

*Illinois Local Governmental Law  
Enforcement Officers Training Board*

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*Bloodborne  
Pathogens Standard*

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Jim Edgar, Governor  
Dr. Thomas J. Jurkanin, Exexutive Director

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*An Administrators Guide  
for Compliance*

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**Illinois Local Governmental Law  
Enforcement Officers Training Board**

**STATE OF ILLINOIS**

Jim Edgar, Governor  
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Summer 1992

**AN OPEN LETTER TO ALL LAW ENFORCEMENT AGENCIES:**

Law enforcement personnel face numerous situations involving risk every day in the performance of their jobs. Many situations have the potential for exposure to blood or other potentially infectious materials. The consequences of such exposure can include the transmission of the human immunodeficiency virus (HIV), the hepatitis B virus (HBV), along with many other microorganisms capable of producing disease. Examples of such exposures include accident response, emergency childbirth, assault, intervention in disputes, crime scene investigation, and the processing of suspects carrying weapons or intravenous needles.

In recognition of such risk, the Occupational Safety and Health Administration (OSHA) has promulgated a new standard, 29CFR 1910.1030 Bloodborne Pathogens. This standard has been adopted in the state by the Illinois Department of Labor. The intent of the standard is to prevent exposure to blood or other infectious materials through engineering controls, work practices, training and personal protective equipment. The enclosed material should assist you in becoming familiar with the standard so that your department may ensure compliance.

Law enforcement's awareness and active protection against infectious diseases is vital to the health of our public servants, their families and to the communities they serve. It is the responsibility of each agency to ensure that all emergency responders - full-time, part-time, and auxiliary - have the training, equipment, and necessary protection to perform their jobs safely. It is a given that law enforcement officers must protect the lives of others, but concurrently they should protect their own health in the process. The new Bloodborne Pathogen Standard and your compliance with it will make sure that your professionals are protected.

The Board is pleased to provide the enclosed training information for your use. Please contact the Board office if we may offer additional assistance.

Sincerely,

A handwritten signature in black ink that reads "Thomas J. Jurkanin Ph.D." The signature is fluid and cursive.

Thomas J. Jurkanin, Ph.D.  
Executive Director

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## **ACKNOWLEDGEMENT**

The Board would like to thank the Elgin Police Department for permission to utilize their plan as a model for compliance.

The Board would like to also extend its sincere appreciation to the Illinois Department of Labor, Division of Safety Inspection and Education for assistance in the development of this document. The division has a variety of programs available to help employees maintain a safe and healthful work environment. The safety division adopts and enforces the requirements of 29CFR parts 1910, 1915, and 1926 (federal OSHA regulations) for the public sector work sites in Illinois. The department also conducts training and educational programs on occupational safety and health issues.

The following document is primarily derived from three sources of information.

- 29CFR 1910.1030 Bloodborne Pathogens
- U.S. Department of Labor OSHA Instruction CPL 2-2.44C
- U. S. Public Health Service (USPHS), "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers" (Feb., 1989)

This document is provided for informational purposes only and should not be construed as a legal of any state or federal law. For further information on this or any other of the occupational safety and health standards, please contact the Safety Inspection and Education Division of the Illinois Department of Labor at:

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Springfield, IL 62701-1217  
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## **OTHER RESOURCE AGENCIES**

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230 South Dearborn Street, Room 3244  
CHICAGO, IL 60604  
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Illinois Local Governmental Law Enforcement Officers Training Board

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## INTRODUCTION

Each day, police officers face situations with the potential for exposure to blood or other potentially infectious materials. The consequences of such exposure can include the transmission of the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV), along with many other microorganisms capable of producing disease. Examples of such exposures include accident response, emergency childbirth, assaults, intervention in disputes, crime scene investigation, and the processing of suspects carrying weapons or intravenous needles.

Because of these risks, the Occupational Safety and Health Administration (OSHA) has promulgated a new standard, 29CFR 1910.1030 Bloodborne Pathogens. The intent of the standard is to prevent exposure to blood other potentially infectious materials (OPIM) through engineering controls, work practices, education, and personal protective equipment. The employer's program is organized into a written plan to aid in its implementation.

While local governments in Illinois do not fall under the jurisdiction of OSHA, they do fall under the auspices of the Illinois Department of Labor. The Illinois Department of Labor has adopted, through formal rule making, the OSHA standard. This document provides a description of the requirements of the standard, recommended practices, and attachments to help develop a written plan.

All employers with "occupationally exposed" employees must comply with the standard. "Occupational Exposure" means any reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee's duties.

This definition should not be confused with "Exposure Incident," which is 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. This is an important distinction, because an exposure incident requires follow-up medical care and evaluation, and a routine occupational exposure does not.

If an exposure incident occurs, medical management, including collection of pertinent medical and occupational history, provision of treatment, and counseling regarding future work and personal behaviors, may reduce risk of developing disease as a result of the exposure episode. Following episodic (or continuous) exposure, decontamination and disinfection of the work environment, devices, equipment, and clothing or other forms of personal protective equipment can reduce subsequent risk of exposures. Proper disposal of contaminated waste has similar benefits and is mandated.

The term "work area" means the area where work involving exposure or potential exposure to blood or OPIM exists, along with the potential contamination of surfaces. Employees are permitted to eat and drink in an ambulance cab, for example, as long as the employer has implemented procedures to permit employees to wash up and change contaminated clothing prior to entering the ambulance cab, and to ensure that patients Contaminated material remain behind the separating partition.



## THE WRITTEN PLAN 1910.1030(c)

One major provision of the standard is the development of a written plan. Each employer is required to maintain a written plan at the worksite that documents the facility's compliance with the standard. The written plan must include the following elements, including a timetable for their implementation:

- 1) An exposure determination that lists who is known to be exposed, and who may be under certain circumstances. For those who may be exposed, a list of tasks or procedures that would expose the employee must be included.
  - 2) A description of the employer's "methods of compliance." "These methods include:
    - a) Universal precautions
    - b) Engineering controls
    - c) Work practice controls
    - d) Personal protective gear
    - e) Housekeeping practices
  - 3) A description of the HBV vaccination program and the plan for post-exposure incident follow up.
  - 4) A description of the Biohazard labeling program for contaminated articles and regulated waste.
  - 5) A description of the employee training program, including training dates.
  - 6) A description of the program for evaluating any exposure incident that may occur.
- This must also include an evaluation of the circumstances and "failure of controls" that allowed the exposure to occur.

The employer must update the plan annually, and ensure that employees can readily access the plan. Because the plan contains pertinent medical data, it is regulated by 29CFR 1910.20, Access to Medical Records. According to this standard, the employee must be provided with a hard copy within 15 days of a written plan must also be made available to representatives of the Illinois Department of Labor upon request.



## **METHODS OF COMPLIANCE**

### **1910.1030(d)**

#### *General Infection Control and Universal Precautions*

Within the health-care setting, general infection control procedures have been developed to minimize the risk of infection from contact with contaminated devices, objects, and surfaces, or of transmission of an infectious agent through improper work practices. General infection control procedures are designed to prevent transmission of many types of microbiological agents and to provide a wide margin of safety in the varied situations encountered in the health-care environment.

The modes of transmission noted in the hospital and medical office environment are observed in the work situations of emergency and public-safety workers as well. Therefore, the principles of infection control developed for hospital and other health-care settings are also applicable to these work situations. Use of general infection control measures, as adapted to the work environments of emergency and public-safety, is important to protect both workers and individuals with whom they work from a variety of infectious agents, not just HIV and HBV.

To minimize the risks of acquiring HIV and/or HBV during performance of job duties, emergency and public-safety workers should be protected from exposure to blood and other body fluids as circumstances dictate. Protection can be achieved through adherence to work practices designed to minimize or eliminate exposure and through use of personal protective equipment (i.e., gloves, masks, and protective clothing), which provide a barrier between the worker and the exposure source. In some situations, redesign of selected aspects of the job through equipment modifications or environmental control can further reduce risk. These approaches to primary prevention should be used together to achieve maximal reduction of the risk of exposure.

Because emergency and public-safety personnel work in environments that provide inherently unpredictable risks of exposures, general infection-control procedures should be adapted to these work situations. Emergency and public-safety workers perform their duties in the community under extremely variable conditions; thus, control measures that are simple and uniform across all situations have the greatest likelihood of worker compliance.

In 1985, The Centers for Disease Control (CDC) developed the strategy of “universal blood and body fluid precautions” to address concerns regarding transmission of HIV in the health-care setting. The concept, now referred to simply as “universal precautions” stresses that all patients should be assumed to be infectious for HIV and other bloodborne pathogens. In the hospital and other health-care settings, universal precautions are followed when workers are exposed to blood, certain other body fluids (amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, and vaginal secretions), or any body fluid visibly contaminated with blood. Since HIV and HBV transmission has not been documented from exposure to other body fluids (feces, nasal secretions, sputum, sweat, tears, urine, saliva and vomitus), these fluids are not included unless the body fluid is likely to be

contaminated with blood.

The unpredictable and emergent nature of exposures encountered by emergency and public-safety workers may make differentiation between body fluids very difficult and often impossible. For example, poor lighting may limit the worker's ability to detect visible blood in vomitus or feces. Therefore, when emergency medical and public-safety workers encounter body fluids under uncontrolled emergency circumstances, in which differentiation between fluid types is difficult, if not impossible, they should treat all body fluids as potentially hazardous.

Another method of infection control is called Body Substance Isolation (BSI). This method defines all body fluids and substances as infections. BSI incorporates not only the fluids and materials covered by this standard, but expands coverage to include all body fluids and substances. BSI is an acceptable alternative to universal precautions, provided facilities utilizing BSI adhere to all other provisions of this standard.

### *Engineering Controls and Work Practices*

This section requires the employer to institute engineering and work practice controls as the primary means of eliminating or minimizing employee exposure. For circumstances in which occupational exposure remains after institution of engineering and work practice controls, employers must provide personal protective equipment as additional protection.

This section requires that engineering controls be examined and maintained or replaced on a regular schedule to ensure their effectiveness. Regularly scheduled inspections are required to confirm, for instance, that engineering controls such as protective shields have not been removed or broken; that sharps disposal containers are being replaced in sufficiently frequent intervals; and that other physical, mechanical or replacement dependent controls are functioning as intended. Documentation of the examination schedule will become part of your written infection control plan.

### *Hand-washing*

Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids to which universal precautions apply, or after exposure to potentially contaminated surfaces. Hands should always be washed after gloves are removed, even if the gloves appear to be intact. Waterless antiseptic hand cleanser should be provided on responding units to use when hand-washing facilities are not available. When hand-washing facilities are available, wash hands with warm water and soap. Hand-washing with soap and at least tepid running water must be performed as soon as feasible, particularly in cases of gross contamination, to adequately flush contaminated material from the skin. At a fixed establishment, if employees need to perform hand-washing, they must have a location for washing available at a reasonable distance from their normal work area; I.e., no further than what would be considered reasonable for location of restrooms.

If an employee must thread his/her way through doorways and/or stairs to wash with appropriate frequency so that there is a reasonable chance of resultant environmental

surface contamination, a violation of the regulation exists.

### *Handling Sharps*

Employees must be trained to process sharps in a safe manner. It is important to remember that sharps include not only needles and scalpels, but also anything that might produce a puncture wound which could expose employees to blood or OPIM, such as weapons.

### *Personal Hygiene*

Eating, drinking, smoking, application of cosmetics, and contact lens handling is prohibited in areas where exposure is likely to occur. Food and drink shall not be kept in areas where blood or OPIM is present.

### *Specimen Labeling and Handling*

The standard requires the containerization and labeling of specimens. This minimizes the possibility of inadvertent employee contact with blood or OPIM which may have leaked out of the container, contaminating exterior surfaces. Specimens shall be placed in double containers, if contamination of the specimen container is likely. Proper labeling warns employees that these substances are present so that proper handling precautions can be taken. All workers who might potentially open a carrier shall be trained to regard the contents as biohazardous in nature. Employees who open biohazard carriers shall wear gloves when removing specimens from the carrier, as it may be contaminated with leakage. They shall be trained in decontamination of the carrier and other potentially contaminated surfaces.

Evidence may be placed in paper, versus plastic bags, as standard practice dictates. Please note evidence is not considered regulated waste until disposed of. The evidence will require biohazard tagging and universal precautions. Present storage practices for evidence can be utilized.

### *Personal Protective Equipment*

Personal Protective Equipment (PPE) must be used to prevent blood or OPIM from contaminating the employee's work or street clothes, undergarments, skin, eyes, mouth, or other mucous membranes, unless engineering controls and work practices have eliminated occupational exposure. The type and amount of PPE should be based upon the type of exposure and quantity of these substances which can be reasonably anticipated to be encountered during the performance of a task or procedure. See Table 1 for guidance concerning appropriate PPE for certain occupational exposures.

The financial responsibility for purchasing, cleaning, maintaining and disposing of PPE rests with the employer. The employer is not obligated under this standard to provide general work clothes to employees, but is responsible for providing PPE. If laboratory coats or uniforms are intended to protect the employee's body from contamination, they are to be provided by the employer. The standard requires that the employer provide PPE in appropriate sizes and accessible locations. In addition, 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.

As one example of “readily accessible” PPE, the clothing of officers out on an emergency call may become blood-soaked. If they are unable to change before the next emergency call because a second set of clothing is located at the station, and the officer does not return to base for prolonged periods, a violation of the standard would exist.

Emergency ventilation devices also fall under the scope of PPE and hence must be provided by the employer for use in resuscitation (e.g., masks, one way mouthpieces, resuscitation bags, shields/overlay barriers).

#### *Maintenance of PPE*

Many employees have traditionally provided and laundered their own uniforms or laboratory coats. If the item’s intended function is to act a PPE, then it is the employer’s responsibility to provide, clean, repair, replace, and/or dispose of it.

Home laundering of contaminated articles is not permitted since the employer cannot guarantee that proper handling or laundering procedures are being followed. It could also lead to the migration of contaminants to the home.

If the employee wishes to choose, wear, and maintain his/her own uniform or laboratory coat, then he/she would need to don additional employer-handled and employer-controlled PPE when performing tasks where it is reasonable to anticipate exposure to blood or OPIM.

#### *Decontamination and Laundering of Protective Clothing*

Protective work clothing contaminated with blood or OPIM shall be placed and transported in bags or containers that prevent leakage. Personnel involved in the bagging, transport, and laundering of contaminated clothing shall wear gloves. Protective clothing and work uniforms should be washed and dried according to the manufacturer’s instructions. It is recommended to have manufacturer’s laundering instructions (as in pertains to cleansing Bloodborne Pathogens) on file. Boots and leather goods may be brush-scrubbed with soap and hot water to remove contamination.

The material for the bags or containers used in laundry collection must prevent soak-through or leakage of fluids to the exterior, if the contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage. Not all contaminated laundry must be placed in such bags or containers, only laundry wet enough to leak or soak through and expose workers handling the bags to blood or OPIM.

Employees having direct contact with contaminated laundry must wear protective gloves and any other appropriate personal protective equipment, in order to prevent or reduce contact exposure to blood or OPIM. Any other personal protective equipment required must be determined on a case-by-case basis. Gowns, aprons, eyewear, and masks may also be necessary to prevent employee exposure.

The generator of the laundry must have determined if the facility to which it is shipped utilized universal precautions. If not, all bags or containers of contaminated laundry must be labeled or color-coded in accordance with section 1910.1030(g)(1). In this instance, if the generator of the laundry chooses to color-code rather than label, the color of the bag must be red. It is recommended that if a laundry facility is utilized, that an agreement with that facility be made to ensure that they understand what they are accepting to clean and that they will process the laundry according to any state or federal recommendations.

### *PPE Use in Emergencies*

The standard provides for a limited exemption from the use of PPE, based on situations in which use of PPE would prevent the proper delivery of health care or public safety services, or would pose an increased hazard to the personal safety of the worker. The following represent examples of when such a situation could occur:

- 1) A police officer rescues an individual who is not breathing from a car and discovers that his/her resuscitation equipment is lost/damaged and he/she must administer CPR;
- 2) A bleeding suspect unexpectedly attacks a police officer with a knife, threatening the safety of the officer and/or co-workers.

Please note that an employee's decision not to use PPE is to be made on a case-by-case basis and must have been prompted by legitimate and truly extenuating circumstances. This does not relieve the employer of the responsibility to ensure that PPE is readily accessible at all times. The employer shall document why PPE was not used in each case and evaluate the circumstances surrounding the incident to reduce the likelihood of a future (unprotected) incident.

### *Glove Use*

The standard has specific requirements for the use of gloves. Gloves of appropriate sizes must be made available in accordance with the standard. At a minimum, gloves shall be used where there is reasonable anticipation of employee hand contact with blood, OPIM, mucous membranes, or non-intact skin, when performing vascular access procedures, or when handling or touching contaminated surfaces or items. Studies have shown that gloves provide a barrier, but that neither vinyl nor latex procedure gloves are completely impermeable. Thus, handwashing after glove removal is required.

Disinfecting agents may cause deterioration of the glove material. Washing with surfactants could result in "wicking" or enhanced penetration of liquids into the glove via undetected pores, thereby transporting potentially infectious materials into contact with the hand. For this reason, disposable (single use) gloves may not be washed and/or reused. Reusable utility gloves may be decontaminated for reuse, but must be discarded when signs of deterioration develop.

### *Housekeeping*

Because environmental contamination is an effective method of disease transmission for HBV, (the CDC states that HBV can survive for at least one week in dried blood on environmental surfaces or contaminated needles and instruments) section (d) (ii) states the minimum requirements for the cleaning and decontamination of equipment, environmental, and working surfaces that come into contact with blood or OPIM.

The employer must determine and implement an appropriate written schedule of cleaning and decontamination based upon the location within the facility, type of surface to be cleaned (e.g., hard-surfaced flooring versus carpeting), type of soil present (e.g., gross contamination versus minor splattering), and tasks and procedures being performed (e.g., laboratory analyses versus crime scene).

The particular disinfectant used, as well as the frequency with which it is used, will depend upon the circumstances in which the housekeeping task occurs. See Table 2 for guidance concerning disinfection criteria.

The term "worksite" in this section refers not only to permanent fixed facilities such as hospitals, but also covers temporary non-fixed workplaces. Examples of such facilities include but are not limited to ambulances, bloodmobiles, accidents, crime scenes, and any other non-fixed worksites which have a reasonable possibility of becoming contaminated with blood or OPIM.

All spills of blood and blood-contaminated fluids should be promptly cleaned up using an EPA approved germicide or a 1:100 solution of household bleach in the following manner while wearing gloves: visible material should first be removed with disposable towels or other appropriate means that will ensure against direct contact with blood. If splashing is anticipated, protective eyewear shall be worn along with an impervious gown or apron which provides an effective barrier to splashes. The area shall then be decontaminated with an appropriate germicide. Hands shall be washed following removal of gloves. Soiled cleaning equipment shall be cleaned and decontaminated or placed in an appropriate container and disposed of according to agency policy. Plastic bags shall be available for removal of contaminated items from the site of the spill.

Shoes and boots can become contaminated with blood in certain instances. Where there is massive blood contamination of floors, the use of disposable impervious shoe coverings should be considered. Protective gloves shall be worn to remove contaminated shoe coverings. The coverings and gloves shall be disposed of in plastic bags. A plastic bag will be included in the response kit which is to be used for the disposal of contaminated items. Extra plastic bags and biohazard placards should be stored in police and other emergency vehicles.

The use of protective coverings is an acceptable alternative for protecting items and surfaces against contamination and is particularly useful in situations in which a piece of equipment would be difficult to decontaminate but could be protected by a cover. If this option is chosen, the covering must be removed and replaced at the stated minimum intervals; e.g., as soon as feasible following overt contamination or at the end of a workshift if they may have become contaminated during the shift.

OSHA rules Section d (ii)(C) require both the inspection and decontamination on a regularly scheduled basis of cans, bins, pail, and so forth which are intended for reuse. Since these containers may be used in a manner which presents the potential for contamination with blood or OPIM, they must be cleaned immediately or as soon as feasible upon visible contamination. For example, a reusable metal trash can may be lined with a disposable plastic regulated waste bag which leaks and contaminates the can. In addition, regular decontamination will prevent the can from leaking, spilling, or contaminating the outside of successive bags. High level disinfection of these containers is not necessary to ensure their safety for their intended use. It may be possible to achieve their proper decontamination by means of a soap and water wash.

Since contaminated broken glass is capable of inflicting percutaneous injury and direct inoculation of Bloodborne pathogens into the bloodstream, the standard stipulates that broken glassware which may be contaminated shall not be picked up directly with the hands. The tools which are used in cleanup must be properly decontaminated or discarded after use and the broken glass placed in a sharps container. Employees must be given specific information and training with respect to this task in accordance with the requirements of section 1910.1030(g)(2). Vacuum cleaners are not appropriate for cleanup of contaminated broken glass.

#### *Needle and Sharps Disposal*

All workers should take precautions to prevent injuries caused by “sharps” during procedures, when cleaning used instruments, and during disposal. To prevent needle-stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items shall be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area (e.g., in the ambulance or, if sharps are carried to the scene of victim assistance from the ambulance, a small puncture-resistant container should be carried to the scene as well). Reusable needles should be left on the syringe body and should be placed in a puncture-resistant container for transport to the reprocessing area.

If an employee must travel to a remote location to discard a sharp, it will increase the possibility of an accidental needlestick. This also will increase the chances that needles and sharps will be improperly discarded and create potential hazards for other staff members.

Areas such as correctional facilities or medical units may have difficulty placing containers in the immediate area. If a mobile cart is used by health care workers in these units, an alternative would be to lock a sharps container in the cart. The determination of whether or not the container is as close as possible shall be made a case-by-case basis.

The employer’s plan must include the method to determine when sharps containers will need to be replaced, such as sharps containers which have a transparent window at a height which allows employees to see if the container is full.

#### *Disposal of Regulated Waste*

The bloodborne pathogens standard uses the term “regulated waste” to refer to the following categories of waste which require special handling. At a minimum, these wastes include:

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

The selection of procedures for disposal of infective waste is determined by the relative risk of disease transmission and application of local regulations, which vary widely. In all cases, local regulations should be consulted prior to disposal procedures and followed. Infective waste, in general, should either be incinerated or should be decontaminated before disposal in a sanitary landfill. Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer, where permitted. Sanitary sewers may also be used to dispose of other infectious wastes capable of being ground flushed into the sewer, where permitted. Sharp items shall be placed in puncture-proof containers and other blood-contaminated items should be placed in leakproof plastic bags for transport to an appropriate disposal location.

Prior to the removal of protective equipment, personnel remaining on the scene after the incident, should fully search for and remove contaminated materials. Debris should be disposed of as noted above.

A second container is required to be used when outside contamination of the first waste container occurs. This provision does not require routine double-bagging but rather requires double-bagging in such circumstances as a waste container being splashed with blood during surgery or autopsy, when a container has been handled by an employee with bloody gloves, or when a waste bag leaks blood or OPIM onto an adjacent bag.

## **HEPATITIS B VACCINATION and POST EXPOSURE FOLLOW-UP 1910.1030 (f)**

### *Vaccination for Hepatitis B Virus*

A safe and effective vaccine to prevent hepatitis B has been available since 1982. Employers must make the vaccination available at no cost to all the employees with occupational exposure. In addition, a post-exposure evaluation and follow-up procedures are to be made available to all employees who experience an exposure incident.

Available vaccines stimulate active immunity against HBV infection and provide over 90% protection against hepatitis B for 7 or more years following vaccination. Hepatitis B vaccines also are 70-88% effective when given within 1 week after HBV exposure. Hepatitis B immune globulin (HBIG), a preparation of immunoglobulin with high levels of antibody to HBV (antiHBs), provides temporary passive protection following exposure to HBV. Combination treatment with hepatitis B vaccine and HBIG is over 90% effective in preventing hepatitis B following a documented exposure.

While it is the intent to have the employer remove, as much as possible, obstacles to the employee's acceptance of the vaccine, the term "made available" emphasizes that it is the employee's option to participate in the vaccination and follow-up programs.

All occupationally exposed employees shall have the hepatitis B vaccination series made available to them as required by section (g)(2)(vii)(I) and within 10 working days of their initial assignment. This includes all employees with reasonably anticipated occupational exposure, regardless of how often the exposure may occur. Part-time and temporary employees are included in this coverage. The vaccine does not have to be made available if the employer documents the exemption(s) set forth in section 1910.1030(f)(2), or the signature of the employee on the mandatory declination form. (See Appendix D)

Section (f)(2)(I) states the circumstances under which an employer is exempted from making the vaccination available. If,

- (a) the complete hepatitis B vaccination series was previously received,
- (b) antibody testing shows the employee to be immune, or
- (c) the vaccine cannot be given for medical reasons, the series does not have to be made available.

If the employer claims one of these exemptions, it must be documented in the employee's medical record.

The hepatitis B vaccination must be given in the standard dose and through the standard route of administration as recommended in the USPHS/CDC guidelines. At the time of publication of this standard, intradermal inoculation of 0.1 of the normal dose of the hepatitis B vaccine is not recommended by the USPHS and, therefore, is not an acceptable administration method.

Current USPHS guidelines do not recommend routine post-vaccination testing. Therefore, employers are not currently required to routinely test immune status after vaccination has been completed.

Prevaccination screening for antibody status cannot be required of an employee, although if an employer wishes, he/she can make it available at no cost to employees. An employee may decline the prescreening, and the employer must still make the vaccination series available to the employee.

*Employee's Right to Refuse Vaccination*

The signing of the hepatitis B vaccine declination form by the employee, at the time the vaccination is made available, does not relieve the employer from the requirement to provide the vaccine at a later date if the employee so chooses. Although the declination form set forth in 29 CFR 1910.1030, Appendix A, does not have to be reproduced, the declination statement used by the employer must contain the same language as that found in 1910.1030 Appendix A—no words may be added or subtracted.

At the time of this publication, the possible need for booster doses of the hepatitis B vaccine is still being assessed. There is no current requirement to provide boosters unless USPHS/ CDC requires it at a later date.

#### *Post Exposure Evaluation and Follow-Up*

Engineering controls and proper work practices will provide highly efficient protection against exposure to bloodborne pathogens. Despite these precautions, each employer must be prepared for an exposure incident to occur.

Not all exposures are considered exposure incidences. An exposure incident is defined as a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material,

If an exposure incident should occur, the employee shall be provided with an immediate, confidential medical evaluation and follow-up. The components of the evaluation include documentation of the incident, identification, documentation and testing of the source individual; collection and testing of the employee's blood; post-exposure medical treatment, counselling, and evaluation of reported illnesses. (See Appendix C for a sample evaluation form)

Documentation of the incident must contain, at a minimum, the circumstances surrounding the incident, and the route of exposure. This becomes part of the employee's medical record. The documentation will also help the employer evaluate the effectiveness of the overall exposure control plan.

The standard requires the employer to identify the source individual in an exposure incident, unless this is impossible. The employer must document in writing the identity of, or infeasibility of identifying, the source individual. Examples of when it may not be feasible to identify the source individual include incidents of needlesticks by unmarked syringes left in laundry or an incident site, blood samples which are not properly labeled, and possible prohibition by state or local law.

This standard requires testing of the source individual's blood as soon as possible after consent is obtained. The employer must ask for consent from the source individual or anyone legally authorized to give consent on his/her behalf. If consent is not obtained, the employer must document this in writing. Testing is not required for HIV or HBV if the source individual is already known to be infected.

The employee shall be informed of the source individual's test results, and shall be instructed concerning confidentiality of the information.

Employees involved in an exposure incident have at least 90 days following baseline blood collection to decide if they wish to have their blood tested for HIV. Employers are required to preserve the blood the employee consented to have drawn, if it was not tested for HIV initially, for at least the 90-day period.

The standard does not authorize the employer to be informed of the results of source individual or exposed employee testing. However, the results of the source individual's testing must be made available to the exposed employee.

Other requirements of the standard, such as post-exposure prophylaxis, counseling, and evaluation of subsequent illnesses will be done with the guidance of the treating health care professional.

#### *Information Provided to the Health Care Professional*

The employer must provide a copy of the standard to the health care professional responsible for administering the HBV vaccination program. For health care professionals evaluating an employee following an exposure incident, the following information shall be provided:

1. A copy of the regulation.
2. A description of related employee duties.
3. The documentation of the exposure incident.
4. Results of the source individual's blood tests, if available.
5. Any medical record maintained by the employer (such as vaccination status) that would be relevant to the employee's treatment.

29CFR1910.1030(f)(5) requires the employer to obtain and provide a written opinion to the employee within 15 working days of completion of the original evaluation. Employer access is allowed to the health care professional's written opinion.

The standard limits the health care professional's written opinion to very specific information regarding the employee's hepatitis B vaccine status, including indication for vaccine and whether such vaccination was completed. The plan requires documentation that the exposed employee was informed of the results as well as any medical conditions resulting from exposure which require further evaluation and treatment.

The employer must also have established a system that maintains the required medical records in a way that protects the confidentiality of the employee's identity and test results. If the employer has contracted with a clinic or other health care facility to provide the follow-up programs, the confidentiality requirements must part of the contract. Maintenance of the medical records must meet 29 CFR 1910.20, Access to Medical ards.

#### *A Note on the Management of Human Bites*

On occasion, police and correctional-facility officers are intentionally bitten by suspects or prisoners. When bites occur, routine medical and surgical therapy (including an assessment

of tetanus vaccination status) should be implemented as soon as possible, since such bites frequently result in infection with organisms other than HIV and HBV. Victims of bites should be evaluated for exposure to blood or other infectious body fluids. Current epidemiologic evidence suggests that the risk of HIV or HBV transmission from bites is low.

## **COMMUNICATION OF HAZARDS TO EMPLOYEES**

### **1910.1030(g)**

Hazard Communication in this standard is accomplished two ways; labels and signs, and information and training.

Biohazard labels must be provided on containers of regulated waste; on refrigerators and freezers that are used to store blood or OPIM; and on containers used to store, dispose of, transport, or ship blood or OPIM. This requirement alerts employees to possible exposure since the nature of the material or contents will not always be readily identifiable as blood or OPIM. The employer may also use color coded bags as an option to biohazard tagging.

The biohazard symbol, shown below, shall be black on an “orange-red” background.



## **BIOHAZARD**

### *Information and Training*

All employees with occupational exposure must receive initial and annual training on the hazards associated with blood and OPIM, and the protective measures to be taken to minimize the risk of occupational exposure.

Retraining shall take place when changes in procedures or tasks occur which affect occupational exposure. As a minimum, training shall occur on an annual basis and whenever procedures change.

The standard allows flexibility for the method of training used by the employer. However, the training program must include, at a minimum, the following elements:

1. An explanation of the standard, with a copy of the standard accessible.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases. It is important to remind employees that they are protected from other diseases, such as syphilis and hepatitis C by compliance with the standard.

4. Modes of transmission of bloodborne pathogens (e. g., needlestick, IV drug use, mucus membrane exposures, etc.).
5. Recognition of tasks that may cause employee exposure.
6. An explanation of the employer's own exposure control plan.
7. Specific training on the availability, selection, use, removal, decontamination, maintenance and disposal of PPE.
8. An explanation of the vaccination program, including the benefits of vaccination.
9. The procedures for responding to and reporting an emergency involving blood, and additional information on those emergencies that become an exposure incident, including the post-exposure evaluation and medical follow-up.
10. An explanation of the signs, symbols, and labeling program.

The training program must also allow the employees an opportunity for a question and answer session during the presentation.

The person conducting the training is required to be knowledgeable in the subject matter covered in the training program as it relates to the workplace that the training will address. Possible trainers include a variety of health care professionals such as infection control practitioners, nurse practitioners, registered nurses, physician's assistants, or emergency medical technicians.

Non-health care professionals, such as industrial hygienists, epidemiologists, or professional trainers, may conduct the training provided they can demonstrate evidence of specialized training in the area of bloodborne pathogens.

## **RECORDKEEPING**

### **1910.1030 (h)**

The standard requires employers to maintain three types of records; medical records, training records, and the recording of certain exposure incidents.

#### *Medical Records*

In addition to employee name and social security number, the record must include the employee's vaccination status, and a copy of all documents pertinent to any post-exposure medical follow-up, as required by sections (f)(3) through (f)(5). These records must be kept confidential, and as with any medical record, must be kept in accordance with 29 CFR 1910.20.

Medical records required by section (h) (1) will be of particular importance to the health

care professional in determining vaccination status and courses of treatment to follow in the event of an exposure incident. Although the employer is required to establish and maintain medical records, he/she may contract for the services of a health care professional located off-site and that person or company may retain the records.

### *Training Records*

Section (h)(2) requires accurate recordkeeping of training sessions, including:

- 1) The dates of the session
- 2) Contents of the training
- 3) Names and qualifications of the trainers, and
- 4) Names and titles of employees who attend

The records are necessary to assist the employer and the Illinois Department of Labor in determining whether the training program adequately addresses the risks involved in each job. Additionally, this information is helpful in tracking the relationship between exposure incidents (e.g., needlesticks) and various jobs with the responding level of training.

Training records are not considered to be confidential and may be maintained in any file. They must be retained for 3 years from the training date.

### *Recording of Exposure Incidents*

For OSHA 200 recordkeeping purposes, an occupational bloodborne pathogens exposure incident (e.g., needlestick, laceration, or splash) shall be classified as an injury since it is usually the result of an instantaneous event or exposure. It shall be recorded if it meets one of the following recordability requirements:

1. The incident is a work-related injury that involves loss of consciousness, transfer to another job, or restriction of work or motion.
2. The incident results in the recommendation of medical treatment beyond first aid (e.g., gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, or zidovudine) regardless of dosage.
3. The incident results in a diagnosis of seroconversion. The serological status of the employee shall not be recorded on the OSHA 200. If a case of seroconversion is known, it shall be recorded on the OSHA 200 as an injury (e.g., "needlestick" rather than "seroconversion") in the following manner:
  - a. If the date of the event or exposure is known, the original injury shall be recorded with the date that seroconversion is determined in column B.
  - b. If there are multiple events or exposures, the most recent injury shall be recorded with the date that seroconversion is determined in column B.

**RECOMMENDATIONS FOR LAW ENFORCEMENT,  
CORRECTION FACILITY AND TECHNICAL PERSONNEL**

The following section presents information for reducing the risk of acquiring HIV and HBV infection by law enforcement and correctional facility officers as a consequence of carrying out their duties. However, there is an extremely diverse range of potential situations which may occur in the control of persons with unpredictable, violent, or psychotic behavior. Therefore, informed judgment of the individual officer is paramount when unusual circumstances or events arise. These recommendations should serve as an adjunct to rational decision making in those situations where specific guidelines do not exist, particularly where immediate action is required to preserve life or prevent significant injury.

## **Law Enforcement Considerations**

### *Searches and Evidence Handling*

Criminal justice personnel have potential risks of acquiring HBV or HIV infection through exposures which occur during searches and evidence handling. Penetrating injuries are known to occur, and puncture wounds or needlesticks, in particular, pose a hazard during searches of persons, vehicles, clandestine laboratories, cells, and during evidence handling. The following precautionary measures will help to reduce the risk of infection:

- An officer should use great caution in searching the clothing of suspects.
- Individual discretion, based on the circumstances at hand, should determine if a suspect or prisoner should empty his/her own pockets or if the officer should use his/her own skills in determining the contents of a suspect's clothing.
- A safe distance should always be maintained between the officer and the suspect.
  - Wear protective gloves if exposure to blood is likely to be encountered.
  - Wear protective gloves for all body cavity searches.
  - If cotton gloves are to be worn when working with evidence of potential latent fingerprint value at the crime scene, they can be worn over protective disposable gloves when exposure to blood may occur.
  - Always carry a flashlight, even during daylight shifts, to search hidden areas. Whenever possible, use long-handled mirrors and flashlights to search such areas (e.g., under car seats).
  - If searching a purse, carefully empty contents directly from purse, by turning it upsidedown over a table.
  - Use puncture-proof containers to store sharp instruments and clearly marked plastic bags to store other possibly contaminated items.

- To avoid tearing gloves, use evidence tape instead of metal staples to seal evidence.
- Local procedures for evidence handling should be followed. In general, items should be air dried before sealing in evidence bags.

Not all types of gloves are suitable for conducting searches. Vinyl or latex rubber gloves provide little protection against sharp instruments, and they are not puncture-proof. There is a direct trade-off between level of protection and manipulability. In other words, the thicker the gloves, the more protection they provide, but the less effective they are in locating objects. Thus, there is no single type or thickness of glove appropriate for protection in all situations. Officers should select the type and thickness of glove which provides the best balance of protection and search efficiency.

Officers and crime scene technicians may confront unusual hazards, especially when the crime scene evolves violent behavior, such as a homicide where large amounts of blood are present. Protective gloves shall be available and worn in this setting. In addition, for very large spills, consideration should be given to other protective clothing, such as overalls, aprons, boots, eye protection and protective shoe covers.

They should be changed if torn or soiled, and always removed prior to leaving the scene. While wearing gloves, avoid handling personal items, such as combs and pens, that could become soiled or contaminated.

Face masks and eye protection or a face shield are required for laboratory and evidence technicians whose jobs entail potential exposures to blood via a splash to the face, mouth, nose, or eyes.

Airborne particles of dried blood may be generated when a stain is scraped. It is recommended that protective masks and eyewear or face shields be worn by laboratory or evidence technicians when removing the blood stain for laboratory analyses.

While processing the crime scene, personnel should be alert for the presence of sharp objects such as hypodermic needles, knives, razors, broken glass, nails, or other sharp objects.

### *Handling Deceased Persons and Body Removal*

For detectives, investigators, evidence technicians, and others who may have to touch or remove a body, the response should be the same as for situations requiring CPR or first aid: wear gloves and cover all cuts and abrasions to create a barrier and carefully wash all exposed areas after any contact with blood. The precautions used with blood and deceased persons should also be used when handling amputated limbs, hands, or other body parts. Such procedures should be followed after contact with the blood of anyone, regardless of whether they are known or suspected to be infected with HIV or HBV.

### *Autopsies*

Protective masks and eyewear (or face shields), laboratory coats, gloves, and waterproof aprons should be worn when performing or attending all autopsies. All autopsy material should be considered infectious for HIV and HBV. Onlookers with an opportunity for exposure to blood splashes should be similarly protected. Instruments and surfaces contaminated during postmortem procedures should be decontaminated with an appropriate chemical germicide. Many laboratories have more detailed standard operating procedures autopsies; where available, these shall be followed.

## **Correctional Facility Considerations**

### *Searches*

Penetrating injuries are known to occur in the correctional-facility setting, and puncture wounds or needle-sticks in particular pose a hazard during searches of prisoners and/or their cells. The following precautionary measures will help to reduce the risk of infection:

- A correctional-facility officer should use great caution in searching the clothing of prisoners. Individual discretion, based on the circumstances at hand, should determine if a prisoner should empty his/her own pockets or if the officer should use his/her own skills in determining the contents of a prisoner's clothing.
- A safe distance should always be maintained between the officer and the prisoner.
- Always carry a flashlight, even during daylight shifts, to search hidden areas. Whenever possible, use long-handled mirrors and flashlights to search such areas (e.g., under commodes, bunks, and in vents in jail cells).
- Wear protective gloves if exposure to blood is likely to be encountered.
- Wear protective gloves for all body cavity searches.

Not all types of gloves are suitable for conducting searches. Vinyl or latex rubber gloves can provide little, if any, protection against sharp instruments, and they are not puncture-proof. There is a direct trade-off between level of protection and manipulability. In other words, the thicker the gloves, the more protection they provide, but the less effective they are in locating objects. Thus, there is no single type or thickness of glove appropriate for protection in all situations. Officers should select the type and thickness of glove which provides the best balance of protection and search efficiency.

### *Decontamination and Disposal*

Prisoners may spit at officers and throw feces; sometimes these substances have been purposefully contaminated with blood. Although there are no documented cases of HIV or HBV transmission in this manner and transmission by this route would not be expected to occur, other diseases could be transmitted. These materials should be removed with a paper towel after donning gloves, and the area then decontaminated with an appropriate

germicide. Following clean-up, soiled towels and gloves should be disposed of properly. See Table 2 for further information on clean-up procedures.

## **Forensic Laboratories**

Blood from all individuals should be considered infective. To supplement other worksite precautions, the following precautions are recommended for workers in forensic laboratories.

- a. All specimens of blood shall be put in a well-constructed, appropriately labelled container with a secure lid to prevent leaking during transport. Care should be taken when collecting each specimen to avoid contaminating the outside of the container and of the laboratory form accompanying the specimen.
- b. All persons processing blood specimens shall wear gloves. Masks and protective eyewear or face shields shall be worn if mucous-membrane contact with blood is anticipated (e.g., removing tops from vacuum tubes). Hands shall be washed after completion of specimen processing.
- c. For routine procedures, such as histologic and pathologic studies or microbiological culturing, a biological safety cabinet is not necessary. However, biological safety cabinets (Class I or H) should be used whenever procedures are conducted that have a high potential for generating droplets. These include activities such as blending, sonicating, and vigorous mixing.
- d. Mechanical pipetting devices shall be used for manipulating all liquids in the laboratory. Mouth pipetting must not be done.
- e. Use of needles and syringes shall be limited to situations in which there is no alternative, and the recommendations for preventing injuries with needles outlined under universal precautions shall be followed.
- f. Laboratory work surfaces shall be cleaned of visible materials and then decontaminated with an appropriate chemical germicide after a spill of blood, semen, or bloodcontaminated body fluid and when work activities are completed.
- g. Contaminated materials used in laboratory tests shall be decontaminated before reprocessing or be placed in bags and disposed of in accordance -with institutional and local regulatory policies for disposal of infective waste.
- h. Scientific equipment that has been contaminated with blood shall be cleaned and then decontaminated before being repaired in the laboratory or transported to the manufacturer.
- i. All persons shall wash their hands after completing laboratory activities and shall remove protective clothing before leaving the laboratory.
- j. Area posting of warning signs should be considered to remind employees of

continuing hazard of infectious disease transmission in the laboratory setting.

**TABLE I**  
**Personal Protective Equipment Guide for Occupational Exposures**

<u>Task or activity</u>	<u>Gloves</u>	<u>Protective Gown</u>	<u>Mask<sup>1</sup></u>	<u>Eyewear</u>
Bleeding control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimal bleeding	Yes	No	No	No
Emergency Childbirth	Yes	Yes	Yes, if splashing is likely	Yes, if splashing is likely
Blood drawing	At certain times	No	No	No
Starting an intravenous (IV) line	Yes	No	No	No
Endotracheal intubation, esophageal obturator use	Yes	No	No, unless splashing is likely	No, unless splashing is likely
Oral/nasal suctioning, manually cleaning airway	Yes <sup>2</sup>	No	No, unless splashing is likely	No, unless splashing is likely
Handling and cleaning Instruments with microbial contamination	Yes	No, unless soiling is likely	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces).

<sup>1</sup>Refers to protective masks to prevent exposure of mucous membranes to blood or other potentially contaminated body fluids.

<sup>2</sup>While not clearly necessary to prevent HIV or HBV transmission unless blood is present, gloves are recommended to transmission of other agents (e.g., *Herpes simplex*).

**TABLE 2**  
**Disinfection Criteria Guide**

<p>Sterilization: spores. immersion in time, e.g., 6-liquid chemical impossible normally invasive When</p>	<p>Destroys: All forms of microbial life including high numbers of bacterial</p> <p>Methods: Steam under pressure (autoclave), gas (ethylene heat, or EPA-approved chemical “sterilant” for prolonged period of 10 hours or according to manufacturers’ instructions. Note: “sterilants” should be used only on those instruments that are to sterilize or disinfect with heat.</p> <p>Use: For those instruments or devices that penetrate skin or contact sterile areas of the body, e.g., scalpels, needles, etc. Disposable equipment eliminates the need to reprocess these types of items. indicated, however, arrangements should be made with a health facility for reprocessing of reusable invasive instruments.</p>
<p>High-Level spores. Disinfection: an EPAregistered 46 sterilant” chemical as above, except for a short exposure</p>	<p>Destroys: All forms of microbial life except high numbers of bacterial</p> <p>Methods: Hot water pasteurization (80-100 C, 30 minutes) or exposure to an EPAregistered 46 sterilant” chemical as above, except for a short exposure time (10-45 minutes or as directed by the manufacturer).</p> <p>Use:</p>
<p>mucous</p>	<p>Use: For reusable instruments or devices that come into contact with membranes (e.g., laryngoscope blades, endotracheal tubes, etc.).</p>
<p>Intermediate-Level most have a hardsurface germicides or solutions approximately e.g., with visible disinfection.</p>	<p>Destroys: Mycobacterium tuberculosis, vegetative bacteria, Disinfection: viruses, and mostfungi, but does <b>not</b> kill bacterial spores.</p> <p>Methods: EPA-registered “hospital disinfectant” chemical germicides that label claim for tuberculocidal activity; commercially available containing at least 500 ppm free available chlorine (a 1:100 dilution of common household bleach - 1/4 cup bleach per gallon of tap water).</p> <p>Use: For those surfaces that come into contact only with intact skin, stethoscopes, blood pressure cuffs, splints, etc., and have been visibly contaminated blood or bloody body fluids, Surfaces must be precleaned of material before the germicidal chemical is applied for</p>
<p>Low-Level bacterial</p>	<p>Destroys: Most bacteria, some viruses, some fungi, but not tuberculosis or</p>

Disinfection: spores.  
tuberculocidal Methods: EPA-registered "hospital disinfectants" (no label claim for activity).  
housekeeping or Use: These agents are excellent cleaners and can be used  
Environmental removal of soiling in the absence of visible blood contamination.  
cleaned and Environmental surfaces which have become soiled should be  
Disinfection: disinfected using any cleaner or disinfectant agent which is  
intended for environmental use. Such surfaces include floors, woodwork,  
ambulance seats, countertops, etc.

**IMPORTANT:** To assure the effectiveness of any sterilization or disinfection process, equipment and instruments must first be thoroughly cleaned of all visible soil.

# Appendix A





# Federal Register

**Friday**  
**December 6, 1991**

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**Part II (Excerpts)**

**Pages 64175 thru 64182**

**Department of Labor**

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**Occupational Safety and Health Administration**

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**29 CFR Part 1910.1030**

**Occupational Exposure to  
Bloodborne Pathogens; Final Rule**

## **XI. The Standard**

### *General Industry*

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

### **PART 1910 –[AMENDED]**

#### **Subpart Z–[Amended]**

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

**Authority:** Secs. 6 and 8, Occupational Safety and Health Act 29 U.S.C. 655, 657,

Secretary of Labor's Orders Nos. 12-71 (36FR 8754), 8-76 (41 FR 25059), or 9-83 (48 FR 35736), as applicable; and 29 CFR part 1911.

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Section 1910.1030 also issued under 29 U.S.C. 653.

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2. Section 1910.1030 is added to read as follows:

#### **§1910.1030 Bloodborne Pathogens**

(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.

(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 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 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, scalpels, broken glass, broken tubes, and exposed ends of dental wires.

*Decontamination* means the use of 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) that isolate or remove the bloodborne pathogens hazard from the workplace.

*Exposure Incident* means a specific eye, mouth, other mucous membrane, nonintact 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.

*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 semiliquid 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.

*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).

(c) *Exposure control*—(1) *Exposure Control Plan.* (i) Each employer having an employees) 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.

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

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

(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 s standard. and

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

(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).

(iv) The Exposure Control Plan shall 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.

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

(2) *Exposure determination.* (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:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure:

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

(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.

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

(d) *Methods of compliance*—(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.

(2) *Engineering and work practice controls.* (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.

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

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

(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.

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

(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.

(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.

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

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

(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:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

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

(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.

(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.

(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.

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

(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.

(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.

(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.

(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.

(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.

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

(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.

(3) Personal protective equipment—(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 the protective equipment will be used.

(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 judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(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.

(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.

(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.

(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.

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

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

(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.

(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.

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

(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.

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

(1) Periodically reevaluate this policy;

- (2) Make gloves available to all employees who wish to use them for phlebotomy;
- (3) Not discourage the use of gloves for phlebotomy; and
- (4) Require that gloves be used for phlebotomy in the following circumstances,
  - (i) When the employee has cuts, scratches, or other breaks in his or her skin;
  - (ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
  - (iii) When the employee is receiving training in phlebotomy.
- (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.
- (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.
- (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).
- (4) *Housekeeping.* (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.
  - (ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
    - (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.
    - (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.
    - (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.
    - (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.
    - (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.
  - (iii) Regulated Waste.
    - (A) Contaminated Sharps Discarding and Containment. (1) Contaminated sharps shall be discarded immediately or as feasible in containers that are:
      - (i) Closable;
      - (ii) Puncture resistant;
      - (iii) Leakproof on sides and bottom; and
      - (iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

(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);

(ii) Maintained upright throughout use; and

(iii) Replaced routinely and not be allowed to overfill.

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

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

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

(A) Closable;

(B) Constructed to contain all contents and prevent leakage during handling, transport, or shipping; and

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

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

(B) Other Regulated Waste Containment. (1) Regulated waste shall be placed in containers which are:

(i) Closable;

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

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

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

(2) If outside contamination of the regulated waste container occurs. It shall be placed in a second container. The second container shall be:

(i) Closable;

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

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

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

(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.

(iv) Laundry.

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

(2) Contaminated laundry shall be placed and transported in bag's 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.

(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.

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

(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).

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

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

(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.

(ii) Special practices.

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

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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 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.

(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.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or

other responsible person.

(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. (Iii) Containment equipment. (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.

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

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

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

(Ii) An autoclave for decontamination of regulated waste shall be available.

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

(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.

(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.

(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.

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

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

(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).

(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).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up--(l) General.* (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,

(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:

(A) Made available at no cost to the employee;

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

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

(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).

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

(2) *Hepatitis B Vaccination.* (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(1) 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.

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

(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.

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

(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

(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:

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

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

(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.

(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.

(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.

(iii) Collection and testing of blood for HBV and HIV serological status:

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

(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.

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

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

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

(A) A copy of this regulation;

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

- (C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- (D) Results of the source individual's blood testing, if available; and
- (E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are employer responsibility to maintain.

(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.

(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.

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

(A) That the employee has been informed of the results of the evaluation: and

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

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

(g) *Communication of hazards to employees— (1) Labels and signs.* (i) Labels. (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).

(B) Labels required by this section shall include the following legend:



## **BIOHAZARD**

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

(D) Labels required by affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(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).

(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.

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

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

(ii) Signs. (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.)

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

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

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place:

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

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

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

(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.

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

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

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

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(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;

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

(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;

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

(H) An explanation of the basis for selection of personal protective equipment;

(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;

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

(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;

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

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

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

(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.

(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.

(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.

(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.

(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.

(h) *Recordkeeping—(1) Medical Records.* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(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):

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

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

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

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

(A) Kept confidential; and

(B) Are 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.

(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 1910.20.

(2) *Training Records.* (i) *Training records shall include the following information:*

(A) The dates of the training sessions:

(B) The contents or a summary of the training sessions:

(C) The names and qualifications of persons conducting the training: and

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

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

(3) *Availability.* (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.

(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 in accordance with 29 CFR 1910.20.

(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 1910.20.

(4) *Transfer of Records.* (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910-20(h).

(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.

(I) *Dates*—(1) *Effective Date*. The standard shall become effective on March 6, 1992.

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

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

(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.

**Appendix A to Section 1910.1030–Hepatitis B Vaccine Declination (Mandatory)**

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

[FR Doc. 91–28886 Filed 12–2–91; 8:45 am]

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## Appendix B

### OSHA Sample Plan

# Bloodborne Pathogens Exposure Control Plan

*Note: This sample plan is provided only as a guide to assist in complying with 29CFR 1910.1030, OSHA's Bloodborne Pathogens standard. It is not intended to supersede the requirements detailed in the standard. Employers should review the standard for particular requirements which are applicable to their specific situation. It should be noted that this model program does not include provisions for HIV/HBV laboratories and research facilities which are addressed in section (a) of the standard. Employers operating these laboratories need to include provisions as required by the standard. Employers will need to add information relevant to their particular facility in order to develop an effective, comprehensive exposure control plan. Employers should note that the exposure control plan is expected to be reviewed at least on an annual basis and updated when necessary.*

# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name:

Date of Preparation:

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

## 1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category: *(list job classifications in this category)*

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows: *(list)*

<u>Job Classifications</u>	<u>Tasks/Procedures</u>
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## 2. Implementation Schedule and Methodology

OSHA also requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

### Compliance Methods

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized: *(list controls, such as sharps containers, etc.)*

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: *(list schedule such as daily, once/*

*week, etc., as well as list who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department, etc.)*

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility handwashing facilities are located: *(list locations, such as patient rooms, procedure area, etc. If handwashing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible handwashing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.)*

After removal of personal protective gloves, employees shall wash hands and any other potential contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed flushed with water as appropriate as soon as feasible following contact.

### **Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the need must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is only permitted for the following procedures: *(List the procedures and also list the mechanical device to be used or alternately if a one-handed technique will be used.)*

### **Containers for Reusable Sharps**

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof *(Employers should list here where sharps containers are located as well as who has responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps.)*

### **Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potential infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, on counter tops or bench tops where blood or other potentially infectious materials are present.

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

All procedures will be conducted in a manner which will minimize splashing, spraying, spattering and generation of droplets of blood or other potentially infectious materials. Methods which will employed at this facility to accomplish this goal are: *(List methods, such as covers on centrifuge usage of dental dam if appropriate, etc.)*

### **Specimens**

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

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard. (Employers should note that the standard provides for exemption for specimens from the labeling / color coding requirement of the standard provided that 1 facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain the facility. *(If the employer chooses to use this exemption then it should be state here:)*

Any specimens which could puncture a primary container will be placed within a secondary contain, which is puncture resistant. *(The employer should list here how this will be carried out, e.g., which specimens, if any, could puncture a primary container, which containers can be used as secondary containers and where the secondary containers are located at the facility.)*

If outside contamination of the primary container occurs, the primary container shall be placed wit] a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

### **Contaminated Equipment**

Equipment which has 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 decontamination of the equipment is not feasible. *(Employers should list here any equipment which it is felt can not be decontaminated prior to servicing or shipping.)*

### **Personal Protective Equipment**

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, 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.

Protective clothing will be provided to employees in the following manner: *(list how the clothing will be provided to employees, e.g., who has responsibility for distribution, etc. and also list which procedures would require the protective clothing and the type of protection required, this could also be listed as an appendix to this program)*

The employer could use a checklist as follows:

<u>Personal Protective Equipment</u>	<u>Task</u>
• Gloves:	
• Lab Coat:	
• Face Shield:	
• Clinic Jacket:	

- Protective Eyewear: (with solid side shield)
- Surgical Gown:
- Shoe Covers:
- Utility Gloves:
- Examination Gloves:
- Other PPE: (list)

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: *(List where employees are expected to place the personal protective equipment upon leaving the work area, and other protocols, etc.)*

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from: *(state location and/or person who will be responsible for distribution or gloves)*

Gloves will be used for the following procedures:

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will 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.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplet blood or other potentially infectious materials may be generated and eye, nose, or mucous contamination can reasonably be anticipated. Situations at this facility which would require such protection are as follows:

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The following situations require that such protective clothing be utilized:

This facility will be cleaned and decontaminated according to the following schedule: *(List area and schedule)*

Decontamination will be accomplished by utilizing the following materials:

*(List the materials which will be utilized, such as bleach solutions or EPA registered germicides.)*

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious material, well as the end of the work shift if the surface may have become contaminated since the last clean (*Employers should add in any information concerning the usage of protective coverings, such as plastic wrap which they may be using to assist in keeping surfaces free of contamination.*)

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis (*list frequency and by whom*)

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used:

### **Regulated Waste Disposal**

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located in (*specify locations of sharps containers*).

Regulated waste other than sharps shall be placed in appropriate containers. Such containers located in (*specify locations of containers*).

### **Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned at: (*Employers should note here if the laundry is being sent off site. If the laundry is being sent off site, then the laundry service accepting the laundry is to be notified, in accordance with section (d) of the standard.*)

### **Hepatitis B Vaccine**

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B Vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential occupational exposure to blood or other potentially infectious materials unless the employee previously had the vaccine or who wishes to submit to antibody testing which shows the employee have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in of the OSHA standard.

Employees who initially decline the vaccine but who later wish to have it, may have the vaccine cost. (*Employers should list here who has responsibility for assuring that the vaccine is offered, the waivers are signed, etc. Also the employer should list who will administer the vaccine.*)

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

When the employee incurs an exposure incident, it should be reported to: (*list who has*

*responsibility to maintain records of exposure incidents)*

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV / HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. *(Employers may need to modify this provision in accordance with applicable local laws on this subject. Modifications should be listed here.)*
- The employee will be offered the option of having their blood collected for testing of the employees HIV / HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are currently as follows: *(these recommendations may be listed as an appendix to the plan)*
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to, appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy:

### **Interaction with Health Care Professionals**

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation, and

3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information).

### **Training**

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include the following, an explanation of:

1. The OSHA standard for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne diseases
3. Modes of transmission of Bloodborne Pathogens
4. This Exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials
7. Personal protective equipment available at this facility and who should be contacted concerning
8. Post exposure evaluation and follow-up
9. Signs and labels used at the facility
10. Hepatitis B vaccine program at the facility

*(Employers should list here if training will be conducted using video tapes, written material, etc. Also the employer should indicate who is responsible for conducting the training).*

All employees will receive annual refresher training. (Note that this training is to be conducted within one year of the employee's previous training).

The outline for the training material is located *(list where the training materials are located)*.

### **Recordkeeping**

All records required by the OSHA standard will be maintained by *(insert name or department, responsible for maintaining records)*:

### **Dates**

All provisions required by the standard will be implemented by: *(insert date for implementation of the provisions of the standard)*

# Appendix C

## Sample Plan - Elgin Police Department

### INFECTIOUS MATERIALS AND DISEASE CONTROL

#### I POLICY

It shall be the policy of the Elgin Police Department to comply with regulations of the Federal Occupational Safety and Health Act relating to occupational exposure to blood or other potentially infectious materials, and to inform Department members of appropriate precautionary measures to be taken in circumstances where members may be exposed to infectious materials.

#### II. DEFINITIONS

All definitions found in section 29 CFR 1910.1030 (b) of the Occupational Safety and Health Act entitled Bloodborne Pathogens, a copy of which is attached as Appendix A of this procedure, and is hereinafter made part of this document shall apply when referred to herein.

#### III. EXPOSURE CONTROL PLAN

A. The following members of the Elgin Police Department can be reasonably anticipated to be exposed to blood or other infectious materials:

1. All sworn police personnel.
2. All community service officers.
3. The property / evidence custodian.
4. Communications personnel who serve as matrons.

B. Precautions

1. Universal precautions as defined under 1910.1030 (b) shall be taken by all members of the Department to prevent contact with blood or other potentially infectious materials.
2. Department members shall treat all blood and other potentially infectious materials as defined in the O.S.H.A. regulations as potentially infectious, and follow all precautionary measures outlined in this document at all times.
3. Whenever any member's skin comes in contact with blood or other potentially infectious materials, the member shall immediately, or as soon as possible, wash their hands and any other skin with soap and warm water, or flush mucous membranes with water following the contact.

4. Whenever a member of the Department while at the police facility, is exposed to any blood or potentially infectious materials, the member, as soon as possible, shall be required to wash their hands in running warm water with a non abrasive soap, and then dry their hands with a clean cloth, paper towel or hand blower device.
5. Members exposed to blood or other potentially infectious materials, who are in the field and not in the police facility, shall use antiseptic hand cleaners or towelettes, when handwashing facilities are not available.
  - a. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and warm running water as soon as possible.
6. Members wearing protective gloves or other personal equipment, as soon as possible after removal of same, shall wash their hands immediately or as soon as possible, using soap and warm water.
7. Whenever any member's skin comes in contact with blood or other potentially infectious materials, the member shall immediately, or as soon as possible, wash their hands and any other skin with soap and warm water, or flush mucous membranes with water following the contact.

C. Personal Protective Equipment

1. The Department shall provide personal protective equipment to Department members. This equipment shall not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or mucous membranes under normal conditions when the personal protective equipment is worn.
2. Personal protective equipment shall be available at the following locations:
  - a. all marked and unmarked police vehicles;
  - b. all workstations of members who may be exposed to blood or other potentially infectious materials;
  - c. all supervisory offices;
  - d. the jail.
3. Personal protective equipment shall consist of the following:
  - a. Disposable single use gloves;
  - b. Face shields and masks;
  - c. Gowns;

- d. Surgical caps or hoods and /or shoe covers.
  - e. C.P.R. pocket mask
4. Personal protective equipment shall be worn by Department members as follows:
- a. Disposable gloves shall be worn whenever a member can be reasonably expected to have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, and also, whenever a member handles or touches contaminated items or surfaces.
  - b. Face shields, masks and gowns shall be worn by Department members 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 expected.
  - c. Surgical caps or hoods and /or shoe covers shall be worn in instances where gross contamination can reasonably be expected. (Example: autopsy)
  - d. C.P.R. pocket masks shall be worn by members whenever they perform cardiopulmonary resuscitation (CPR) to provide a physical barrier between the victim and the member performing mouth to mouth resuscitation.
5. Supervisory members shall ensure that subordinates use appropriate personal protective equipment as required in this document.
6. In those cases where a member temporarily and briefly declined to use personal protective equipment, when, under rare and extraordinary circumstances, it was the member's professional judgment that in the specific instance the use of such protective equipment would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the member or another member, the circumstances shall be investigated and documented by the member's immediate supervisor to determine whether changes can be instituted to prevent such occurrences in the future.
7. Personal protective equipment provided by the Department shall be of a disposable type, and not laundered or re-used.
8. Personal protective equipment shall be removed by Department members prior to leaving the location of the incident where protective equipment use was required.
9. All personal protective equipment once used, shall be disposed of by the member who used the equipment as follows:

- a. The personal protective items shall be placed in the biohazard labeled bag provided with each personal protective kit;
- b. The member shall place the biohazard labeled bag in the biohazard marked disposal receptacle placed in the property/evidence common area of the police department.
- c. An additional biohazard disposal receptacle shall be placed in the jail area for use by jail personnel.
- d. Biohazard labels shall conform to the requirements of the Occupational Safety and Health Act and be either fluorescent orange or orange-red in color.
- e. The Department shall dispose of all biohazard labeled materials in accordance with current legal requirements and regulations governing same.

D. Housekeeping - (General)

1. Members of the Department shall ensure that all worksite areas where they are assigned are maintained in clean and sanitary conditions.
2. All working surfaces shall be cleaned and decontaminated, with an appropriate disinfectant as soon as possible after coming into contact with blood or other potentially infectious materials. Disinfectants shall be of a tuberculocidal type.
3. Surfaces, (i.e., the inside of police vehicles), where blood or other potentially infectious materials are overtly contaminated, or after any spill of blood or other potentially infectious materials has occurred shall, whenever possible, be cleaned and decontaminated immediately after the spill or overt contamination incident.
4. Surfaces which may have been contaminated since the last cleaning shall be cleaned and disinfected at the end of the member's shift, if the surface may have been contaminated since the last cleaning.
5. Receptacles used for disposing of blood or other potentially infectious materials shall be inspected for contamination on a daily basis, and cleaned and decontaminated immediately or as soon as possible once visibly contaminated. These containers, in addition to bearing the required biohazard labels shall:
  - a. Be closable;
  - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

- c. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- d. If the containers themselves are contaminated on the outside, they shall be placed in a second container. The second container shall be:
  - (1) Closable;
  - (2) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
  - (3) Handled in accordance with section III.C.9 a-d of this document as a biohazard.
  - (4) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping;
- 6. Contaminated needles and sharps shall be disposed of without shearing or breaking. These items shall be disposed of in puncture resistant, biohazard labeled containers, having leakproof sides and bottoms.
- 7. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, State of Illinois and any other County or local regulations.
- 8. Disposal of all regulated waste shall be performed by a vendor, approved by the Chief of Police, at a licensed disposal facility. The approved vendor for the Elgin Police Department is Precision Energy Systems, 1040 N. Main Street, Lombard, Illinois 60148, TX: (708) 916-

E. Laundry

- 1. Contaminated laundry shall include, but not necessarily be limited to the following:
  - a. Member uniforms and clothing items worn on duty, including undergarments, socks, shoes and outerwear, whether supplied by the Department or personally owned, which have been exposed to blood or other potentially infectious material while a member was performing his/her official duties.
  - b. All non-disposable blankets, bedding materials, prisoner clothing supplied by the Department, and wiping cloths of a non-disposable nature, used in the jail facility, regardless of whether the aforementioned items were exposed to blood or other potentially infectious material or not.

2. Contaminated laundry shall be contained in the location where used, and handled as little as possible, with a minimum of agitation, and bagged or containerized at the location where it was used, and not sorted or rinsed in the location of use.
3. Containers and bags used for storing contaminated laundry shall be constructed of materials which prevent soaking through or leakage of fluids to the exterior.
4. Any member handling contaminated laundry shall wear disposable protective gloves. When circumstances indicate the possibility of splashing or spillage of blood or other potentially infectious materials on (date) from laundry, whether contained or not, the appropriate additional personal protective equipment shall be worn by any member when handling same.
  - a. In the case of a member's uniforms or clothing items being exposed to blood or other potentially infectious materials, the member shall change clothes at the police facility as soon as possible after the exposure and bag the uniform items with a biohazard label.
  - b. In no case shall a member launder any clothing items, including uniform items at their home, a commercial laundromat or cleaners, or at the police facility, which have been exposed to blood or other potentially infectious materials.
  - c. All contaminated laundry shall be cleaned and decontaminated by the Department at Department expense, at a Department approved cleaners. The approved cleaners shall be designated by annual contract in accordance with City bid and purchasing procedures.

#### IV. TRAINING

- A. All members of the Elgin Police Department performing duties likely to involve occupational exposure to blood or other potentially infectious materials shall receive training within 90 days of the issuance of this procedure.
- B. The training shall be provided by the Department and shall consist of the following:
  1. A copy of the OSHA standards on bloodborne pathogens shall be provided to each member before or during the training.
  2. A general explanation of the epidemiology and symptoms of bloodborne diseases.

3. An explanation of the modes of transmission of bloodborne pathogens.
  4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  5. 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.
  6. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
  7. An explanation of the basis for selection of personal protective equipment.
  8. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
  9. 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.
  10. Information on the post-exposure evaluation and follow-up that the Department/City is required to provide for the employee following an exposure incident.
  11. An explanation of the biohazard signs and color-coding methods used to mark blood or other potentially infectious materials.
  12. An opportunity for interactive questions and answers with the person conducting the training session.
- C. Training shall be conducted by a person knowledgeable in the subject matter covered as it relates to the duties of those members who could be occupationally exposed to blood or other potentially infectious materials.
- D. Newly hired Department members shall receive mandatory training on the OSHA bloodborne pathogen standards and this document during their initial orientation.
- E. Additional training shall be provided to Department members when changes such as modification of tasks or procedures or the institution of new tasks or procedures affects the member's occupational exposure. The training may be limited solely to addressing the new exposures created.

## V. RECORDKEEPING

- A. The Deputy Chief of Support Services shall establish and maintain an accurate record for each member with occupational exposure to include the following:
1. The name and social security number of the each member.
  2. A copy of all hepatitis B vaccination records of members, including the dates of vaccinations and any medical records relative to the member's ability to receive hepatitis B vaccinations.
  3. Healthcare professional written opinions on whether a member has received hepatitis B vaccinations or any medical records relative to a member's ability to receive vaccinations.
  4. Declination forms from members who do not wish to be vaccinated.
  5. A copy of the information provided to the healthcare professional as specified in Section VI G of this document.
  6. A copy of post-exposure information supplied to the Department by the healthcare professional as specified in Section VI J of this document
- B. All medical records as specified in this document shall be kept confidential, and are not disclosed or reported without the member's express written consent to any person within or outside of the Department except as required by this document or as may be required by law.
- C. Training Records
1. The following information shall be maintained by the Training Division on the required training outlined in this procedure:
    - a. The dates of the training sessions.
    - b. Contents or a summary of the sessions.
    - c. The names and job titles of all persons attending the sessions.
    - d. The names and qualifications of the person(s) conducting the training.
  2. The aforementioned records shall be maintained at least 3 years after the training was attended / provided.

## V. VACCINATIONS

- A. Hepatitis B vaccinations shall be made available to all Department members, free of charge, after the member receives the initial training as specified in section IV of this document.

- B. St. Joseph's Hospital in Elgin shall be the Department's approved vendor for vaccinating Department members, unless otherwise provided.
- C. Members may receive the vaccinations, or decline them.
- D. Any member who declines to be vaccinated shall do so in writing in the manner prescribed by OSHA. (See appendix B of this document).
- E. If a member initially declines the hepatitis B vaccination but at a later date decides to accept the vaccination, the Department shall make available hepatitis B vaccination at that time.
- F. If a booster dose of hepatitis B vaccine is recommended at a later date, the Department shall make the vaccination opportunity available to all members requiring booster doses.

## VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. If a member of the Department has an exposure incident the Department shall make immediately available to the member a confidential medical evaluation and follow-up to include at least the following elements:
  - 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
  - 2. Identification and documentation of the source individual, unless the Department can establish that identification is infeasible or prohibited by state or local law.
- B. 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 Department 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.
- C. 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.
- D. Results of the source individual's testing shall be made available to the exposed Department member, and the member shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- E. Collection of blood from Department members who may have been exposed to HBV or HIV shall be in accordance with all state and federal regulations pertaining to same.
- F. Post-exposure prophylaxis, counseling and an evaluation of reported illnesses may also be recommended by the treating healthcare

professional for any Department member.

- G. The Department shall ensure that the treating healthcare professional is given a copy of the OSHA standard on bloodborne pathogens, (Appendix A) of this document, in all cases where the healthcare professional is evaluating a member after an exposure incident. In addition, the healthcare professional shall receive the following:
1. A description of the exposed member's duties as they relate to the exposure incident.
  2. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
  3. Results of the source individual's blood testing, if available.
  4. All medical records relevant to the appropriate treatment of the member, including vaccination status, which the Department is responsible for maintaining.
- H. The Department 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.
- I. The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for a member, and if the member has received such vaccination. This section only applies in those cases where a member, by himself/herself was vaccinated for hepatitis B prior to the implementation of this procedure, or in the event any member at any time elects to be vaccinated other than as provided by the Department.
- J. In the case of a post-exposure incident, the following information shall be provided by the healthcare professional to the Department:
1. That the employee has been informed of the results of the evaluation; and
  2. 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.
- K. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- L. Members who have an exposure incident shall immediately notify their supervisor. The member shall immediately seek treatment at a Department approved healthcare facility.
- M. Any member involved in an exposure incident shall fully document, in memorandum form, an incident evaluation that explains the routes of exposure, circumstances surrounding the exposure and the description of the protective gear used. The memorandum shall be

forwarded to the member's immediate supervisor, who shall review it and forward the memorandum to the Deputy Chief of Support Services for final evaluation and review.

By order of:

CHARLES A. GRUBER

CHIEF OF POLICE

## Appendix D

### Right to Refuse HBV Vaccination Sample Form

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses not to accept the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and the availability of the vaccine and vaccination free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis vaccination at a later date if they remain occupationally at risk for hepatitis B.

#### Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to

me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

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

Employee Signature

Date

---

# Appendix E

## Sample Medical Record Form

### *Employee Information:*

Employee Name:  
Social Security Number:

### *Hepatitis B Vaccination Status:*

Vaccination declined?  
If yes, release form attached? \_\_\_\_\_ Date:  
Reason:

### *Vaccination Record*

Date of 1st shot:  
2nd shot:  
3rd shot:

### *Antibody Testing*

Date of test: \_\_\_\_\_ Result:  
Date of test: \_\_\_\_\_ Result:

### *Booster Shot*

Date of shot:  
Date of shot:

Note the following documents shall be made a part of the employee record:

- Copies of results of examinations, medical tests, and follow-up procedures.
- Copies of healthcare professional's written opinions.
- Copies of information provided to healthcare professional.
- Copy of -release form, if any.
- Employee must furnish medical records to document vaccinations, if any, prior to employment or active duty with the agency.
- These records are to be maintained by \_\_\_\_\_ and are not to be disclosed or reported to any person within or outside the workplace without the employee's written consent except as required by 29CFR 1910.1030 or as required by law.
- Medical records are to be maintained by the employer for at least the duration of

employment plus thirty years.

# Appendix F

## Sample Report of Blood and Body Fluid Exposure

1. Person(s) Exposed:

---

2. Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_

---

3. Ticket Number: \_\_\_\_\_ Ambulance MICU Number: \_\_\_\_\_

---

4. Patient's Name: \_\_\_\_\_

---

5. Contagious Disease (if known): \_\_\_\_\_

---

6. Route of Exposure (check all that apply):

Needle Stick

---

Blood Exposure to Mucous Membrane or Open Skin

---

Other Body Fluid to Mucous Membrane or Open Skin

---

Other (please describe): \_\_\_\_\_

---

7. Precautions Taken during Treatment (check all that apply):

Gloves

Mask

Gown

---

Eye Protection

Other (please describe): \_\_\_\_\_

---

8. Other Emergency Services Involved:

Fire

State Police

---

Rescue

Ambulance

---

Other

Other

---

9. Request HIV & HBV testing and results on above patient: Yes  
No

10. Form Completed By: Date:  
Time:

---

Physician approving HIV testing: Hospital:

---

Date:  
Time:

## Appendix G

### Procedure for Ordering HBV Vaccination at the Federal Contract Price

*The following documents provide instruction on the ability for law enforcement agencies to order the HBV vaccination from the manufacturer direct at federal contract price. Eligibility to buy the vaccine at the federal contract price must be established by the entity or organization that will be paying for the vaccine. The end-user, or recipient of the vaccine must also be eligible and can not be charged for any part of the cost of the vaccine. All governmental agencies are eligible, but still must complete and return to the Illinois Department of Public Health the "Optional Use Agreement".*

#### **Procedure for Ordering Hepatitis B Vaccine at the Federal Contract Price (optional use) Directly from the Manufacturer**

(1) Submit a signed Optional Use Agreement to Illinois Department of Public Health (IDPH) Communicable Disease (CD) Control Section, 525 West Jefferson, Springfield, IL 62761 or through IDPH Regional CD staff in Chicago (Congress), Edwardsville, Marion, Peoria and Rockford Regional offices of IDPH (over for phone numbers). Eligibility requires receipt of tax funding other than Medicare, Medicaid or grant moneys and provision of service without regard to clients' ability to pay. Non-profit status is irrelevant if other criteria are met. Copies of the Agreement can be obtained from and questions about eligibility directed to Regional staff or the Springfield office above. Important Information Forms for obtaining the required informed consent and vaccine usage recommendations are also available from these IDPH offices.

(2) The buyer must have an account number with Merck, Sharp & Dohme (MS&D). To establish an account, call Mr. Joseph DiPrima at 1-800-228-5716. That office will either assign an account number or refer the buyer to the local sales person who will do so. It is now also necessary for new orderers to provide a photocopy or FAX of the license of the physician or pharmacist who will receive the order (See #4). Mr. DiPrima can advise how to do so. If any other questions arise which he cannot answer, call 1-800-545-3439.

(3) Restrictions apply to optional use vaccine. No charge may be made for any part of the cost of the vaccine to the recipient. (An administration fee may be charged by the physician or clinic administering the vaccine, which must be comparable to similar charges for that of other vaccines or be based on actual costs involved in administering this vaccine.) Optional use vaccine may not be transferred after purchase to any non-eligible organization. (See 1 above about eligibility.) It must be administered in accordance with FDA recommendations as outlined in the package insert and ACIP recommendations in MMWR Mo. RR-13, Vol. 40, November 22, 1991.

(4) Once an account number is established, place the order by mail or FAX to MS&D in Pennsylvania. The order need only consist of organization name, account number, number and size (1.0 or 3.0 mL) of vials and billing addresses and the Federal contract number: 200-920047 (Illinois law requires that all shipments of such products be made

to a location where a licensed M.D., D.O. or registered pharmacist is on staff or has an established consulting relationship). By mail the order goes to MS&D Economic Affairs, Sunnyside Pike WP35-11, West Point, PA 19486; FAX number: 215/661-7853. A copy of the Optional Use Agreement must be included with the first order for optional use Hepatitis B vaccine from any organization (MS&D may choose not to process the first order until the organization's name appears on the list of those eligible from Illinois sent to them by CDC. That can take as long as three weeks from the date CDC receives the Optional Use Agreement from IDPH).

(5) Buyers must send a copy of any order for optional use hepatitis B vaccine to one of the IDPH Regional offices (attention: CD Control Section) or the Springfield address shown above.

(6) The current Federal contract prices are shown below. \* They are guaranteed through the end of the contract year, Feb. 21, 1993 (The contract number will change then; prices and other provisions may change at that time).

For orders of fewer than 36 vials (either size):	\$28.95
<u>per mL.</u>	
For orders of 36 or more 1.0 mL vials:	
\$28.80 @	
For orders of 36 or more 3.0 mL vials:	
\$85.50 @	

This price differential applies to the number of vials of either size ordered, not to the total number of vials if some of both sizes are ordered. Example: an order for one 1.0 mL and 35 3.0 mL vials is  $106 \text{ mL} \times \$28.95 = \$3,068.70$ . Similarly, an order for 100 1.0 mL vials and one 3.0 mL vial = \$2,966.85.

IDPH Regional CD staff and telephone numbers:

Chicago - Margaret Swartz 312/793-4393  
Peoria - Cindy Andreasen 309/693-5397  
Edwardsville - Lester Byrd 618/656-6680  
Rockford - Barb Adam 815/987-3338  
Marion - John Ottolini 618/997-4371 (switchboard; ask for Public Health)  
Springfield - 217/782-2016

\*The other manufacturer of hepatitis B vaccine, SmithKline Beecham, will sell its product at a price comparable to the Federal contract price to eligible organizations. Inquiries can be made at 708/960-9005.

IDPH/CD-7/92  
8800H

**OPTIONAL USE AGREEMENT TO PURCHASE VACCINE USING  
THE FEDERAL CONSOLIDATED CONTRACT**

As a condition for purchasing vaccine from the Federal consolidated contract,

I/We

(Type/print name of organization placing order above.)

agree to the following conditions:

1. I certify that in administering the vaccine purchased under the Federal consolidated contract, I will provide each patient (parent or guardian) receiving such vaccine a copy of the currently approved "Important Information Statement", or for any of these vaccines covered by the National Childhood Vaccine Injury Act, the appropriate "Vaccine Information Pamphlet" prior to the administration of each dose of such vaccine.
2. I will retain the signature portion containing the required information for a period of ten (10) years following the end of the calendar year in which the vaccine is administered and, upon request, furnish copies of the required information to an appropriate health department or the Centers for Disease Control, Department of Health and Human Services.
3. No charge will be made to any patient for vaccine purchased from the Federal consolidated contract.
4. I agree to pay all appropriate charges for vaccine no later than 30 days after the receipt of an invoice for the order.
5. Failure to abide by the conditions of the contract will result in termination of the right to purchase from the Federal consolidated contract.

---

Signature of person authorized to sign for ordering organization; Date.

---

Please print or type name and organizational title of person signing.

---

Address, City & Zip Code

Telephone

8479H

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**COMMUNICABLE DISEASE CONTROL SECTION**  
525 WEST JEFFERSON STREET, 1st FLOOR  
SPRINGFIELD, ILLINOIS 62761