Department of Education
Chancellor Richard A. Carranza

Bloodborne Pathogens Standard
(29 CFR 1910.1030)

Exposure Incident Package

Bloodborne Pathogens Exposure Incident Package

Prepared by:

NYC Department of Education
Office of Occupational Safety and Health
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Brooklyn, NY 11201
718-935-2319
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Revised Date:

08/20/2018

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The Regulation

The Standard is a federal regulation cited as 29 CFR 1910.1030.

Purpose: To prevent the transmission of bloodborne pathogen diseases within potentially exposed workplace occupations.

Law in effect: This law has been in effect since 1992.

Who is covered: All NYCDOE employees whose job tasks bring them into routine contact with blood and other potentially infectious materials.

What is required: The NYCDOE is required to develop a written Exposure Control Plan; identify employees who are at risk; ensure that universal precautions are practiced; provide protective equipment; provide prompt evaluation and treatment to workers who have had a needle stick or other exposure to blood; offer Hepatitis B vaccinations to at-risk workers; train at-risk employees each year on bloodborne pathogen diseases, and adequately dispose of medical waste.

Who is responsible: Principals must ensure that their schools comply with this regulation. Site Employee Safety Administrators (SESAs) have been appointed by the principal to coordinate compliance activities.

Who enforces the law: The New York State Department of Labor, Public Employee Safety and Health Bureau (PESH). Fines may be levied for sites found not in compliance.

Rationale

The NYC Department of Education (DOE) is committed to providing a safe and healthful work environment for employees. The following Exposure Incident Package is provided to in accordance with OSHA Standard 29CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens”.

Bloodborne Pathogens

Bloodborne pathogens are pathogenic micro-organisms that are present in human blood and can cause bloodborne diseases such as hepatitis B, hepatitis C, and human immunodeficiency (HIV), syphilis and malaria. Bloodborne pathogens are transmitted following an exposure incident where infected blood or other body fluids contaminated with blood gets into the bloodstream of an uninfected person.

Bloodborne Pathogens Transmission

Exposure may occur when blood, body fluids contaminated with blood and OPIM gets into the body through bites, cuts or openings into the skin, puncture wounds sustained from sharp objects, or through splashing into the eyes, nose or mouth:

Bloodborne pathogens are primarily transmitted through:

1. Blood;
2. Any body fluid which is visibly contaminated with blood. These include tears, feces, urine, nasal secretions, sputum, saliva, sweat and vomit, and
3. Other Potentially Infectious Materials (OPIM).

Exposure Incident

An exposure incident is a specific eye, mouth or mucous membrane exposure, non-intact skin, or parenteral contact (piercing the skin through needle sticks, bites, cuts, or abrasions) with blood or other potentially infectious materials that results during the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM)

OPIM are semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids when it is difficult or impossible to differentiate between body fluids.

Preventing Occupational Exposure

Hepatitis B virus is largely preventable through vaccination. For HBV, HCV, and HIV, however, preventing occupational exposures to blood can prevent occupational infections with HBV, HCV, and HIV. This includes practicing Universal Precautions, using Personal Protective Equipment such as disposable gloves, and for District 75, gowns and sleeves when appropriate, practicing hand hygiene, cleaning and disinfecting contaminated surfaces can prevent many exposures to the eyes, nose, mouth or skin.

Many needlesticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries.

Standard Universal Precautions

Employees involved in handling body fluids or regulated waste must practice Standard Universal Precautions. This is an assumption that all human blood and specified human body fluids are infectious for bloodborne pathogens and must be treated accordingly.

Hepatitis B Vaccinations

The hepatitis B vaccine has proven to be a safe and effective method to prevent hepatitis B infection. vaccine that is recommended for all infants at birth and for children up to 18 years. It is recommended for

infants, teens and adults with occupational exposure to blood and OPIM. Completing the series of three shots is needed for full protection.

Personal Protective Equipment (PPE)

Personal protective equipment is often called the "last line of defense". It minimizes protection against occupational exposure and is routinely used when contact with blood or other body fluids is anticipated. When selected and worn properly, it prevents blood and body fluids from reaching an employee's clothes, skin, mouth, eyes or mucus membranes.

The type of protective equipment appropriate for the job varies with the task and degree of exposure anticipated. For DOE employees, these include:

- District 75 employees—disposable gloves, sleeves, aprons; and
- Other school staff— disposable gloves.

Regulated Medical Waste

DOE facilities do not routinely generate regulated waste. However, Special Education Nurses may perform invasive procedures or custodial staff may be required to clean up spills involving blood and/or body fluids contaminated with blood. According to OSHA's regulations, all DOE facilities are required to be prepared in the event that regulated waste is generated. Regulated medical waste must be placed in closable and biohazard labeled or color-coded containers and disposed according to federal, state, and local regulations.

Disinfection

All shared adaptive equipment, environmental and work surfaces must be cleaned and decontaminated as soon as possible after contact with blood or OPIM. EPA approved disinfectants are to be used to clean and decontaminate. Employees are required to use all disinfectant products according to manufacturer's instructions, including applying appropriate concentrations and volumes to a given surface area and providing adequate contact time.

Handwashing

Every day on our way to work or at work, people touch multiple objects that are laden with germs such as money, public transportation, surfaces, doors, doorknobs, elevator buttons, pens, pencils, and books that are touched by thousands of people. This is the most common way for germs to be transferred from person to person.

Hand washing has been proven the single most effective way to reduce the spread of infectious disease. Handwashing reduces the opportunity for touch contamination from hands to other areas of the body as well as other environmental surfaces.

Exposure to Bloodborne Pathogens

Exposure Risks

Some Department of Education employees may have exposure to blood and body fluids through the performance of their duties. Exposure may occur through:

- Providing medical and direct student care;
- Providing First Aid and Cardio-pulmonary resuscitation (CPR);
- Providing direct bathroom care of students;
- Cleaning up blood and decontaminating surfaces, such as adaptive equipment and changing tables;
- Handling contaminated sharp objects;
- Receiving needle sticks with contaminated needles or syringes;
- Sustaining physical injuries, such as student bites;
- Having uncovered open wounds. This includes cuts, nicks, burns, abrasions and acne sores. Openings in the skin are potential viral entry points.

Exposure to Blood and OPIM

Immediately following an exposure to blood or OPIM employees must:

- Remove any contaminated clothing**.**
- Wash needlesticks and cuts with soap and water.
- Flush splashes to the nose, mouth or skin with water.
- Irrigate eyes with clean water, saline, or use bottled eyewash.
- Stop any bleeding by applying pressure.
- Bandage the injury.
- Report the incident to your supervisor immediately.
- Fill out the Bloodborne *Pathogens Exposure Incident Report* or the *Sharps Injury Report* form if a contaminated sharp object was involved and the *SH900.2 form*.

Post exposure treatment should begin as soon as possible after exposure and preferably within 24 - 48 hours of exposure.

Exposure does not necessarily mean infection

The risk of developing a bloodborne pathogen disease may vary with factors such as:

- The pathogen type;
- The type of exposure;
- The amount of blood or other body fluids involved in the exposure; and
- The amount of virus in the source's blood or other fluid at the time of exposure.

Post Exposure Infection

Hepatitis B Infection (HBV)

Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risk from a single needlestick or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen (HBeAg) status of the source individual. Hepatitis B surface antigen (HBsAg)-positive individuals who are HBeAg positive have more virus in their blood and are more likely to transmit HBV than those who are HBeAg negative. While there is a risk for HBV infection from exposures of mucous membranes or non-intact skin, there is no known risk for HBV infection from exposure to intact skin.

Hepatitis C Infection (HCV)

The average risk for infection after a needlestick or cut exposure to HCV infected blood is approximately 1.8%. The risk following a blood exposure to the eye, nose or mouth is unknown, but is believed to be very small; however, HCV infection from blood splash to the eye has been reported. There also has been a report of HCV transmission that may have resulted from exposure to non-intact skin, but no known risk from exposure to intact skin.

Human Immunodeficiency Virus (HIV) Infection

The average risk of HIV infection after a needlestick or cut exposure to HlV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needlestick/cut exposures do not lead to infection.

- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).
- The risk after exposure of non-intact skin to HlV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time).

Post Exposure Precautions

Hepatitis B Infection (HBV)

If you are exposed to HBV and receive post exposure treatment, it is unlikely that you will become infected and pass the infection on to others. No precautions are recommended.

Hepatitis C Infection (HCV)

Because the risk of becoming infected and passing the infection on to others after an exposure to HCV is low, no precautions are recommended.

Human Immunodeficiency Virus (HIV) Infection

During the follow-up period, especially the first 6-12 weeks when most infected persons are expected to show signs of infection, you should follow recommendations for preventing transmission of HIV. These include not donating blood, semen, or organs and not having sexual intercourse. If you choose to have sexual intercourse, using a condom consistently and correctly may reduce the risk of HIV transmission. In addition, women should consider not breast-feeding infants during the follow-up period to prevent the possibility of exposing their infants to HIV that may be in breast milk.

Employee Rights

Employees exposed to blood or OPIM should seek medical attention, evaluation and follow-up from their private physicians preferably within 24 – 48 hours of the exposure incident.

1. Employees must be offered a confidential post-exposure evaluation and follow up, to include:
    a. Documentation of the route of exposure and how it occurred.
    b. Identification and testing of the source individual if consent has been obtained.
    c. Request to provide the employees' medial provider with the source individual's test results (if consent has been obtained. The parent may decline this request
    d. A post-exposure medical evaluation to include testing to determine HIV and hepatitis B infectivity as soon as possible after the incident.
    e. Counseling, and safe and effective post-exposure prophylaxis provided by the licensed health care provider according to the recommendations of the U.S. Public Health Service.

2. The employee should be released to seek medical care during the work shift in which the incident occurred. If declining, the employee should complete the *Employee Declination of Post Exposure Evaluation* – Appendix C.
3. The medical evaluation must be conducted during regular work hours at no cost to the employee.
4. Transportation to/from the medical evaluation must be provided by the employer.

The Site Employee Safety Administrator (SESA) should ensure that the employee is provided with the following:

a. A copy of the *Bloodborne Pathogens Standard* – Appendix I;
b. A copy of the *Exposure Incident Report* – Appendix B;
c. A copy of the *Health Care Professional's Written Opinion* – Appendix E;
d. A copy of the *SH900.2 form-Injury and Illness Incident Report* and submit completed form to the school's designated SH900 person (Payroll Secretary) – Appendix F.

School Administrators' Responsibilities

1. Encourage the employee to thoroughly wash the affected area and receive first aid.
2. Advise the employee of his/her rights on Post-exposure evaluation.
3. Complete an *Exposure Incident Report or Sharps Injury Report* as appropriate.
4. Offer the opportunity for counseling and medical evaluation at no cost by a personal physician. The employee may decline this opportunity in writing.
5. Provide the employee with:
    e. A copy of the *Bloodborne Pathogens Standard* – Appendix I;
    f. A copy of the *Exposure Incident Report* – Appendix B;
    g. A copy of the *Health Care Professional's Written Opinion* – Appendix D;
    h. Transportation to/from the treating medical facility.
    i. A copy of the *SH900.2 form-Injury and Illness Incident Report* and submit completed form to the school's designated SH900 person (Payroll Secretary) – Appendix E.
6. Release employee to seek medical care during the work shift in which the incident occurred. If declining, the employee should indicate this in Section 8 of the Exposure Incident Report in Appendix B.
7. The employee may request that the source individual's blood be tested. The administrator should use the sample *Request for Source Individual Evaluation* letter and the *Identification and Evaluation of Source Individual* forms in Appendix C. The parent may decline this request.
8. Record the incident in the *Bloodborne Pathogens Compliance Tool (BBPCT*) as soon as possible – *Exposure Incident* Tab.
9. Fax a copy of the completed *Exposure Incident Report* to the Office of Occupational Safety and Health (718-935-2336).
10. Provide the employee with a copy of the completed *Medical Provider's Written Opinion* within 15 days of the health care provider's written evaluation – Appendix D.
11. If necessary, provide the employee with a copy of the *OP 505 Claim* for *Reimbursement for Medical Expenses form* - Appendix F.

Reimbursement for Medical Expenses

To receive reimbursement for medical expenses incurred as a result of an occupational exposure to blood and OPIM:

1. Submit the BBP Exposure Incident report to OOSH.
2. Complete the *Claim for Reimbursement of Medical Expenses* (OP 505).
3. Submit completed OP 505 form and proof of payment to:

   Medical, Leaves and Records Unit
   65 Court Street, Room 201
   Brooklyn, NY 11201.

Appendix A

Definitions

AIDS - acquired immune deficiency syndrome.

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

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

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

Contaminated Sharps - 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 - 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.

Designated Emergency First Aid Team - employees trained in first aid, rescue procedures or emergency response and designated by the employer as responsible for rendering medical assistance as part of their job duties.

Emergency Response - the response by employees who are designated by their employer as emergency response personnel, to fire, accident, earthquake, explosion or other incidents.

Engineering Controls - controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

HBV - hepatitis B virus.

HIV - human immunodeficiency virus.

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

Other Potentially Infectious Materials (OPIM) - (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 other body fluid that is visibly contaminated with blood such as saliva or vomitus and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response; (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 - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment - specialized clothing or equipment worn by an employee for protection against 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.

Regulated Medical Waste - 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.

Seroconversion - the development of antibodies in response to a vaccine or exposure to a bloodborne pathogen. For example, an individual who was known to test negative for the Hepatitis B virus who becomes positive for the Hepatitis B virus following as exposure incident represents a case of seroconversion.

Source Individual (Potential Transmitter) - 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 - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions - 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 - 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).

Appendix B

Exposure Incident Report

Exposure Incident Report

Section 1 – Employee Data

Location Where Employed: _____ **DBN:** _____/_____/_____

Address: _____

Name of Exposed Employee: _____ _____ _____

LAST **FIRST** **EIS#:**

Date of Exposure: _____ **Time of Exposure:** _____

○ AM ○ PM

Job Title: _____

Email: _____ **Phone:** _____

Was the Incident Work Related? ○ Yes ○ No ○ Don't Know

Location where Exposure Incident Occurred:

_____

Section 2 - Describe How the Exposure Occurred

_____

_____

_____

Section 3 - Type of Exposure *(Check all that apply)*

- ○ Percutaneous (*Needle or sharp object that was in contact with blood or body fluids*).
- ○ Muco-cutaneous (*Exposure to skin and mucous membranes e.g. eyes, nose , mouth*)
- ○ Bite
- ○ Other

Section 4 - Exposure Information

Type of fluid or material

- ○ Blood/blood products
- ○ Visibly bloody body fluid
- ○ Non-visibly blood body fluid
- ○ Visibly bloody solution (water used to clean blood spill)

Indicate which body fluid:

O Cerebrospinal	O Urine	O Synovial
O Amniotic	O Sputum	O Peritoneal
O Pericardial	O Saliva	O Semen/Vaginal
O Pleural	O Feces/Stool	O Other/Unknown

Section 5 - Body Exposure *(Check all that apply)*

Mucous Membranes:	○ Eye	○ Mouth	○ Nose
Skin Exposure:	○ Hand/finger	○ Face	○ Leg
	○ Other - *Describe*		
Exposure Quantity:	○ Small (e.g. few drops)	○ Large (e.g. major blood splash)	
If skin exposure, was skin intact?	○ Yes	○ No	○ Unsure/Unknown

Section 6 - Source Information

Was the Individual Identified? ○ Yes ○ No ○ Unknown

Name of Individual: _____

Section 7 - Needle/Sharp Device Information

O **Not Applicable**

What device or item caused the injury? _____ ○ Other device/item

What was the depth of injury *(Check only one)*

○ Superficial (*e.g. scratch, no or little blood*)

○ Moderate (*e.g. penetrated through skin, wound bled*)

○ Deep (*e.g. intramuscular penetration*)

○ Unsure/Unknown

Was blood visible on device before exposure? ○ Yes ○ No ○ Unknown

Describe:

Section 8 - Bites/Scratches

O **Not Applicable**

How was the wound inflicted? ○ Bite ○ Scratch ○ Other

What was the depth of injury *(Check only one)*

○ Superficial (e.g. scratch, no or little blood)

○ Moderate (e.g. penetrated through skin, wound bled)

○ Deep (e.g. intramuscular penetration)

○ Unsure/Unknown

Were you exposed to the source's blood? ○ Yes ○ No ○ Unknown

Section 9 - Certification

To the best of my knowledge, I certify that the above information is true and correct

Employee Name:	Sign:	Date:
Name of : Person completing Form:		Date:

Section 10 - I Decline Medical Evaluation

Employee Name:	Sign:	Date:

Appendix C

Request for Testing of Source Individual

(On School Letterhead)

Date

CONFIDENTIAL

RE: Request for Source Individual Evaluation

Dear Parent/Guardian:

During the course of duty, one of our employees was involved in an incident in which exposure to your child's blood and/or bodily fluid occurred.

Given the circumstances surrounding this incident, our employee is concerned about the possible risk of bloodborne pathogen transmission. A request is being made that you provide an evaluation of the source individual (your child) to the employee's health care provider.

Attached is an *Identification and Evaluation of Source Individual* form. The exposed employee has completed *Part A*. Please complete Part B. If you refuse consent, please return the signed form to your child's school. If you consent, please have your physician complete *Part C*.

Confidentiality assurances for the student and the exposed employee concerning the nature of the exposure are protected. Any communication regarding the medical findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protection under law and cannot be disclosed or released without the written consent of the parent. 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,

(School Administrator)

Identification and Evaluation of Source Individual Form

Part A - *Completed by Exposed Employee*

EXPOSED EMPLOYEE'S INFORMATION	
Name:	Date of Incident:
Work Site:	School Telephone:
Source Individual's Name:	
INCIDENT INFORMATION: Check the most appropriate: ○ Blood or OPIM splashed into Mucus membrane or non-intact skin ○ Contaminated needle stick injury ○ Other : _____	
Medical Care Provider:	
Medical Care Provider's Telephone:	

Part B – *Completed by Parent/Guardian*

SOURCE INDIVIDUAL INFORMATION	
○ Consent Granted (Sign and have your child's physician complete Part C) ○ Consent Refused – (Sign below and return to your child's school the school)	
Parent/Guardian Name:	Signature:
If consented, Medical Provider's Name:	
If consented, Medical Provider's Telephone:	

Part C - *Completed by Source Individual's Medical Provider*

MEDICAL EVALUATION	
○ Evaluation of source individual evidenced to known exposure to bloodborne pathogens ○ Evaluation of source individual evidences possible exposure to bloodborne pathogens. Medical follow-up recommended ○ Identification of source individual infeasible or prohibited by state of Local law. State why:	
Name of Person completing Report:	
Signature:	Date:

Appendix D

Health Care Professional's Written Opinion for Post-Exposure Evaluation

EMPLOYEE NAME: _____

DATE OF INCIDENT: _____

DATE OF OFFICE VISIT: _____

HEALTH CARE FACILITY ADDRESS: _____

_____

HEALTH CARE FACILITY TELEPHONE: _____

AS REQUIRED UNDER OSHA'S BLOODBORNE PATHOGENS' STANDARD:

◯ The employee named above has been informed of the results of the post-exposure health evaluation

◯ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment

◯ Hepatitis B vaccine indicated

◯ Is indicated ◯ Is not indicated

_____ _____ _____

DATE: **PRINT NAME OF HEALTH CARE PROVIDER** **SIGNATURE OF HEALTH CARE PROVIDER**

RETURN THIS FORM TO THE EMPLOYER AND PROVIDE A COPY TO THE EMPLOYEE WITHIN 15 DAYS. PLEASE LABEL THE OUTSIDE OF THE ENVELOPE "**CONFIDENTIAL**"

EMPLOYER NAME	EMPLOYER ADDRESS

Appendix E

SH900.2 Form – Incident and Injury Report

A clean copy is available from your SH900 designated person (Payroll Secretary)

PART 1 - Document the Details of the Work-Related Case

SH900.2 FORM (Form 1 of 3)

INJURY AND ILLNESS INCIDENT REPORT

Adapted from NYSDOL 900.2 Form

JAN – DEC 2018

DBN: ____ ____ ____ (District Boro School)

Case #: _____ (Col. A of the SH900 Form)

INSTRUCTIONS: Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form. **Detailed instructions on back.**

COMPLETED BY:

Name:	Title:	Date:	Phone:

EMPLOYEE INFORMATION

Full Name:			
Street:	City:	State: NY	Zip:
Date of Birth:	Date of Hire:	Male	Female

PHYSICIAN/HEALTH CARE PROFESSIONAL INFORMATION

6. Name of Provider:			
7. If treatment was given away from the worksite, where was it given? Facility:			
Street:	City:	State:	Zip:
8. Was employee treated in an emergency room? YES NO	9. Was employee hospitalized overnight? YES NO		

INFORMATION ABOUT THE CASE

10. Case Number from the SH900 Log:		11. Date of injury/illness:
12. Time Employee began work: AM PM	13. Time of Event: AM PM	☐ Check if time cannot be determined
Event occurred : Before work shift	During work shift	After work shift

14. **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Example: *"climbing a ladder while carrying roofing material" or "spraying chlorine from hand sprayer".* _____

15. **What happened? Tell us how the injury occurred.** Examples: *When ladder slipped on wet floor, worker fell 20 feet, Worker was sprayed with chlorine when gasket broke during replacement"* _____

16. **What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Be more specific than "hurt", "pain" or "sore".** Examples: *strained back, chemical burn, hand* _____

17. **What object or substance directly harmed the employee?** Examples: "concrete floor, radial arm saw, chlorine" _____

18. **If the employee died, when did death occur? Date of Death:** _____

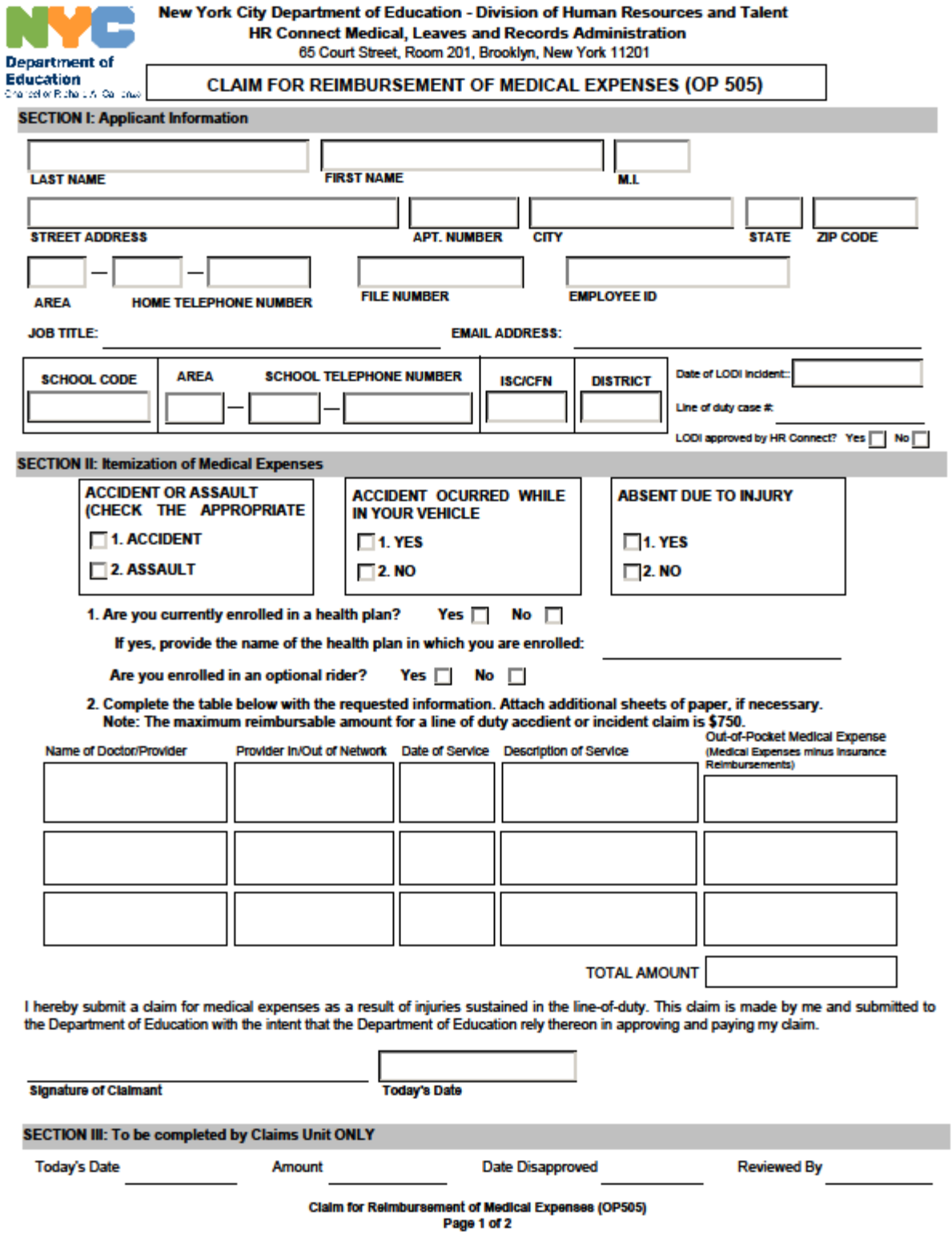
☐ **ILLNESS CASES ONLY.** Check this box if the employee independently and voluntarily requests that his/her name not to be entered on the log. If checked, treat as a privacy concern case.

Turn Over →

Appendix F

Claim for Reimbursement of Medical Expenses (OP 505)

(A clean copy is posted on the Employee Info Hub- HR Connect)



Department of Education

New York City Department of Education - Division of Human Resources and Talent
HR Connect Medical, Leaves and Records Administration
65 Court Street, Room 201, Brooklyn, New York 11201

CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES (OP 505)

SECTION I: Applicant Information

LAST NAME | FIRST NAME | M.I.

STREET ADDRESS | APT. NUMBER | CITY | STATE | ZIP CODE

AREA — HOME TELEPHONE NUMBER | FILE NUMBER | EMPLOYEE ID

JOB TITLE: | EMAIL ADDRESS:

SCHOOL CODE | AREA — SCHOOL TELEPHONE NUMBER | ISC/CFN | DISTRICT

Date of LODI Incident:

Line of duty case #:

LODI approved by HR Connect? Yes ☐ No ☐

SECTION II: Itemization of Medical Expenses

ACCIDENT OR ASSAULT (CHECK THE APPROPRIATE	ACCIDENT OCURRED WHILE IN YOUR VEHICLE	ABSENT DUE TO INJURY
☐ 1. ACCIDENT	☐ 1. YES	☐ 1. YES
☐ 2. ASSAULT	☐ 2. NO	☐ 2. NO

1. Are you currently enrolled in a health plan? Yes ☐ No ☐

If yes, provide the name of the health plan in which you are enrolled: _____

Are you enrolled in an optional rider? Yes ☐ No ☐

2. Complete the table below with the requested information. Attach additional sheets of paper, if necessary.
Note: The maximum reimbursable amount for a line of duty accdient or incident claim is $750.

Name of Doctor/Provider	Provider In/Out of Network	Date of Service	Description of Service	Out-of-Pocket Medical Expense (Medical Expenses minus Insurance Reimbursements)

TOTAL AMOUNT

I hereby submit a claim for medical expenses as a result of injuries sustained in the line-of-duty. This claim is made by me and submitted to the Department of Education with the intent that the Department of Education rely thereon in approving and paying my claim.

Signature of Claimant | Today's Date

SECTION III: To be completed by Claims Unit ONLY

Today's Date _____ Amount _____ Date Disapproved _____ Reviewed By _____

Claim for Reimbursement of Medical Expenses (OP505)
Page 1 of 2

Appendix G

Sharps Injury Log

SHARPS INJURY LOG					
DATE	**CASE #**	**TYPE OF DEVICE**	**BRAND NAME OF DEVICE**	**WORK AREA WHERE INJURY OCCURRED**	**BRIEF DESCRIPTION OF HOW THE INCIDENT OCCURRED (Procedure being done, action being performed, body part injured)**

29 CFR 1910.1030 (h)(5), requires the employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

Appendix H

Occupational Exposure to Bloodborne Pathogens 29 CFR 1910.1030

Regulations (Standards - 29 CFR) - Table of Contents

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1030
- **Title:** Bloodborne pathogens.
- **Appendix:** A
- **GPO Source:** e-CFR

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 air-drying machines.

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

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; or

(3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

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

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

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

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

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

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

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

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

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

1910.1030(c)

Exposure Control -

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)

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

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

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

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

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 1910.20(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 â¿¿appropriateâ¿ 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 occurances 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 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:

BIOHAZARD

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:

BIOHAZARD

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

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

he 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 part 1904.

1910.1030(h)(5)(iii)

The sharps injury log shall be maintained for the period required by 29 CFR 1904.33.

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)

Paragraphs (g)(2) Information and Training and (h) Recordkeeping of this section 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 of this section, 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]

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