)

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

1910.1030(d)(3)(xi)

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

1910.1030(d)(3)(xii)

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

1910.1030(d)(4)

Housekeeping --

1910.1030(d)(4)(i)

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

1910.1030(d)(4)(ii)

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

1910.1030(d)(4)(ii)(A)

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

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iii)

Regulated Waste --

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

Contaminated Sharps Discarding and Containment.

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

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

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

Closable;

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

Puncture resistant;

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

Leakproof on sides and bottom; and

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

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

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

During use, containers for contaminated sharps shall be:

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

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

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

Maintained upright throughout use; and

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

Replaced routinely and not be allowed to overfill.

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

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

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

Other Regulated Waste Containment --

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

Regulated waste shall be placed in containers which are:

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

Closable;

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

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

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

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iv)

Laundry.

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iv)(B)

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

1910.1030(d)(4)(iv)(C)

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

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

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

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

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

1910.1030(e)(2)(ii)

Special Practices.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

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

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

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

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

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

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

1910.1030(e)(2)(iii)

Containment Equipment.

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

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

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

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)

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

1910.1030(e)(4)(vi)

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

1910.1030(e)(5)

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

1910.1030(f)

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up --

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

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

1910.1030(f)(1)(ii)

The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1910.1030(f)(1)(ii)(A)

Made available at no cost to the employee;

1910.1030(f)(1)(ii)(B)

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

1910.1030(f)(1)(ii)(C)

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

1910.1030(f)(1)(ii)(D)

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

1910.1030(f)(1)(iii)

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

1910.1030(f)(2)

Hepatitis B Vaccination.

1910.1030(f)(2)(i)

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

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

1910.1030(f)(3)

Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1910.1030(f)(3)(i)

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

1910.1030(f)(3)(ii)

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

1910.1030(f)(3)(ii)(A)

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

1910.1030(f)(3)(ii)(B)

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

1910.1030(f)(3)(ii)(C)

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

1910.1030(f)(3)(iii)

Collection and testing of blood for HBV and HIV serological status;

1910.1030(f)(3)(iii)(A)

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

1910.1030(f)(3)(iii)(B)

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

1910.1030(f)(4)

Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)

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

1910.1030(f)(4)(ii)

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

1910.1030(f)(4)(ii)(A)

A copy of this regulation;

1910.1030(f)(4)(ii)(B)

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

1910.1030(f)(4)(ii)(C)

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

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

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

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

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

1910.1030(f)(5)

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

1910.1030(f)(5)(i)

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

1910.1030(f)(5)(ii)

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

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

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

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

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

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

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

1910.1030(g)

Communication of Hazards to Employees --

1910.1030(g)(1)

Labels and Signs --

1910.1030(g)(1)(i)

Labels.

1910.1030(g)(1)(i)(A)

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

1910.1030(g)(1)(i)(B)

Labels required by this section shall include the following legend:

1910.1030(g)(1)(i)(C)

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

1910.1030(g)(1)(i)(D)

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

1910.1030(g)(1)(i)(E)

Red bags or red containers may be substituted for labels.

1910.1030(g)(1)(i)(F)

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

1910.1030(g)(1)(i)(G)

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

1910.1030(g)(1)(i)(H)

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

1910.1030(g)(1)(i)(I)

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

1910.1030(g)(1)(ii)

Signs.

1910.1030(g)(1)(ii)(A)

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

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

1910.1030(g)(1)(ii)(B)

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

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.

1910.1030(g)(2)(ii)

Training shall be provided as follows:

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

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

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

At least annually thereafter.

1910.1030(g)(2)(iii)

[Reserved]

1910.1030(g)(2)(iv)

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

1910.1030(g)(2)(v)

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

1910.1030(g)(2)(vi)

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

1910.1030(g)(2)(vii)

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

1910.1030(g)(2)(vii)(A)

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

1910.1030(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of bloodborne diseases;

1910.1030(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;

1910.1030(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

1910.1030(g)(2)(vii)(E)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(g)(2)(viii)

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

1910.1030(g)(2)(ix)

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

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

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

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

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

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

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

1910.1030(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

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

1910.1030(h)(1)(ii)

This record shall include:

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

The name and social security number of the employee;

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

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

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

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

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

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

1910.1030(h)(1)(ii)(E)

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

1910.1030(h)(1)(iii)

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

1910.1030(h)(1)(iii)(A)

Kept confidential; and

1910.1030(h)(1)(iii)(B)

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

1910.1030(h)(2)(i)(A)

The dates of the training sessions;

1910.1030(h)(2)(i)(B)

The contents or a summary of the training sessions;

1910.1030(h)(2)(i)(C)

The names and qualifications of persons conducting the training; and

1910.1030(h)(2)(i)(D)

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

1910.1030(h)(2)(ii)

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

1910.1030(h)(3)

Availability.

1910.1030(h)(3)(i)

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

1910.1030(h)(3)(ii)

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

1910.1030(h)(3)(iii)

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

1910.1030(h)(4)

Transfer of Records.

1910.1030(h)(4)(i)

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

1910.1030(h)(4)(ii)

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

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

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

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

The type and brand of device involved in the incident,

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

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

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

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

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

1910.1030(h)(5)(iii)

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

1910.1030(i)

Dates **--**

1910.1030(i)(1)

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

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

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

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001; 71 FR 16672 and 16673, April 3, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33608, June 8, 2011; 76 FR 80740, Dec. 27, 2011; 77 FR 19934, April 3, 2012]

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051

ATLANTIC CAPE COMMUNITY COLLEGE

APPENDIX M (Current 12/2020)

PEOSH REVISED BLOODBORNE PATHOGENS STANDARD 29 CFR 1910.1030

WHAT IS THE REVISED PEOSH BLOODBORNE PATHOGENS STANDARD?

Many workers risk on-the-job contact with blood and other body fluids. These materials may contain pathogens, organisms that can cause serious disease. Of major concern are the hepatitis B virus (HBV), the hepatitis C virus (HCV), and the human immunodeficiency virus (HIV), the cause of Acquired Immunodeficiency Syndrome (AIDS).

On July 6, 1993, the federal OSHA standard, 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, was adopted under the New Jersey Public Employees Occupational Safety and Health (PEOSH) Act. This standard protects workers in the public sector in New Jersey who come in contact with blood or other potentially infectious materials.

As a result of the Federal Needlestick Safety and Prevention Act (November 6, 2000), OSHA published the revised Bloodborne Pathogens Standard on January 18, 2001 for the private sector. PEOSH began enforcement of the revised standard on September 4, 2001 for the public sector. The revisions to the standard include:

- Additional definitions (e.g., engineering controls);
- New requirements in the Exposure Control Plan (described on page 2);
- Solicitation of input from non-managerial employees; and
- Maintaining a sharps injury log.

WHO IS COVERED?

The standard covers all public employees who may have contact with blood or other potentially infectious materials because of their work. Employees most likely to be covered include, but are not limited to:

- Health care workers (e.g.: medical and dental personnel, school nurses);
- Emergency medical services employees;
- Firefighters (including volunteers);
- Police officers;
- Corrections officers;
- Some laundry and housekeeping staff;
- Lifeguards; and
- Workers in institutions for the developmentally disabled.

WHAT ARE OTHER POTENTIALLY INFECTIOUS MATERIALS?

The standard defines other potentially infectious materials as the body fluids listed below:

- Semen and vaginal secretions;
- Fluid from the brain, spine, lungs, and amniotic sac;
- Fluid around joints, the heart, and the abdominal lining;
- Saliva in dental procedures;
- All body fluids that are visibly contaminated with blood;
- All body fluids when you cannot tell which type they are.

Also considered as potentially infectious materials are:

- Any unfixed human tissue or organs other than skin;
- Animals or cells infected with HIV or HBV for medical research. (Hepatitis C could also be included.)

HOW ARE EMPLOYEES EXPOSED?

Occupational exposures occur when employees perform tasks that can cause blood or other potentially infectious materials to enter their bodies. These exposures happen through:

- Cuts, cracks, or abrasions in the skin;
- Splashing, or spraying into the eyes, mouth, or nose;
- Puncture wounds from contaminated sharps (needles, broken glass).

WHAT ARE THE MAJOR REQUIREMENTS OF THE STANDARD?

- Employee exposure control plan;
- Methods to prevent exposure;
- Hepatitis B vaccinations;
- Medical evaluation and follow-up;
- Employee training;
- Recordkeeping;
- Special precautions for HIV and HBV research laboratories. (Hepatitis C could also be included.)

The Exposure Control Plan (ECP)

Employers must prepare a written plan that includes the following:

- The job classification tasks and procedures in which employees have occupational exposure;

- The schedule and methods for implementing the requirements of the revised standard;
- Procedures for documenting the circumstances surrounding an employee's exposure.

The ECP must be accessible to employees. It also must be reviewed and updated at least annually or more often if work tasks or control methods change. The updated ECP must also reflect changes in technology that may eliminate or reduce exposure to bloodborne pathogens. This includes documentation of non-managerial employee input regarding the selection of medical devices.

Methods to Prevent Exposure

The standard describes the following methods to prevent occupational exposure to bloodborne pathogens:

Universal Precautions

Handle all human blood or other potentially infectious materials as if they were contaminated. This approach is known as "universal precautions".

Engineering Controls

Use engineering controls whenever possible. These are methods that contain or remove the hazard, such as sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections (SESIPs) and needleless systems.

Work Practice Procedures

Use work practice procedures that reduce the chances of exposure. Employers must provide the necessary equipment to implement them. These procedures include:

- Immediately wash hands (and other parts of the body as needed) following any contact with blood or other potentially infectious materials. This may not be possible for certain jobs, such as police work or emergency medical services. In these cases, employers must provide antiseptic hand cleansers, and paper or cloth towels. Employees must wash with running water and soap as soon as they can after the exposure.
- Wash hands as soon as possible after removing gloves or other protective equipment.
- Do not recap, break or bend by hand any contaminated needles. Put used needles and other sharps into special containers until they can be processed or discarded. These containers must be closable, puncture-resistant and leakproof. They should be labeled and put close to the area where sharps are used. Containers should never be overfilled.
- Do not eat, drink, smoke, apply makeup or lip balm, or handle contact lenses in areas where exposure might occur. Don't store food or drinks in potentially contaminated areas like refrigerators used to store lab specimens.
- Use methods to prevent splashing, spraying, or splattering when doing any procedures involving blood or other potentially infectious materials. Don't use your mouth for suctioning or pipetting.
- Use leakproof containers for collecting, handling, processing, storing, carrying, or shipping blood specimens or other potentially infectious materials.

• Label or use color codes on containers and refrigerators used for storage, carrying, or shipping. (See the standard for information on using the biohazard symbol.)

• Decontaminate any equipment before it is sent out for repair.

Personal Protective Equipment

Wear personal protective equipment when exposure cannot be avoided by other means. This equipment includes gloves, face shields, goggles, gowns, lab coats, mouthpieces, pocket masks, and resuscitation bags. Employers must provide the equipment free of charge. (They must also provide alternatives to employees who are allergic to latex gloves.) Personal protective equipment must be accessible and available in sizes to fit each employee. It should be removed and put in designated containers for cleaning, repair or disposal if it becomes contaminated or damaged. Employers are required to clean and repair equipment that can be reused. This includes lab coats that are used as personal protective equipment.

Housekeeping Requirements

• Establish written procedures and schedules for regular cleaning of the worksite and for disinfecting contaminated surfaces and materials.

• Do not pick up potentially contaminated broken glassware. Use tongs, forceps, or a brush and dust pan.

• Only use containers made for storing, carrying, and shipping sharps.

• Handle contaminated laundry as little as possible and wear gloves (and other protective equipment if necessary). It must be stored and transported in labeled, leakproof containers.

• Follow state laws for handling and disposing of regulated waste. Contact the New Jersey Department of Environmental Protection, Resource, Recovery and Technical Program, P.O. Box 414, 401 East State Street, Trenton, NJ 08625-0414. (609) 984-6985.

Hepatitis B Vaccinations

• Employers must offer free hepatitis B vaccinations to all employees who have anticipated exposure to blood or other potentially infectious materials. The first dose of the 3-dose vaccine must be given within ten working days after employees begin jobs that have potential for exposure. Employees may decline the vaccination, but must sign a “declination” statement if they do so.

• The Centers for Disease Control and Prevention (CDC) recommend that health care personnel (HCP), (e.g., employees, students, attending clinicians, public safety workers, or volunteers) who have contact with patients or blood and **are at ongoing risk for percutaneous injuries** (e.g., a needlestick or cut from a sharp object contaminated with blood) should be tested 1- 2 months after completion of the 3-dose vaccination series for antibodies for heptatitis B surface antigen (anti-HBs). For further information consult PEOSH Publication No. 21, “OSHA Revises the Bloodborne Pathogens Standard” available on the PEOSH website: www.state.nj.us/health/eoh/ peoshweb or contact the PEOSH Program at (609) 984-1863.

Medical Evaluation and Follow-up for Exposed Employees

Employers are required to offer free, confidential medical evaluation and follow-up to all employees who receive an occupational exposure to blood or other potentially infectious materials. These services must include:

- A written report of how the exposure occurred;
- Testing the source person if possible;
- Testing the exposed employee's blood if she or he consents; and
- Post-exposure treatment and counseling.

Employee Training About Potential Hazards

Employers are required to provide initial training for employees who have anticipated occupational exposure. This training must cover all of the major parts of the standard and be repeated annually. Employees must also have access to a copy of the standard and the exposure control plan.

Employers must provide additional training when changes in tasks or procedures affect the employee's occupational exposure.

Recordkeeping

Confidential records about employee exposures, medical evaluation, and follow-up must be kept for the length of employment plus thirty years. Records showing that employee training has occurred must be kept for three years. A sharps injury log for the recording of percutaneous injuries from contaminated sharps must also be maintained.

Special Precautions for HIV and HBV Research Laboratories

Additional procedures, employee training and equipment are required for HIV and HBV research laboratories. Consult the standard for details.

This information bulletin provides a general overview of the New Jersey PEOSH Bloodborne Pathogens Standard. Consult the standard itself for complete information. Document revised by:

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The PEOSH Program has developed a model Exposure Control Plan which is intended to serve as an employer compliance guide to the Bloodborne Pathogens Standard. The model plan is available from the PEOSH Program Internet site at http://www.state.nj.us/health/eoh/peoshweb/bbp.pdf.

WEB SITE RESOURCE LIST

New Jersey Department of Health and Senior Services
Public Employees Occupational Safety and Health Program
PO Box 360, 7th Floor Trenton, NJ 08625-0386
(609) 984-1863
http://www.state.nj.us/health/eoh/peoshweb

New Jersey Department of Labor
Public Employees Occupational Safety and Health Program
PO Box 386, Trenton, NJ 08625-0386
(609)292-0767 / (800) 624-1644
http://www.state.nj.us/labor/wps/posh/osh/training/training.htm

NOTE: This appendix contains web sites that can be used for the purposes of information and research. The examples of effective engineering controls in this appendix do not include all those on the market, but are simply representative of the devices available. **PEOSH does not approve, endorse, register, or certify any medical devices**. Inclusion in this list does not indicate PEOSH approval, endorsement, registration, or certification. The final determination of compliance with PEOSH standards takes into account all factors pertaining to the use of such devices at a particular worksite.

EFFECTIVE ENGINEERING CONTROLS

ECRI
Available: http://healthcare.ecri.org
ECRI, designated as an Evidence-based Practice Center by the U.S. Agency for Healthcare Research and Quality, is a nonprofit international health services research organization.

Food and Drug Administration (FDA) Safety Alerts
Available: http://www.fda.gov/cdrh/safety.html
Link page for Safety Alerts and Advisories that warn of the risk of injuries from medical devices.

International Health Care Worker Safety Center, University of Virginia
Available: http://www.people.virginia.edu/ ~epinet/products.html
Features a list of safety devices with manufacturers and specific project names.

National Institute for Occupational Safety and Health (NIOSH) Sharps Disposal Containers
Available: http://www.cdc.gov/niosh/ sharps1.html
Features information on selecting, evaluating, and using sharps disposal containers.

Features recent news, recognition, evaluation, controls, compliance, and links to information on effective engineering controls.

SHARPS Injury Control Program
Available: http://www.dhs.ca.gov/ohb/sharps/ default.htm
Established by Senate Bill 2005 to study sharps injuries in hospitals, skilled nursing facilities, and home health agencies in California. Features a Beta version of Safety Enhanced Device Database Listing by Manufacturer.

Training for Development of Innovative Control Technologies (TDICT) Project
Available: http://www.tdict.org/criteria.html
Features "Safety Feature Evaluation Forms" for specific devices.

US DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS): CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) GUIDELINES AND RECOMMENDATIONS

CDC Prevention Guidelines Database
Available: http://aepo-xdv-www.epo.cdc.gov/ wonder/PrevGuid/PrevGuid.shtml
Provides access to the CDC Prevention Guidelines Database, which is a compilation of all of the official guidelines and recommendations published by the CDC for the prevention of diseases, disabilities, and injuries.

Morbidity and Mortality Weekly Report (MMWR)
Available: http://www2.cdc.gov/mmwr/ mmwr.html
Provides access to the MMWR, a series which is prepared by the CDC. Contains comprehensive information on policy statements for prevention and treatment that are within the CDC's scope of responsibility, for example, recommendations from the Advisory Committee on Immunization Practice (ACIP).

The following are CDC guidelines and recommendations on HIV, Hepatitis B, and Hepatitis C:

G**uideline for infection control in health care personnel, 1998.**
Available: http://www.cdc.gov/ncidod/hip/ GUIDE/InfectControl98.pdf

Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease. Publication date 10/16/1998.
Available: http://www.cdc.gov/epo/mmwr/ preview/mmwrhtml/00055154.htm

Public Health Service Guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Postexposure Prophylaxis. Publication date 5/15/1998.
Available: http://www.cdc.gov/eop/mmwr/ preview/mmwrhtml/00052722.htm

Appendix - First-Line Drugs for HIV Postexposure Prophylaxis (PEP). Publication date 5/15/1998.
Available: http://www.cdc.gov/epo/mmwr/ preview/mmwrhtml/00052801.htm

Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). Publication date 12/26/1997. (Provides recommendations for Hepatitis B).
Available: http://www.cdc.gov/epo/mmwr/ preview/mmwrhtml/00050577.htm

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. Publication date 6/29/2001.
Available: http://www.cdc.gov/mmwr/PDF/rr/ rr5011.pdf

VACCINE SAFETY

Centers for Disease Control and Prevention (CDC)
Available: http://www.cdc.gov/nip/vacsafe/
The National Immunization Program (NIP) of the CDC features information on vaccine safety.

Food and Drug Administration (FDA)
Available: http://www.fda.gov/fdac/features/ 095_vacc.html and
http://www.fda.gov/cber/vaers.vaers.htm
The first site features information on how the FDA ensures vaccine safety. The second site features information on the Vaccine Adverse Event Reporting System (VAERS), a cooperative program for vaccine safety of the FDA and CDC.

Immunization Action Coalition (IAC)
Available: http://www.immunize.org/
The IAC is a nonprofit organization working to increase immunization rates and prevent disease. Features Vaccine Information Statements, free print materials, and other hepatitis and immunization sites.

Infectious Diseases Society of America (IDSA)
Available: http://www.idsociety.org/vaccine/ index.html
The Vaccine Initiative is a project of the IDSA and the Pediatric Infectious Diseases Society. Features information on vaccination and vaccination-related issues.

Institute for Vaccine Safety, Johns Hopkins School of Public Health
Available: http://www.vaccinesafety.edu/
The purpose of the Institute is to obtain and distribute information on the safety of recommended immunizations.

National Institutes of Health (NIH)
Available: http://www.niaid.nih.gov/ publications/vaccine/undvacc.htm
Features a 40 page brochure “Understanding Vaccines.”

World Health Organization (WHO)
Available: http://www.who.int/gpv-safety/

Features a vaccine safety home page which offers links to vaccine safety-related information.

https://www.nj.gov/health/workplacehealthandsafety/documents/peosh/bbpsib.pdf