

**OHIV/AIDS/COMMUNICABLE/INFECTIOUS DISEASE POLICY**  
**DIOCESE OF OWENSBORO**

The following is a policy for all diocesan personnel, school employees, parish staff and students with infectious/communicable disease under the jurisdiction of the Diocese of Owensboro.

**CHRISTIAN VALUE**

The Catholic Church as a community of faith, shares in the experience and the challenge of sickness and disease in our world. "When one member suffers, all members suffer." The Catholic Church in the Diocese of Owensboro along with the Universal Church continues to suffer with persons who endure pain, debilitation, isolation and death resulting from disease. At the same time, it also shares the trauma of family members, friends and associates who have been devastated by suffering and death of loved ones. It is from this community of faith that young people, as indeed the whole civic community, can learn a compassionate response for all suffering members, including those who suffer from communicable/infectious disease.

Jesus was healer, reconciler and teacher. He not only healed physical ailments, but also helped people to find peace in their hearts and to overcome alienation from their community. The words, deeds and the magnetism of Jesus brought diverse people together and challenged them to respect, love and serve one another. This healing presence of Jesus continues to shape the ministry of the Church, the education of its members and to challenge all involved.

In light of this information and Jesus's challenge to respect, love and serve one another, the Diocese of Owensboro has proposed the following policy that deals with all Diocesan personnel, staff, teachers and students who have contracted communicable/infectious or similar serious medical conditions in a Christian manner that respects their dignity as a human being and protects their confidentiality and privacy by avoiding rumors and unwarranted intrusions on their rights.

**MEDICAL FACT**

KRS 158.160 amended in 1992 required the Cabinet for Human Resources to define medical conditions which may pose a threat to others in the school environment. These conditions considered to pose a threat to others in the school environment are: hepatitis A, measles, bacterial meningitis, meningococemia, pertussis, rubella, shigellosis, infectious tuberculosis, typhoid fever or its carrier state, mumps, head lice, and weeping or excoriating skin infections which cannot be adequately covered.

The Surgeon General of the United States, the Center for Disease Control and local health officials of the Board of Health assure us that HIV infection/AIDS and Hepatitis B are not transmitted by casual interpersonal contact. HIV (human immunodeficiency virus) is not airborne and does not survive outside the body. It cannot be caught by touching an infected person or by sharing a drinking fountain, a glass, a communion chalice or a telephone. In 1990, the Kentucky Cabinet for Human Resources amended the guidelines for School Attendance for HIV Children. It was determined that panel meetings, for specific children with HIV infection, prior to school attendance are not necessary.

**POLICY**

1. *Students*
  - A. A parent, legal guardian, or other person or agency responsible for a student shall notify the student's school if the student has any medical condition which is determined by the

Cabinet for Human Resources in administrative regulation as threatening the safety of the student or others in the school. The notification shall be given as soon as the medical condition becomes known and upon each subsequent enrollment by the student in a school. The principal, guidance counselor, or other school official who has knowledge of the medical condition shall notify the student's teachers in writing of the nature of the medical condition.

- B. If any student is known or suspected to have or be infected with a communicable disease or condition for which a reasonable probability for transmission exists in a school setting, the superintendent for Catholic Schools of the Diocese of Owensboro may order the student excluded from school in accordance with generally accepted medical standards which the superintendent shall obtain from consultation with the student's physician or the local health officer for the county in which the school is located. During the presence in any school district of dangerous epidemics, the board of education of the school district may order the school closed.
- C. A student with a communicable/infectious disease such as hepatitis B or HIV infection/AIDS will be allowed to attend school, religious education classes, as well as extra-curricular activities/sports.

2. *Diocesan personnel, school employees and parish staffs*

Any decision regarding the employment or continued employment of a person who has been diagnosed with a communicable disease shall comply with the following guidelines in dialogue with the employee's supervisor:

- A. All institutions shall apply existing personnel policies and procedures regarding employment, working conditions, sick leave, termination of employment and related matters to employees diagnosed with a communicable disease on the same basis as to employees who have other diseases or conditions which may incapacitate them for work or otherwise affect job performance.
- B. The institution shall provide insurance and other benefits. Employees must satisfy the eligibility and co-payment requirements applicable under existing or future employee benefit plans.
- C. If employees show signs of an infection or illness which could expose others to a medically recognized risk of infection, then the institution may require them to take mandatory leave of absence. Such employees would be allowed to return to work with medical clearance.
- D. Employees who refuse to work with co-workers (students or teachers) with a diagnosis of a communicable disease may subject themselves to corrective action, which may include the termination of employment. Those who refuse to work with coworkers will receive appropriate education before any punitive action will be taken.
- E. No church related institution may routinely require serologic blood testing for HIV or hepatitis B of employment applicants or current employees.
- F. An institution shall refrain from taking into account an individual's association with a person with a communicable disease in a decision to: hire, promote, transfer, evaluate job performance, adjust wages, assign work, change working conditions, or dismiss.

- G. No institution shall terminate an employee with a communicable disease because of or to prevent a claim against such employee's retirement or medical benefits.
- H. The employee and the supervisor shall discuss and evaluate the employee's ability to perform job duties adequately and safely.

3. *Right to privacy and handling reports/information*

The right to privacy of the infected individual, employee or student shall at all times be respected. Diocesan personnel, parish staffs, and students should be prepared to deal with all situations in a way that protects all persons involved. No diocesan personnel or parish employee may confirm or deny that such a condition exists in any church, school, or religious education program except as prescribed by law. The same laws which control access to student's records bind in a special way confidentiality of information about infectious/communicable diseases.

## **REGULATION**

All diocesan personnel, school employees, parish staff and students shall follow the recommendations contained in the "Guidelines for Handling Body Fluids in Schools" and "The Exposure Control Plan" found in the Diocesan Policy Book and the faculty Handbook of each school. Body fluids are treated by these same guidelines regardless of the medical status of the employee or student. Generally, in handling body fluids and taking precautions against communicable/infectious diseases, all students and employees should be dealt with as if they were infectious. These guidelines will provide effective measures to protect against the transmission of infectious disease and will model the kinds of precautions that must be taken in the handling of body fluids. Disposable plastic gloves should be made available by the institution/parish/school/athletic facility to all personnel for use in the proper handling of body fluids.

Revised 1-6-93

Approved 9/20/931

## **COMMUNICABLE/INFECTIOUS DISEASE POLICY AND EXPOSURE CONTROL PLAN**

### **WHY IS A POLICY AND PLAN NEEDED?**

1. A unified HIV/AIDS/Communicable/Infectious disease policy is needed to decrease confusion and have all diocesan personnel utilizing the same policy. The policy statement combines the approved diocesan personnel policy and the school policy.
2. KRS 158.160 was amended in 1992 and the proposed policy addresses this legislation related to school activities.
3. Social justice issues include: non-discrimination, protection of diocesan personnel from disease, and the right to privacy and confidentiality of medical records.
4. December 1991, the Federal Office of occupational Health and Safety promulgated in the Federal Register amendments to part 1910 of title 29. This requires of all employers the development and implementation of an Exposure Control Plan to protect workers from bloodborne pathogens. This plan was to be completed on or before May 5, 1992 and implemented before July 6, 1992. The Exposure Control Plan presented has been designed to meet the requirements of this law. Penalties have been implemented for those found not to be in compliance with the law.
5. If a diocesan exposure control plan is not approved, then each school and parish must develop their own plan.

### **HOW WILL IT BE IMPLEMENTED?**

1. After approval, each parish and Catholic School must receive a copy for their files and to be available for all personnel.
2. Each parish and school must implement according to the approved plan.
3. Each parish and school may determine who in their local area will provide the medical evaluation and follow-up as prescribed by OSHA for an exposure incident.
4. Each parish and school will determine mechanisms for confidentiality of medical records as mandated by the law. (Some organizations are having the records kept by a specified physician with the organization only having a record that care and follow-up has been rendered according to law).

### **WHAT DOES IT MEAN FOR PARISHES AND SCHOOLS?**

1. Determine who might have exposure to blood or other potentially infectious materials as a part of their job or as a collateral assignment.
2. Provision of the following engineering controls: sharps containers, hand washing facilities, CDC approved towelettes if hand washing not readily available, and containers for regulated waste.
3. Provide personal protective equipment (at no cost to the employee) such as gloves, utility gloves for maintenance/housekeeping (if employees of the facility), mouthpieces for CPR if a need anticipated), and gowns and mask if splash or spray anticipated.
4. Provide HBV vaccine to employees, at no expense to the employee, if an exposure incident occurs. Employees may decline the vaccine but this must be in writing.
5. Provide post exposure follow-up as detailed by the plan and by OSHA.
6. Maintain records as detailed in the plan and by OSHA.
7. Provide training for all employees on an annual basis as required by OSHA.
8. This plan only relates to employees. Volunteers, children in various programs and parishioners are not included.

## GLOSSARY OF TERMS

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

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

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

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

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

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

**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, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**HAND WASHING FACILITIES** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**LICENSED HEALTH CARE PROFESSIONAL** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for 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 secretion, 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 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.

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

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 endospore.

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).

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**THE EXPOSURE CONTROL PLAN  
DIOCESE OF OWENSBORO  
MARCH 4, 1993**

This plan has been developed for the prevention and control of diseases caused by bloodborne pathogens. It represents measures which are required for implementation of and adherence to OSHA standards. This exposure control plan will be reviewed and updated annually, or as necessary whenever:

- new tasks are implemented
- tasks are changed
- new employee positions with potential exposure are added -an exposure incident indicates the need for a revision in the plan.

**I. EXPOSURE DETERMINATION**

- I. School and parish employees who might have exposure to blood or other potentially infectious material in the course of their duties include:
  - A. staff who work with developmentally disabled children who may be prone to biting
  - B. personnel who are designated as a collateral assignment to provide emergency first aid
  - C. athletic trainers
  - D. staff who clean up a blood or body fluid spill
  - E. people who work in a nursery and handle body fluids
  
2. Tasks and procedures in which exposure to bloodborne pathogens can potentially occur:
  - rendering first aid
  - cleaning up a blood or body fluid spill
  
3. Schedule and Method for Implementation
  - A. The schedule for implementation will be as follows:
    - I. Methods of Compliance as described on page 3-4 of this compliance package, will be fully implemented by December 31, 1993.
    - ii. Hepatitis B Vaccination and Post Exposure Evaluation and Follow-up, as described on page 5 of this compliance package, will be fully implemented by December 31, 1993.
    - iii. Communication of Hazards to Employees will be fully implemented by June 30, 1994.
    - iv. Record keeping will be fully implemented by June 30, 1994.
  
  - B. The method of implementation of I, ii, iii, and iv listed above will be by formal training sessions that will occur in the workplace. Training will follow the guidelines set forth in this compliance package and in the December 6, 1991 Federal Register, in which Bloodborne Disease Pathogens Standard appears and the July 1992 memo on addendum to the standards. The specific practices used for protection of workers in this facility are outlined under Methods of Compliance in this document.

## II. **METHODS OF COMPLIANCE**

Universal precautions are to be used in all facilities. This means that all blood, body fluids, or other potentially infectious material are treated as though they are infectious and precautions are taken accordingly. The "Guidelines for handling body fluids in schools" and "Communicable Disease Prevention, Precaution and Policy Statement of the Kentucky High School Athletic Association" are to be followed.

### ENGINEERING CONTROLS

#### Hand washing facilities

- Hand washing facilities are to be readily accessible.
- Facilities must provide soap and at least tepid running water.

#### Sharps containers

- Leak-proof, puncture-resistant, labeled with the biohazard label or color coded red, and closeable must be available.

#### Regulated waste

- discarded in red plastic bags that prevent leakage.

### WORK PRACTICE CONTROLS:

HAND WASHING with soap and water is required immediately after any exposure and as soon as possible after removal of gloves or other protective equipment. Where hand washing facilities are not available, antiseptic hand cleaner and clean towels or antiseptic toiles must be provided.

### HANDLING NEEDLES/SHARPS:

- Needles will not be recapped. Shearing, breaking, or bending of needles is prohibited.
- Needles and other sharps including broken glass will be promptly disposed of in red, puncture-resistant, leak-proof containers. These containers are to be marked with the bio-hazard label.
- Employees should never reach into contaminated sharps containers by hand.
- needles and other sharps must not be jammed into the containers in such a way as to overfill them.
- All sharps containers will be closeable. They must be closed securely before removal or disposal.
- Broken glass will be picked up using a dust pan and broom.

### PERSONAL PROTECTIVE EQUIPMENT:

- Whenever contact with blood or other potentially infectious material is reasonably anticipated, personal protective equipment must be worn. protective gloves (either sterile gloves, nonsterile examination gloves or utility gloves) are to be used to protect the hands.
- All protective equipment is provided at no cost to the employee.
- Appropriate sizes must be available.
- If an employee exhibits allergic symptoms to the disposable gloves provided, hypoallergic gloves (or some other alternative) will be provided.
- Gloves will be replaced as soon as practical when contaminated. Gloves will be disposed of in red trash receptacles after each use.
- Contaminated laundry will be placed in red leak proof laundry receptacles and laundering to be performed by company which employs Universal Precautions.

- Mouthpieces for CPR will be used when exposure to blood or other potentially infectious material is anticipated.
- Mouthpieces are to be available where the need for CPR is anticipated.

#### HOUSEKEEPING:

- All potentially contaminated tools, equipment and work surfaces will be disinfected.
- Should gross contamination such as a spill occur, decontamination will be performed as soon as possible.
- Receptacles for regulated waste will be inspected each time the plastic liner is changed. Plastic liners shall be red to indicate bio-hazard. The contents shall be discarded whenever full or at the end of the day in accordance with state and local laws.
- Broken glass will never be picked up by hand. A Dust pan and broom will be used.
- Contaminated laundry is to be placed in red bags (or labeled bags). These bags are designed to prevent leakage or soak-through.
- Protective gloves are worn by workers having contact with contaminated laundry and in decontaminating any spill.

### III. HEPATITIS B VACCINATION

- Because all employees with potential exposure have this as a collateral assignment HBV vaccine will not be given until an exposure occurs.
- There will be no charge to the employee for the vaccination.
- All vaccinations will be administered by a licensed physician or HEALTH CARE professional selected by the agency.
- Any employee may elect to forgo the vaccine. If vaccination is declined, the employee is required to complete a statement which indicates that it was offered at no cost and that the employee may elect to receive the vaccine at any time while still covered by the standard.
- If an employee has been previously vaccinated (within the last 10 years), a free prescreen will be provided and analyzed by a CDC accredited laboratory

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

- When an employee incurs an exposure incident, it must be reported to the immediate supervisor. The supervisor must maintain records of the exposure incident.
- All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with OSHA standards.
- The 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. Upon consent of the source individual his/her blood will be tested for HIV and HBV as soon as possible. This is in accordance with current state and local laws.
  - As soon as possible, and upon consent, the employee's blood will also be collected and tested.
  - An employee has the right to refuse blood collection and testing. An employee may also consent to blood collection, but refuse testing. In this case, the blood sample will be held for 90 days to allow time for the employee to elect testing. If the employee decides before that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
  - The test results for both the employee and the source individual are confidential medical information and will be handled in accordance with OSHA standards.
  - The employee will be offered post-exposure prophylaxis in accordance with the current

recommendations of the U.S. Public Health Service and as recommended by a qualified health care professional. 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 illness to be alert for and to report any related experiences to all appropriate personnel.

## V. TRAINING

Training for all employees and volunteers will be conducted before initial assignment to tasks where occupations exposure may occur. Training is to occur at least annually.

Training will include the following:

1. The OSHA standard for bloodborne pathogens.
2. Epidemiology and symptomatology of bloodborne disease.
3. Modes of transmission of bloodborne pathogens.
4. Explanation of the Exposure Control Plan, points of the plan, lines of responsibility, how the plan will be implemented, etc.
5. Procedures that might cause exposure to blood and other potentially infectious materials in the agency.
6. Control methods to be used to control exposure to blood and other potentially infectious materials.
7. Personal protective equipment available at the facility and who should be contacted concerning exposure to blood or other potentially infectious materials.
8. Post-exposure evaluation and follow-up.
9. Signs and labels used at the facility.
10. Hepatitis B vaccine program at the facility.
11. Question and answer time to allow employees and volunteers ample time to ask questions and voice opinions.

## VI. RECORD KEEPING

- All medical records maintained under this program are confidential. Each employee has the right to access his or her personal medical record as well as any exposure records. Written permission is required from employees to access medical records. Records will be available to OSHA upon request.
- These records shall be kept for the duration of employment plus 30 years thereafter. Should a facility close, the Diocese shall be informed and records sent there or OSHA shall be informed at least three months before disposal of any records.
- Training records will be maintained for three years, and will be updated yearly following the annual training period.
- A copy of this plan will be kept in the office of the secretary and may be reviewed at any time by employees or volunteers.

Approved 9/20/1993

### In-Service Training Record

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

EMPLOYEE GROUP PRESENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TOPIC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OSHA Standard Bloodborne Pathogens training requirements: (Check all that were covered)

- \_\_\_\_\_ explanation of regulation
- \_\_\_\_\_ epidemiology and symptoms
- \_\_\_\_\_ modes of transmission
- \_\_\_\_\_ exposure control plan
- \_\_\_\_\_ recognizing tasks/activities that pose risk or risk potential
- \_\_\_\_\_ methods to prevent/reduce exposure
- \_\_\_\_\_ personal protective equipment
- \_\_\_\_\_ Hepatitis B vaccine
- \_\_\_\_\_ reporting and responding to exposure occurrence
- \_\_\_\_\_ signs and labels and/or color coding

CONDUCTED BY \_\_\_\_\_

QUALIFICATIONS OF PRESENTER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EVALUATIONS, COMMENTS, SUGGESTIONS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PERSON COMPLETING REPORT \_\_\_\_\_



**HEPATITIS B DECLINATION**

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

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



### EMPLOYEE ACCIDENT REPORT

Employer \_\_\_\_\_ Case or File no. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**Injured or Ill Employee:**

employee name \_\_\_\_\_ date of birth \_\_\_\_\_ social security number \_\_\_\_\_

employee address \_\_\_\_\_

age \_\_\_\_\_ sex (male/female) \_\_\_\_\_

occupation \_\_\_\_\_

**Accident or Exposure to Occupational Illness:**

\_\_\_\_\_ If accident or exposure occurred on employer=s premises, give address of plant or establishment in which it occurred. If accident occurred outside employer=s premises at an identifiable address, give that address.

place of accident or injury \_\_\_\_\_

What was the employee doing when injured? (Be specific: using equipment, disposing needle, etc.) \_\_\_\_\_

How did the accident occur? \_\_\_\_\_

Occupational injury or occupational illness \_\_\_\_\_

Describe the injury or illness in detail and indicate the part of body affected. \_\_\_\_\_

Name the object or substance which directly injured the employee. \_\_\_\_\_

Date of injury or initial diagnosis of occupational illness. \_\_\_\_\_

**Other:**

Name and address of physician \_\_\_\_\_

If hospitalized, name and address of hospital \_\_\_\_\_

Date of report \_\_\_\_\_ Prepared by \_\_\_\_\_ Official Position \_\_\_\_\_



**EXPOSURE INCIDENT DOCUMENTATION**

**FORM A**

1. Describe the route of exposure and circumstances surrounding exposure incident.
  
2. Source individual (person to whose blood the employee was exposed.) The source individuals blood must be tested unless they refuse to provide consent for the collection of blood.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

Complete the following questions

	YES	NO
--	-----	----

1. Was consent form signed by source individual?  
Date of signature \_\_\_\_\_
2. Did they refuse to sign consent form?
3. Was the source individuals blood tested? \*  
Date \_\_\_\_\_
4. Were the results of this blood test made available to the exposed employee?
5. Was the employee advised of applicable laws and regulations regarding confidentiality of the source individual=s infectious status?

\*If the source individual is known to be infected with HIV and/or HBV, they need not be tested.

**EXPOSURE INCIDENT DOCUMENTATION  
FORM B**

NAME OF EXPOSED EMPLOYEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

YES NO

1. Has the consent form been signed by the employee for the collection of blood?  
Date \_\_\_\_\_  
(If the employee consents to baseline blood collection, but does not give permission for HIV/HBV serological testing, the blood must be preserved for at least 90 days. If during that 90 day period, the employee consents to such testing, it will be provided free of charge.)
2. Has the employee's blood been tested to determine HBV and HIV serological status?
3. Was any post-exposure prophylaxis indicated according to test results?
4. Was post-exposure prophylaxis, if recommended performed?
5. Was counseling, if indicated provided?
6. Have reported illnesses been evaluated by an appropriate HEALTH CARE professional?
7. Has all of the information that must be provided to the evaluating HEALTH CARE professional been forwarded to them?

**EXPOSURE INCIDENT DOCUMENTATION**

**FORM C**

The following information must be provided to the HEALTH CARE professional evaluating an employee after an exposure incident:

- ! A copy of the Bloodborne Disease Pathogens Standard:
  
- ! A description of the exposed employees duties as they relate to the exposure incident:
  
- ! Documentation of routes of exposure and circumstances under which exposure occurred:
  
- ! Results of the source's individuals blood testing, if available:
  
- ! All employee medical records relevant to treatment of the employee, including vaccination status:

HEALTH CARE PROFESSIONAL PROVIDING EVALUATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

Additional comments:

**CONSENT FORM FOR THE COLLECTION OF BLOOD**

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed. Permission to have my blood drawn and tested for Hepatitis B virus (HBV) and the Human Immunodeficiency virus (HIV), as well as other bloodborne diseases, is hereby given.

SIGNATURE EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESSED BY:

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONSENT FORM FOR THE COLLECTION OF BLOOD - SOURCE**

**INDIVIDUAL**

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that has occurred in this facility. Permission to have my blood drawn and have it tested for the Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV) , as well as other bloodborne diseases, is hereby given.

I understand that this testing will be done in a confidential manner, and will be made available only to the person who was exposed. I also understand that this person has been informed of applicable laws and regulations concerning disclosure of my identity and my infections status.

SOURCE INDIVIDUAL SIGNATURE \_\_\_\_\_

WITNESSED BY \_\_\_\_\_

DATE \_\_\_\_\_

FACILITY WHERE EXPOSURE OCCURRED \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**EMPLOYEE INFORMED REFUSAL OF MEDICAL EVALUATION  
AFTER A BLOODBORNE PATHOGEN EXPOSURE**

I, \_\_\_\_\_, as an employee of \_\_\_\_\_ have been made fully aware of my rights to a follow-up medical evaluation after an exposure to infectious material, and about the way HIV and HBV can be transmitted. I know my employer wants to have my HBV status checked and have me receive any necessary boosters or vaccination. This is in order to protect me from infection. My employer has also offered the series of HIV tests so that I can be informed of my status with regards to this disease. With all of this in mind, I have decided to refuse this offer. I have my own reasons for doing so. I was exposed during a \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_, 19 \_\_\_\_\_.

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

Note: This record is confidential and is to be maintained for time of employment plus 30 years.

## EXPOSURE INCIDENT PROCEDURES

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

In the event of an exposure incident, the following procedures will be followed:

1. Report to \_\_\_\_\_. If not available, report to \_\_\_\_\_.
2. \_\_\_\_\_ will speak to employee explaining risks of HIV and HBV.
3. \_\_\_\_\_ will speak to employee if they want testing.
4. \_\_\_\_\_ explains the risks of HIV and HBV to he person who was the source of the exposure and asks them if they will submit to testing.
5. \_\_\_\_\_ will supply forms to be filled out following exposure.
6. Employee will have their blood drawn at \_\_\_\_\_ for testing with a note on the lab requisition form that the results be sent to the attention of the employee in a sealed envelope marked "Personal and Confidential".
7. All results will be kept confidential in \_\_\_\_\_
8. \_\_\_\_\_ will offer counseling to the employee.
9. Source individual blood will be drawn at \_\_\_\_\_ for testing.

The protocol for testing for HIV for the employee is as follows:

- a. Immediately after exposure
- b. At 6 weeks after exposure
- c. At 6 months after exposure.

## **GUIDELINES FOR HANDLING BODY FLUIDS IN SCHOOLS**

Recent concern about how children infected with HIV or with Hepatitis B virus should be educated has raised several questions regarding exposure of teachers and children to potentially infectious body fluids from children with communicable diseases in the school setting:

1. Does contact with body fluids present a risk of infection?
2. What should be done to avoid contact with potentially infectious body fluids?
3. What should be done if direct contact with body fluids is made?
4. How should such fluids be removed from the environment when spilled?

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons, including pregnant women, potentially exposed to blood or body fluids of any student. The guidelines are applicable regardless of the medical status of the student.

### **1. DOES CONTACT WITH BODY FLUIDS PRESENT A RISK?**

The body fluids of all persons should be considered to contain potentially infectious agents. The term "body fluids" includes: blood, semen, drainage from scrapes and cuts, and the following if visible blood is present - feces, urine, vomitus, respiratory secretions (e.g. nasal discharge) and saliva. Contact with body fluids presents a risk of infection in general, however, the risk is very low and dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.

Table 1 (page 2) provides examples of particular agents that may occur in body fluids of children and the respective transmission concerns. It must be emphasized that with the exception of blood, and urine, which are normally sterile, the body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. Furthermore, many agents may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents including the HIV and Hepatitis B virus. In fact, transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because simple precautions are not always carried out.

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in at least the office of the custodian, nurse or principal. Gloves are recommended when direct hand contact with body fluids is anticipated (e.g., treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand) . Hands should be washed afterwards.

### **3. WHAT SHOULD BE DONE IF DIRECT SKIN CONTACT OCCURS?**

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (e.g., when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be thoroughly washed with soap and water after direct contact has ceased. Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for at least 10 seconds. The incident must be reported using appropriate procedures of the facility.

TABLE 1.  
TRANSMISSION CONCERNS IN THE SCHOOL SETTING  
BODY FLUID SOURCE OF INFECTIOUS AGENTS

BODY FLUID - SOURCE	ORGANISM OF CONCERN	TRANSMISSION
Blood *cuts/abrasions *nosebleeds *emesis *contaminated needles	Hepatitis B virus HIV Cytomegalovirus	Blood stream inoculation through cuts and abrasions on hands, or through mucous membranes. Direct blood stream inoculation.
*Feces *incontinence	Salmonella bacteria Shigella bacteria Rotovirus Hepatitis A virus	Oral inoculation from contaminated hands.
*Urine incontinence	Cytomegalovirus	Bloodstream and oral (?) inoculation from contaminated hands.
*Respiratory secretions *Saliva *Nasal discharge	Mononucleosis virus Common cold virus Influenza virus	Mucus membrane inoculation from contaminated hands.
*Vomit	Gastrointestinal viruses, e.g., (Norwalk agent, Rotovirus)	Oral inoculation from contaminated hands.
Semen	Hepatitis B HIV Gonorrhea Herpes Simplex	Sexual contact (intercourse.)

\* Possible transmission of HIV and Hepatitis B is of little concern from these sources unless blood is visible.

**4. WHAT SHOULD BE DONE WITH ITEMS CONTAMINATED WITH BODY FLUIDS?**

Contaminated disposable items such as plastic gloves, tissues, paper towels, and diapers should be secured in labeled plastic bags and placed in the garbage. See Exposure Control Plan. Clothing, towels, and other launderable items may be secured in plastic bags and sent home for ordinary laundering if contaminated is light (such as shirt splattered with blood) . However, if an item is soaked beyond the capacity of the available laundry facilities to clean it, it should be bagged and discarded.

**5. HOW SHOULD SPILLED BODY FLUIDS BE REMOVED FROM THE ENVIRONMENT?**

Sanitary absorbent agents specifically intended for cleaning body fluid spills are commercially available (e.g., ZGOOP\*, Parsen Manufacturing Company, Philadelphia, Pennsylvania). Neoprene work gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment. The disinfection procedure under 6 below should then be followed.

## 6. HOW SHOULD HARD SURFACES BE DISINFECTED?

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. The disinfectant should be registered by the U. S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals. Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70%).
2. Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol\*).
3. Sodium hypochlorite with at least 100 ppm available chlorine (2 cup household bleach in 1 gallon of water, needs to be freshly prepared each time it is used).
4. Quaternary ammonium germicidal detergent in 2% aqueous solution (e.g., Tri-quat\*, Mytar\* or Sage\*).
5. Iodophor germicidal detergent with 500 ppm available iodine (e.g., Wescodyne\*).

\*Brand names are used only for examples of each type chemical agent and should not be considered an endorsement of a specific product.

## 16 The ATHLETE

### *Kentucky High School Athletic Association*

## **Communicable Disease Prevention, Precaution and Policy Statement**

Endorsed by the Kentucky Medical Association, Committee on School Health, Physical Education and Medical Aspects of Sports

### **PURPOSE**

The Kentucky High School Athletic Association has adopted this policy in an effort to minimize the possibility of transmission of any infectious disease during a high school athletic team practice or contest.

In the last few months, considerable attention has been given to the HIV infection as it relates to sports. While experts say the possibility of HIV transmission occurring during athletic competition is close to non-existent, appropriate precautions must be taken to prevent the spread of HIV and other infectious diseases.

The National Federation Rules Review Committee and TARGET(r) have had a number of meetings the past few weeks regarding rules coverage as it relates to HIV and the Hepatitis B virus.

Each rules committee will be asked to consider adopting a committee statement of communicable disease precautions and also to adopt statements within the rules and procedures to follow for a participant, coach or official who is bleeding, has an open wound, or has blood on the uniform. For the 1993-94 year, each sport will have specific coverage for these provisions printed in the Rule books.

In the interim, certain amendments to the rules have been suggested to be utilized for the remainder of the 1992-93 school year. The H.S.S.A.A. is implementing these standards effective immediately in response to numerous requests that have been received from schools and officials to provide more specific guidance in regard to precautions against communicable diseases. School administrators, coaches and officials should review and follow these procedures. Your immediate attention and full cooperation is appreciated.

The policy primarily addresses blood-borne pathogens such as the Hepatitis B virus and the Human Immunodeficiency Virus (HIV.) However, it also covers common-sense precautions against the spread of less serious contagions such as the Influenza virus and the Common Cold virus.

Special thanks to the West Virginia Secondary Schools Activities Commission, the Illinois high School Association, the Missouri State High School Activities Association and the National Federation for their assistance in this matter.

### **BLOOD-BORNE PATHOGENS**

Blood-borne pathogens such as Hepatitis B and HIV are serious infectious diseases which are present in blood as well as other bodily fluids such as semen, vaginal secretions and breast milk. While there are a number of other such blood-borne diseases, Hepatitis B and HIV are the most commonly known.

Hepatitis B is a virus which results in a dangerous inflammation of the liver. Its victims can suffer long-term consequences and reoccurrences, and the disease can be deadly if not treated. HIV is the virus that causes Acquired Immunodeficiency Syndrome (AIDS), which weakens the immune system, thus making a person susceptible to infections their immune systems would normally fight off. At this time AIDS is incurable and deadly.

The precise risk of HIV transmission during exposure of open wounds or mucous membranes such as the eyes, ears, nose and mouth to contaminated blood is not known. Though the possibility of contracting HIV in this manner is generally considered to be less than the possibility of contracting Hepatitis B and other blood-borne viral infections, it is a serious threat.

Student-athletes, coaches and officials must understand that while it is possible for HIV to be transmitted by blood from one individual to another through an open wound, or a mucous

membrane, the probability is very low. However, since the chance of this occurring does exist, the appropriate precautions should be taken to ensure no transmission can occur and to be aware of the possible consequences.

### **PRECAUTIONS AGAINST TRANSMISSION OF BLOOD-BORNE PATHOGENS**

The proper handling of body fluid spills should be a concern of teachers, coaches, officials, and student-athletes. All concerned individuals must be aware that any time there is blood and/or other body fluids present, there is the possibility of an infectious disease being transmitted. However, this possibility can be reduced if a few common sense precautions are observed.

#### **Communicable Disease Precautions**

While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a risk that other blood-borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Precautions for reducing the potential for transmission of these infectious agents should include, but are not limited to, the following:

1. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other bodily fluids is anticipated.
2. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after moving gloves.
3. The bloodied portion of the uniform must be properly disinfected or the uniform changed before the athlete may participate. To disinfect the uniform, use a solution of 1-100 (for example, 1/4 cup to one gallon water) of sodium hypochlorite (example, bleach) or 70% isopropyl alcohol (rubbing alcohol) or other appropriate disinfectant.
4. Clean all blood contaminated surfaces and equipment with a solution made from a 1-10 dilution of household bleach or other disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.
6. Although saliva has not been directly implicated in HIV transmission, minimize the need for emergency direct mouth-to-mouth resuscitation. Mouthpieces, resuscitation bags, or other ventilation devices should be available for use if possible.
7. Athletic trainers/coaches with bleeding or oozing skin condition should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should not be re-used.
9. Follow acceptable guidelines in the immediate control of bleeding when handling bloody dressings, mouthparts, and other articles containing body fluids.
10. Refer to the specific sport rules for additional information.

#### **General Procedures for Activities:**

1. If excessive blood appears on the uniform, the player should replace that part of the uniform without punitive action.
2. All athletes must cover any open wound.
3. Student athletes should treat and cover their own wounds whenever possible.
4. When administering first aid, disposable rubber gloves should be worn.  
A different pair of gloves should be worn for each treatment administered.

5. If an individual, be they a player, coach or official, has someone else's blood on his/her skin, the area should be washed with soap and water and wiped with disinfectant, such as isopropyl alcohol.
6. If a student athlete begins to bleed during an activity, play must be stopped, the student athlete is to be considered injured, removed from play, and any potentially contaminated surfaces cleaned using a disinfectant. The surface should then be wiped with clean water.
7. Any student athlete that is removed must have the wound covered and the bleeding stopped prior to returning to the contest.
8. Any individual who has treated a wound or cleaned a contaminated surface should wash his/her hands with soap and warm water.
9. A student athlete should take a shower using a liberal amount of soap and warm water following the contest.
10. Towels which are used by athletes, coaches or officials should not be used to clean off any potentially contaminated surfaces.
11. All soiled linens such as towels and uniforms should be washed in hot water and in a detergent containing bleach, if possible.
12. All coaches, athletes and officials should practice good hygiene. Towels, cups and water bottles should not be shared.
13. Keeping locker rooms and other areas well ventilated and clean can also help in preventing other air-borne contagions from being transmitted.

#### **SPECIFIC SPORT 1992-93 MODIFICATIONS**

##### BASEBALL: Rule 3-1-6

A player or coach who is bleeding or who has blood on his or her uniform shall be prohibited from participating further in the game until appropriate treatment has been administered. If medical care or treatment can be administered in a reasonable amount of time, the individual would not have to leave the game. The length of time that is considered reasonable is the umpire's judgment. The re-entry rule would apply to players.

##### BASKETBALL: Rule 3-4-5

The officials shall order any player who is bleeding, or has an open wound or has any blood on his or her uniform to leave the game for appropriate treatment and the player may not return prior to the first opportunity for such player return.

##### FOOTBALL: Rule 3-5-9C

*A time-out occurs when a player is discovered who is bleeding, or has an open wound, or has any blood on his uniform. A player who is bleeding, has an open wound, or has blood on his uniform shall be considered an injured player as in Article 3-5-9(a).*

##### SOCCER: Rule 3-3-2b

A team must substitute when a player is bleeding, or has an open wound, or blood on the uniform. Such a player shall leave the game for appropriate treatment. The player may return at the next legal substitution opportunity only after the uniform and/or skin conditions have been appropriately treated.

##### SOFTBALL: Rule 3-1-9

A player or coach who is bleeding or who has blood on his or her uniform shall be prohibited from participating further in the game until appropriate treatment has been administered. If medical care or treatment can be administered in a reasonable amount of time, the individual would not have to leave the game. The length of time that is considered reasonable is the umpire's judgment. The re-entry rule would apply to players.

##### SPIRIT(Cheerleading): Rule 2-1-9

Participants who are bleeding, have an open wound or blood on the uniform shall not participate until proper treatment has been administered. The cheering surface and any equipment which becomes contaminated shall be properly cleaned before participation continues.

##### SWIMMING AND DIVING: Rule 3-2-5

Competitor who are bleeding, have an open wound or

blood on the uniform shall not participate until proper treatment has been administered. Competition areas and equipment out of the pool which becomes contaminated shall be cleaned before competition is conducted.

##### TRACK AND FIELD: Rule 4-5-11

Contestants who are bleeding, have an open wound or blood on the uniform may not participate in any event until appropriate treatment has been administered.

##### VOLLEYBALL: Rule 11-4-2

When a player is bleeding, has an open wound or has blood on his/her uniform, the game shall be stopped at the earliest possible time. The player shall leave the court and shall not return until proper treatment has been administered. Competition area and equipment which becomes contaminated shall be properly cleaned before play resumes.

##### WRESTLING: Rule 8-2-6

The match will be stopped for any bleeding, open wound or blood on the uniform and will not continue until appropriate treatment is given to the contestant(s).

#### **OTHER INFORMATION RESOURCES**

For further information, contact the National Federation TARGET(r) program at (800)366-6667; Public Health Service AIDS Hotline (800)342-2437; the National Sexually Transmitted Diseases Hotline (800)227-8922; the U.S. Public Health Service (202)245-6867; or the American Red Cross Education Office (202)737-8300.

## **News & Notes**

### **Grounds Seminar**

Enrollment is now underway for a Grounds Maintenance Seminar to be held at the University of Kentucky. The seminar is scheduled for March 8-9, 1993. The event will feature Dr. A. J. Powell's Educational Foundation of Sports Turf and its practical application by UK Sports Facility Supervisor Bucky Trotter.

The discussion will focus on the industry's current topics which have impacted baseball, softball and football facilities at every level.

From the classroom to the field, this seminar will discuss everything from turf to day. Call 1-800-227-9391 to enroll before March 1.

### **Stadium Book**

Scott Grimm of Massillon, Ohio, is currently accepting nominations for a book that will highlight the nation's top 150-200 high school football stadiums.

The book, which he hopes to publish within the next 18 months, will benefit high school athletics associations by how many stadiums are selected from each state. A portion of the proceeds will be shared with each association contributing.

Each entry will be judged on historical significance, uniqueness, ascetic appeal and overall impression.

If you feel your school's football stadium is worth of consideration, write Scott Grimm, Ltd., 723 Deerfield Lane NE, Massillon, OH 44646.

## 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 (36 FR 8754) 8-76 (41 FR 25059) or 9-83 (48 FR 35736) as applicable and 29 CFR part 1911

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

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 screening procedures are performed on blood or other potentially infectious materials.

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

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

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

*Decontamination* means the use of physical or chemical means to remove, inactivate, or destroy bloodborne

pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

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

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

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

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

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

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

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

(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 this standard, and

(C) The procedure for the evaluation of 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 1910.201.

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

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

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

(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 of characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hood 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 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 soon 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 overflow.

(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, storage, transport, or shipping; and

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

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

(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) of 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 bags or containers labeled or color-coded in

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

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

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

(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.

(C) 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 within the work area.

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

(iii) 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 surface 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--(1) 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.

(iii) The employer shall ensure that all laboratory tests are conducted by an

accredited laboratory at no cost to the employee.

(2) *Hepatitis 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 (f)(1)(ii).

(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 the 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 the employer=s responsibility to maintain.

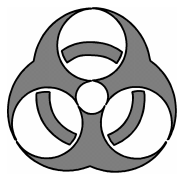
(5) *Healthcare Professional=s Written Opinion.* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional=s written opinion within 15 days of the completion of the evaluation.

(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

BIOHAZARD

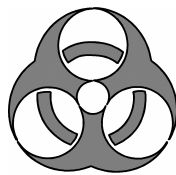
(C) These labels shall be fluorescent orange or orange-red or

predominantly so, with lettering or symbols in a contrasting color.

(D) Labels required by affixed as close to 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.

(iii) 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

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 the 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 19 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);

DIOCESE OF OWENSBORO EXPOSURE CONTROL PLAN:  
MISCELLANEOUS

- (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 ore 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: 6:45 am)  
BILLING CODE 4510-26-W

DIOCESE OF OWENSBORO EXPOSURE CONTROL PLAN:  
OSHA

The following text is proposed to be added to OSHA Instruction CPL 2-2.44C, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030 (Add as sub-paragraph (6) to M.6.b.)

(6) Under section (f)(2) of the standard, hepatitis B vaccination must be offered to all employees who have occupational exposure to blood or other potentially infectious materials (OPIM). However, as a matter of policy violations will be considered de minimis and citations will not be issued when designated first aid providers who have occupational exposure are not offered pre-exposure hepatitis B vaccine if the following conditions exist:

- (a) The primary job assignment of such designated first aid providers is not the rendering of first aid.
  - 1 Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace accidents, generally at the site of the accident.
  - 2 This provision does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary or other location where injured employees routinely go for such assistance, nor does it apply to any health care, emergency, or public safety personnel who are expected to render first aid in the course of their work.
- (b) The employer's Exposure Control Plan specifically addresses the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM, including:
  - 1 Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.
    - a The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.
      - The description must include a determination of whether or not an exposure incident, as defined by the standard, occurred.
      - This determination is necessary in order to ensure that proper follow-up procedures, as required by section (f)(3) of the standard, are initiated.
    - b The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Assistant Secretary upon request.
  - 2 Provision for the bloodborne pathogens training program for designated first aiders to include the specifics of this reporting procedure.
  - 3 Provision for the full immunization series to be made available to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by the standard, has occurred.
  - 4 Provision for initiating the full vaccination series as soon as possible, but in no event later than 24 hours after the employee renders such assistance.
- (c) The employer must implement a procedure to ensure that all of the provisions of paragraph 2. are complied with if pre-exposure hepatitis B vaccine is not to be given to employees meeting the conditions of paragraph 1.

NOTE: All other requirements of the standard continue to apply. (See Note #1, subparagraph M.2.)

Occupational Safety & Health Reporter

**Full Text**

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**OSHA CHANGES TO COMPLIANCE DIRECTIVE  
ON ENFORCING BLOODBORNE PATHOGENS STANDARD  
July 1, 1992**

**U.S. Department of Labor**

Occupational Safety and Health Administration  
Washington, DC 20210

Reply to the Attention of:

MEMORANDUM FOR: REGIONAL ADMINISTRATORS

FROM: PATRICIA K. CLARK, DIRECTOR  
DIRECTORATE OF COMPLIANCE PROGRAMS

SUBJECT: Change to OSHA Instruction CPL2-2.44C

Attached is a copy of a text change which will be inserted into the first change of the above-referenced compliance directive, AEnforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard. This change reflects the Agency=s position on enforcement of the hepatitis B vaccine requirement for designated first aiders and is effective immediately.

Please transmit this information to State Designees.

Attachment

The following text is proposed to be added to OSHA Instruction CPL 2-2.44C, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030 (Add as subparagraph (6) to M.6.b.)

(6) Under section (f)(2) of the standard, hepatitis B vaccination must be offered to all employees who have occupational exposure to blood or other potentially infectious materials (OPIM). However, as a matter of policy violations will be considered de minimis and citations will not be issued when designated first aid providers who have occupational exposure are not offered pre-exposure hepatitis B vaccine if the following conditions exist:

(a) The primary job assignment of such designated first aid providers is not the rendering of first aid.

- 1 Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace accidents, generally at the site of the accident.
- 2 This provision does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary or other location where injured employees routinely go for such assistance, nor does it apply to any health

care, emergency, or public safety personnel who are expected to render first aid in the course of their work.

(b) The employer's Exposure Control Plan specifically addresses the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM, including:

- 1 Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.
  - a The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.
    - The description must include a determination of whether or not an exposure incident, as defined by the standard, occurred.
    - This determination is necessary in order to ensure that proper follow-up procedures, as required by section (f)(3) of the standard, are initiated.
  - b The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Assistant Secretary upon request.
- 2 Provision for the bloodborne pathogens training program for designated first aiders to include the specifics of this reporting procedure.
- 3 Provision for the full immunization series to be made available to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by the standard, has occurred.
- 4 Provision for initiating the full vaccination series as soon as possible, but in no event later than 24 hours after the employee renders such assistance.

(c) The employer must implement a procedure to ensure that all of the provisions of paragraph 2. are complied with if pre-exposure hepatitis B vaccine is not to be given to employees meeting the conditions of paragraph 1.

NOTE: All other requirements of the standard continue to apply. (See Note #1, subparagraph M.2.)

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Reproduced letter from Kentucky Department of Education

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October 30, 1992

Dear Superintendent:

The purpose of this letter is to update you regarding recent legislation addressing communicable diseases and their impact upon school activities. Recently, KRS 158.160 was amended and associated regulation attached. Section 1 of this legislation addresses communicable diseases which are considered to pose a threat to others in the school environment. Enclosed is a copy of KRS 158.160, Section 1, and the regulation (902 KAR 2:170) which lists Amedical conditions which may pose a threat in the school environment.≡

Please review the attached material and insert the update in your School Health Services Manual, Appendix C, page 89. If you have any questions concerning this, please feel free to call Terry Vance at (502) 564-3678.

Sincerely,

Lois Adams-Rodgers  
Deputy Commissioner  
Learning Support Services

TV/mrd

xc: School Health Coordinators

Attachments

AN ACT relating to education.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

Section 1. KRS158.160 is amended to read as follows:

(1) A parent, legal guardian, or other person or agency responsible for a student shall notify the student=s school if the student has any medical condition which is defined by the Cabinet for Human Resources in administrative regulation as threatening the safety of the student or others in the school. The notification shall be given as soon as the medical condition becomes known and upon each subsequent enrollment by the student in a school. The principal, guidance counselor, or other school official who has knowledge of the medical condition shall notify the student=s teachers in writing of the nature of the medical condition.

(2) If any student is known or suspected to have or be infected with a communicable disease or condition for which a reasonable probability for transmission exists in a school setting, the superintendent of the district may order the student excluded from school. The time period the student is excluded from school shall be in accordance with generally accepted medical standards which the superintendent shall obtain from consultation with the student=s physician or the local health officer for the county in which the school district is located. During the presence in any district of dangerous epidemics, the board of education of the school district may order the school closed.

## CABINET FOR HUMAN RESOURCES

Department for Health Services

(Amended after Hearing Regulation)

902 KAR 2:170. Medical conditions which may pose a threat in the school environment.

RELATES TO: KRS 211.180, 158.160

STATUTORY AUTHORITY: KRS 194.050, 211.090, 158.160 as amended at 1992 Acts. Chapter 393. Section 1.

NECESSITY AND FUNCTION: KRS 158.160, amended [~~during the 1992 Regular Session of the General Assembly~~] at 1992 Acts. Chapter 393. Section 1., requires the Cabinet to define medical conditions which may pose a threat to others in the school environment. These conditions, as determined by the Department for Health Services, are to be set forth in regulation. This regulation is promulgated to comply with this requirement.

Section 1. For the purposes of notification of school personnel, conditions considered to pose a threat to others in the school environment are: hepatitis A, measles, bacterial meningitis, meningococemia, pertussis, rubella, shigellosis, infectious tuberculosis, typhoid fever or its carrier state, mumps, head lice, and weeping or excoriating skin infections which cannot be adequately covered [~~, and a history of violent or abusive behavior.~~]