

**NEW YORK CITY
DEPARTMENT OF EDUCATION**



**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**



**DIVISION OF HUMAN RESOURCES
OFFICE OF OCCUPATIONAL SAFETY AND HEALTH
Emerson A. Greenidge, MS, CSP, Director
Rev. 9/06**

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN



In accordance with the New York State Department of Labor, Public Employees Safety and Health (PESH) Bureau, Bloodborne Pathogens Standard, 29 CFR 1910.1030 the following Exposure Control Plan has been developed for :

Facility Name:
Address:
Principal Name:
Prepared by the New York City Department of Education Office of Occupational Safety and Health 65 Court Street, Room 706 Brooklyn, New York 11201 (718) 935-2319

To Be Completed For Each NYC DOE Site by the Site Administrator

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SECTION I-INTRODUCTION

- 1.0** Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV) warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA), on December 6, 1991, published its regulation pertaining to bloodborne pathogens, “Occupational Exposure to Bloodborne Pathogens“, (29 CFR Part 1910.1030), (Appendix A and A1) to help protect workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The Standard is expected to reduce and prevent employee exposure to the Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV) and other bloodborne diseases. The Occupational Safety and Health Administration (OSHA) estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone.

The Bloodborne Pathogen Standard requires the employer, the New York City Department of Education, follow universal or “standard” precautions, which means that all blood must or other potentially infectious material must be treated as infectious for HIV, HBV and HCV. The standard also requires the employer must determine the application of universal precautions by performing an employee exposure evaluation. If the employee is recognized, as defined by the standard, then the standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

SECTION II-BLOODBORNE PATHOGENS

2.0 PURPOSE OF THE PLAN

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out – to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. The purpose of this written Exposure Control Plan is to establish guidelines that will eliminate or minimize occupational exposure to blood or other potentially infectious materials at (Name of Establishment)

Bloodborne pathogens are disease-producing organisms present in human blood. Some bloodborne pathogens can be transmitted when infected blood or other potentially infectious material (OPIM) (i.e. semen, or other body fluids contaminated with visible blood) come in contact with an uninfected individual. Depending on the disease, bloodborne pathogens can be transmitted through sexual contact and when body fluids come into contact with broken skin (e.g. cuts, dermatitis), or the mucous membranes of the nose, mouth, and eyes.

There are many diseases such as syphilis and malaria which are caused by bloodborne pathogens. However, three of the most serious and prevalent bloodborne diseases are Hepatitis B, Hepatitis C, and acquired immune deficiency syndrome (AIDS). Hepatitis B, Hepatitis C, and HIV/AIDS are discussed briefly below. The primary agents of concern in current occupational settings are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Each of these viruses is considered bloodborne pathogens

2.1 Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)

Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV) which attacks the body's immune system. HIV is transmitted primarily through sexual contact, but may also be transmitted through contact with blood and some body fluids. It is not transmitted by touching or working around people who carry the virus. Currently there is no vaccine to prevent infection. A person infected with HIV may carry the virus for many years before developing AIDS related symptoms. Initial AIDS symptoms may include flu-like symptoms, fever, diarrhea and fatigue, loss of appetite and weight, night sweats and swollen lymph nodes in the neck, armpits or groin. Infected persons may not manifest symptoms but, may transmit the virus.

2.2 Hepatitis B

Hepatitis B is caused by the Hepatitis B virus (HBV) which infects the liver. Cirrhosis and liver cancer may develop and can lead to death. There are several strains of hepatitis. Hepatitis B is most commonly transmitted in the workplace. It is predominantly transmitted by contact with infected blood and other body fluids contaminated with blood. It is not transmitted by touching or working around people who carry the virus. Symptoms of Hepatitis B infection include fatigue, jaundice, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite and abdominal pain. The onset of symptoms may appear six weeks to six months after infection with the virus. A vaccine is available to prevent Hepatitis B disease.

2.3 Hepatitis C

Hepatitis C is caused by the Hepatitis C virus (HCV) and it infects the liver. This virus, like HBV can lead to chronic liver disease, liver cancer, and cirrhosis of the liver or death. The virus is primarily bloodborne, but it can also be transmitted sexually and perinatally. Transmission of this

virus rarely occurs from mucous membranes (nose, mouth, eyes) exposure to blood and no transmission has been documented from skin exposures to blood. Symptoms of Hepatitis C infection include: jaundice, fatigue, abdominal pain, loss of appetite, vomiting and nausea. The incubation period for this virus can be as long as 28 weeks but averages about 7 to 9 weeks. There is no vaccine and no cure for the Hepatitis C virus.

Hepatitis B, Hepatitis C and AIDS are of serious concern for workers with occupational exposure to blood and other potentially infectious materials. The Bloodborne Pathogens Standard was designed to establish safeguards to protect workers against the health hazards associated with bloodborne pathogens. With full implementation, this standard aims to reduce the risk of occupational exposure to bloodborne pathogens.

2.3.1 Bloodborne Pathogen Diseases

BLOODBORNE PATHOGENS DISEASES	
Most Common	Less Common
<ul style="list-style-type: none"> ▪ HIV/AIDS ▪ Hepatitis B ▪ Hepatitis C 	<ul style="list-style-type: none"> ▪ Syphilis ▪ HTLV-I ▪ Malaria ▪ Babesiosis ▪ Brucellosis (due to <i>Borrelia</i> sp.) ▪ Leptospirosis ▪ Colorado Tick Fever ▪ Relapsing Fever ▪ Creutzfeldt-Jakob Disease ▪ Viral Hemorrhagic Fever

Figure 1- Bloodborne Pathogen Diseases

2.3.2 The most common modes of transmission in the workplace are:

- Direct inoculation into a preexisting skin lesion
- Needle sticks
- Sharps injuries--cuts from broken glass, scalpels, capillary tubes, slides, etc.
- Mucous membrane contact--rubbed or sprayed into eyes, mouth, nose

SECTION III-NEW YORK CITY DEPARTMENT OF EDUCATION POLICY STATEMENT

3.0 The New York City Department of Education is committed to provide a safe and healthful working environment and believes that its workers have a right to know the health and safety hazards associated with their work. Pursuant of this objective, the following Bloodborne Exposure Control Plan is provided to reduce or eliminate occupational exposure to bloodborne pathogens in conformity with OSHA Bloodborne Pathogens Standard.

In compliance with the Standard - Title 29 Code of Federal Regulation 1910.1030, the New York City Department of Education (NYCDOE) requires each school, department, and office which fall within the scope of this policy to minimize employees' risk from bloodborne pathogens by instituting this Exposure Control Plan (ECP) as a part of its administrative policy.

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

- 1. Exposure Control**
- 2. Employee Exposure Determination**
- 3. Methods of Compliance:**
 - **Universal Precautions**
 - **Engineering and Work Practice Controls**
 - **Personal Protective Equipment**
 - **Housekeeping**
 - **Labeling**
- 4. Hepatitis B Vaccination**
- 5. Post-exposure Evaluation and Follow-up**
- 6. Communication of Hazards to Employees and Training**
- 7. Recordkeeping**

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

This written Exposure Control Plan was developed and revised by the Office of Occupational Safety and Health.

SECTION IV-PROGRAM ADMINISTRATION

4.0 Responsibilities of the Office of Occupational Safety and Health (OOSH)

The Office of Occupational Safety and Health (OOSH) is responsible for the implementation of the New York City Department of Education Bloodborne Pathogens Exposure Control Plan for all the facilities within the Department of Education. OOSH will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Emerson Greenidge, Director and Carine Jean-Pierre, Research Scientist were responsible for the overall review, organization and production of the revised Plan. Contact phone number (718) 935-2319

Hepatitis B Vaccines - Make Hepatitis B Vaccines available to employees with occupational exposures and ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

Training - OOSH will be responsible for training, documentation of training, and making the written ECP available to all regional representatives and site administrators, OSHA and employees' representatives.

Regulated Medical Waste (Red Sharp Container and Red Bag) - Coordinate a medical waste program to ensure that all sites have access to medical waste supplies and medical waste removal services.

The Office of Occupational Safety and Health (OOSH) will:

- Keep abreast of current legal requirements concerning bloodborne pathogens.
- Provide technical assistance for compliance with the Exposure Control Plan.
- Develop suitable education/training program.
- Work with the Department Heads, Regional Health Directors, Principals, Site Administrators, Custodian Engineers and employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- Directly provides training to Regional Health Directors, Site Administrators, Custodial employees, Skilled Trades and other employees.
- Maintain record of employee Hepatitis B vaccinations and employee declinations of Hepatitis B vaccinations.
- Routinely inspect areas where covered employees work to ensure that activities are conducted in accordance with the provisions set forth in this policy and the standard.
- Maintain required training documentation.

4.1 Responsibilities of the Regional Superintendent

The Regional Superintendent is responsible for the administration of the Bloodborne Pathogens

Program at the sites under his/her supervision. The **Regional Health Director** is designated the responsibility to coordinate safety and health programs for the Regional Superintendent.

4.2 **Responsibilities of the Regional Health Director**

These responsibilities are as follows:

- The implementation of the ECP region wide.
- **Exposure Control Plan** - Ensure that the Exposure Control Plan is completed by each site.
- **Information and Training – Provide initial and annual training to Site Administrator.**
- **Coordination of Vaccination Program** - Reviewing Employee Hepatitis B Vaccination Notification Form and scheduling HBV vaccination for each region.
- **Methods of Compliance** - Ensure that personal protective equipment is provided at each site.
- **Post-exposure Evaluation and Follow-up** - Report exposure incidents to the Office of Occupational Safety and Health at (718) 935-2319.
- **Recordkeeping** – Maintaining accurate regional bloodborne pathogens training records for three years.

4.3 **Responsibilities of the Principal, Administrator of District 75 Sites, Custodian Engineer and Building Manager**

All **Principals, Administrators of District 75 Sites, Custodian Engineers and Building Managers** are responsible for the administration of the Bloodborne Pathogens Program and for assuring the site is in compliance with the Bloodborne Pathogen Standard. The Principal, Administrator of District 75 Sites, Custodian Engineer and Building Manager may designate a **Site Administrator** to carry out these responsibilities:

- **Exposure Control Plan** - Ensure that the Exposure Control Plan is completed and a copy is easily accessible to employees at the site and to OOSH, OSHA and employees' representatives.
- **Employee Exposure Determination** - Ensure that all categories of employees with occupational exposure to bloodborne pathogens are identified and recorded on the **Exposure Determination and Identification Form A and B in the Exposure Control Plan** (Appendix B1 and B2).
- **Information and Training – Provide initial and annual training** to employees with occupational exposure to Bloodborne Pathogens.
- **Methods of Compliance** - will maintain and provide all necessary personal protective equipment (PPE). The Principal, Administrator of District 75 Sites, Custodian Engineer and Building Manager will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Monitor personnel for program compliance by ensuring personal protective equipment are provided and proper protocols outlined in the ECP are

followed; will request medical waste removal kits (2 red bags, 1 sharp container and 1 cardboard box) from OOSH.

- **Post-exposure Evaluation and Follow-up** - (1) Report exposure incidents to the Regional Health Director; (2) Document route and circumstances of exposure and, (3) Provide the exposed employee, potential transmitter and physician with appropriate forms.
- **Recordkeeping** - Maintain accurate training records for three years.
- **Compliance Inspections** - Ensure that the Exposure Control Plan and training records are available to enforcement inspectors from the New York State Department of Labor, Public Employees Safety and Health and to Safety and Health personnel from the New York City Department of Education, Office of Occupational Safety and Health.
- Ensure that employees observed required safe work practices to minimize bloodborne pathogens exposure at the school.
- Ensure that employees attend the required training in BBP exposure control methods at that school.
- Ensure that sharp and regulated medical waste containers are labeled with the appropriate biohazard warning labels and colors.

4.4 Responsibilities of the Site Administrator

The following person(s) has been designated by the principal with the responsibility for ensuring that the policies and procedures outlined herein are effectively carried out and to maintain records related to this program:

Table 1 - Designated Site Administrator

SITE ADMINISTRATOR			
Person(s)	Title	Location	Telephone

4.5 Responsibilities of the Custodian Engineers and Building Managers

The Custodian plays a pivotal role in the success of the Bloodborne Pathogens program. The Custodian Engineers and Building Managers will have the responsibilities for:

- Determining and implementing appropriate written schedules and methods for cleaning areas of the facility where there is the potential for exposure to bloodborne pathogens or other potentially infectious materials.
- Providing and maintaining all necessary personal protective equipment (PPE) for his/her

employees that come intact with blood.

- Ensuring that custodial employees receive annual bloodborne pathogens training and are offered the hepatitis B shots.
- Training custodial employees in the proper techniques of cleaning up blood and sanitizing blood contaminated equipment and mops.
- Requesting the removal and replacement of regulated medical waste containers from the facility.

4.6 **Responsibilities of Employees**

The ultimate execution of much of the Exposure Control Plan rests in the hands of the employees. In this role it is the function employees to:

- Know what tasks they perform that have occupational exposure.
- Attend the bloodborne pathogens training sessions applicable to their exposure/risk level.
- Bring to the attention of an immediate supervisor, such as a, Principal, Site Administrator or Custodian, any job or duty which they feel places them or their fellow workers at risk of exposure to a bloodborne pathogen.
- Ask questions about any area of the Bloodborne Pathogens Exposure Control program that are unclear.
- Develop, exercise and maintain good personal hygiene habits, especially frequent hand washing.
- Wear required and recommended personal protective equipment when performing activities that could present an occupational exposure to bloodborne pathogens.
- Comply with the procedures work practices outlined in this ECP.

SECTION V-EXPOSURE CONTROL

- 5.0 A written Exposure Control Plan plays a fundamental role in ensuring compliance with 29 CFR 1910.30. This written ECP addresses how the NYCDOE will maintain compliance with the Federal Regulations by establishing the policies and procedure that will be used by the administrators and employees.

The objective of this plan is twofold:

1. To minimize exposure of employees to the health hazards associated with bloodborne pathogens by providing adequate information and training.
2. To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

Employees covered by the bloodborne pathogens standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Site Administrator. **If requested, the Site Administrator will provide an employee with a copy of the ECP free of charge and within 15 days of the request.**

OOSH is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

5.1 Exposure Control Plan (ECP)

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

- The exposure determination required by paragraph (c)(2), of the Bloodborne Pathogens Standards.
- 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
- The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.
- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
- Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- An employer, who is required to establish an Exposure Control Plan shall solicit input from

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

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

SECTION VI-EMPLOYEE EXPOSURE DETERMINATION

6.0 Employee Exposure Determination

One of the keys to implementation of a successful Exposure Control Plan is to identify exposure situations that employees may encounter. Recognition of job classifications and tasks with exposure risks enables one to utilize engineering and work practice controls and to choose the proper personal protective equipment, which will eliminate or minimize exposure to blood and other potentially infectious materials. Department of Education employees affected by this standard are categorized according to their potential for exposure.

Figure 2 – Occupational Exposure

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.

6.1 Job Classification of All Employees with Occupational Exposure

All job classifications in which all employees in those job classifications have occupational exposure are listed below.

Table 2 –Example of Job Classification of All Employees with Occupational Exposure

JOB CLASSIFICATION OF <u>ALL</u> EMPLOYEES WITH OCCUPATIONAL EXPOSURE	
School Aides who work with the developmentally disabled	School Nurses
District 75 Special Education Teachers & Paraprofessionals	Lifeguards
Custodial Employees: Regulated medical Waste Handlers and cleaners	Health Aides
Designated CPR/First Aid Responders	Security Guards

Note: Insert your site specific Job Classification for all of the employees occupational exposure that are not listed above. (Use an additional blank page if needed)

Instruction to Principal, Administrator of District 75 Sites, Custodian Engineer and Building Manager

The Principal, Administrator of District 75 Sites, Custodian Engineer and Building Manager are responsible for identifying the employees that fall within the abovementioned job classifications. The name of the employees must be listed (See Appendix B1– Exposure Determination & Identification Form A- Job classifications in which all employees have occupational exposure to bloodborne pathogens.)

Figure 3 - “Good Samaritan Act”

NOTE: OSHA has indicated that first aid or CPR, when performed by an employee or volunteer at a workplace as a “good Samaritan act” or as a collateral duty to his or her regular job does not constitute “occupational exposure.” Only those individuals who are specifically designated by the employer (for example, in a written job description) as responsible for providing first aid or CPR as a regular part of their job duties are considered to have “occupational exposure.” Employees who are trained in first aid by the employer are not considered to have occupational exposure unless they are required by the employer to actually administer first aid.

6.2 Job Classification of Employees with Some Occupational Exposure

Job classifications in which *some* employees have occupational exposure are listed below.

Table 3 – Job Classification of Employees with Some Occupational Exposure

JOB CLASSIFICATION OF EMPLOYEES WITH <u>SOME</u> OCCUPATIONAL EXPOSURE	
Principals	Assistant Principals
Skilled Trades: Plumbers	Laboratory Teachers
Custodians	Designated CPR/First Aid Responders
Custodial employees	Physical Education Teachers
Occupational Therapists	Adaptive Physical Education Teachers

Note: Insert your site specific Job Classification for some of the employees occupational exposure that are not listed above. (Use an additional blank page if needed)

Instruction to Principal, Administrator of District 75 Sites, Custodian Engineer and Building Manager

The Principal, Administrator of District 75 Sites, Custodian Engineer and Building Manager are responsible for identifying the employees that fall within the abovementioned job classifications. The name of the employees must be listed (See Appendix B2-Exposure Determination and Identification Form B- Job classifications in which some employees have occupational exposure to bloodborne pathogens.)

6.3 Tasks and Procedures with Potential Occupational Exposure

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

Occupational exposure job classifications and associated tasks in which occupational exposure may occur include the following:

Table 4- Tasks and Procedures with Potential Occupational Exposure

Job Classification	Task with Potential Exposure
Physical Education Teachers	First aid treatment as required
Lifeguards	First aid treatment and rescue
Special Ed. Nurses, Occupational Therapists, Physical Therapists, School Nurses	First aid treatment, routine health care, medical care
School Health Aides	First aid treatment
Lab Teachers	First aid treatment as required
Select Special Education staff, Paraprofessionals	Routine health care/first aid treatment/clean-up activities as required; medical protocols bathroom care
Skilled Trades Employees- Plumbers	Unclogging sewerage systems
Custodial Staff-Cleaners	Clean-up and decontamination activities

Note: Insert your site specific Tasks and Procedures with Potential Occupational Exposure that are not listed above. (Use an additional blank page if needed)

6.4 Occupational Exposure Categories

All employees identified to be at risk of exposure to bloodborne pathogens by their job classification and tasks will:

- Receive specialized training annually;
- Be offered the Hepatitis B vaccination series;
- Be provided with post-exposure evaluation and follow-up in the case of an exposure incident;
- Be provided with personal protective equipment.

The Principal, Administrator of District 75 Sites, Custodian Engineer and Building Manager must sign the employee's identification form. A list of these individuals must be submitted to the Office of Occupational Safety and Health via the Regional Health Director.

6.5 Employees not Covered by Job Classifications and Tasks

All employees not directly identified at being at risk of exposure to bloodborne pathogens by job classifications or task are covered under the Bloodborne Pathogens Standards **1910.1030(f)(1)(i)** which mandates that the employer shall make available the hepatitis B vaccine and vaccination series to all employees who have had an exposure incident.

SECTION VII-METHODS OF COMPLIANCE

7.0 Universal (Standard) Precautions

Effective immediately, all employees will utilize Universal (Standard) Precautions. Universal or Standard Precautions is an approach to infection control. According to the concept of Universal or Standard Precautions, all human blood and specified human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens (See Appendix B) and must be treated accordingly.

7.1 Engineering and Workplace Practices Controls

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Engineering controls are controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace. Where, occupational injuries remains after institution of these controls, personal Protective Equipment shall be used.

7.1.1 Engineering Control

- Each school or site must provide hand-washing facilities which are readily accessible to employees.
- When provision of handwashing facilities is not feasible, the principal or administrator 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 must be washed with soap and running water as soon as feasible.
- The principal or administrator must ensure that all employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- All employees must 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.
- Contaminated needles and other contaminated sharps must not be bent or recapped. In addition shearing or breaking of contaminated needles is prohibited.
- Immediately or as soon as possible after use, contaminated sharps must be placed in appropriate containers until properly reprocessed. These containers must be: Puncture resistant; labeled or color coded and leak proof on the sides and bottoms.

Solicitation from Non-Managerial Employees

Each facility must identify the need for changes in engineering control and work practices through inputs from managerial and non-managerial employees. Paragraph (c) (1) (v) of the revised standard requires that employers who provide direct patient care must solicit input from non-managerial employees in the identification, evaluation, and selection of engineering and work practice controls and shall document the solicitation in its Exposure Control Plan. This revision affects the Office of School Health under the Office of Youth Development, School and Community Services which provides direct patient care. This section of the standard applies to all Department of Education nurses and other employees involved in the administration of insulin and/or glycogen injections, monitoring of glucose levels, catheterization, tracheal suctioning, Epi-pen or other such activities. The change is performance-oriented and allows the employer flexibility in determining non-managerial employees input. The Nurses Standard and Review

Committee of the Department, comprised of both managerial and non-managerial employees, will perform the function of soliciting input from employees. The minutes from the Committee will serve to confirm solicitation.

7.1.2 **Work Practice Control**

Work practice controls reduce employee exposure in the workplace by minimizing or reducing the worker's exposure. Specific methods of work practice controls include the following:

- Staff and First-Aid Providers who have open or weeping skin lesions must refrain from all direct patient care and from handling patient care equipment, unless the lesion can be properly covered.
- All procedures involving blood or other body fluids must be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
- Precautions must be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures.
- Always wash hands with soap and water immediately after removing gloves and after skin contact with blood or other potentially infectious materials (OPIM) occurs. Appropriate antiseptic hand cleanser (towelettes) must be used when hand washing facilities are **not** available.
- All body parts must be washed as soon as possible after skin contact with blood or other potentially infectious materials.
- All equipment which may have become contaminated with blood or other potentially infectious materials must be decontaminated prior to servicing or shipping. If items are not completely decontaminated, they must be labeled.
- Although saliva has not been implicated in HIV and HBV transmission, mouthpieces, resuscitation bags, pocket masks or other ventilation devices must be used to minimize the need for direct contact during emergency resuscitation activities.
- Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in areas of potential exposure.
- Do not store food and/or drink in refrigerators that contain vaccines, blood, OPIM, or other biological materials.
- Regulated medical waste (Red Sharp Container and Red Plastic Bag) must be immediately placed in a labeled container and stored in designated areas. These storage areas must be secured, maintained and routinely inspected by the **Site Administrator**.

7.2 **Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) provides protection against exposure to infectious materials and must be routinely used when contact with blood or other body fluids of any person is anticipated. Useful guidelines for provision and use of personal protective equipment are provided by the Department of Health and Human Services, Appendix K. Personal protective equipment will

be made available to all occupationally exposed employees and will be selected based on the anticipated exposure to blood or other potentially infectious materials.

- 7.2.1 **Provision**-Appropriate personal protective equipment must be based on the type of anticipated exposure. Personal protective equipment is considered to be appropriate. When there is occupational exposure, the employer must provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, sleeves, 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.

Table 5 - Provision of Personal Protective Equipment

PROVISION OF PERSONAL PROTECTIVE EQUIPMENT				
Person(s)	Title	Type of PPE	Location	Telephone

- 7.2.2 **Use**-The employer must 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 must be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

- 7.2.3 **Accessibility**-The principal or administrator must 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 must be readily accessible to those employees who are allergic to the gloves normally provided. It is the principal or administrator responsibility to ensure that the appropriate types of personal protective equipment are provided for the employees.

7.2.3(a) **Cleaning, Laundering , and Disposal**

- PPE must be properly used, cleaned, laundered, repaired or replaced as needed or discarded.
- Single-use gloves should be worn when direct contact with blood or OPIM is expected to occur and when handling or touching contaminated items or surfaces. Utility (household type) gloves may be used for housekeeping tasks such as cleaning and decontaminating after a blood spill. However, they should only be used if they are in perfect condition (i.e., no tears, cracks, punctures). Hypoallergenic gloves or other similar alternatives must be made available to employees who have an allergic sensitivity to certain materials.
- Replace disposable (single use) and reusable gloves as soon as possible if they are torn, punctured or when their ability to function as a barrier is compromised.

- Prohibit the washing or decontamination of disposable (single use) gloves for re-use.
- Provide ventilation or respiratory equipment (i.e., disposable resuscitation devices) as needed.
- Remove PPE prior to leaving the work area and wash hands and areas which may have had contact with fluid.

7.2.3(b) **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.

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

7.3 **Housekeeping**

Each school **must** develop and implement a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

Table 6 - Cleaning Schedule

CLEANING SCHEDULE			
AREA	SCHEDULED CLEANING (DAY & TIME)	CLEANERS AND DISINFECTANTS USED	SPECIFIC INSTRUCTIONS

7.3.1 **Clean-up: General Guidelines**

Department of Education employees must observe the following guidelines when cleaning-up surfaces which have been contaminated with blood or other OPIM:

- Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.

- Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
- Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
- When discarding contaminated sharps (i.e. scalpels, dental wires, lancets, needles, syringes, IV catheters, suture needles, broken glass with blood) place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
- Ensure that sharps containers are easily accessible to authorized personnel and located as close as possible to the immediate area where sharps are reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
- Never empty or reach into contaminated sharps disposal containers.
- Discard all regulated waste according to federal, state, and local regulations.

7.3.2 **Decontamination Procedures**

All equipment and work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately after contact with blood or OPIM; after completion of procedures and after any spill of blood or other potentially infectious materials. Use the following cleaning procedures:

- Use appropriate personal protective equipment (PPE).
- Wipe any small amounts of infectious material with paper towels and dispose of as contaminated material. Body fluids such as urine, feces and vomit **not** visibly contaminated with blood, can be disposed of in regular garbage. However, these must be placed in a plastic bag before disposal.
- Absorb gross bloody materials with some type of absorbent materials such as coal, sand napkin or commercial absorbent. This material must be placed in double bags and tied, then placed in red bags. A solution of bleach and water must be applied to the residual infectious material and allow to stand for 15 minutes.
- For surfaces which are not contaminated with blood, an acceptable commercial disinfectant or germicide may be used for cleaning. For cleaning up blood, use a freshly made bleach solution (1 part bleach to 10 parts cold water). Make a fresh bleach solution daily or as needed.
- After the bleach solution has been in contact with the surface for 15 minutes, rinse the area with water to prevent possible corrosion. Do not place bleach solution directly on large amounts of protein matter, such as blood, vomitus or feces, because noxious fumes may be produced.
- If a mop, broom or dust pan is used in the clean up, decontaminate it in the bleach solution.

7.3.3 **Disposal of Regulated Medical Waste (Red Sharp Container and Red Plastic Bag)**
 The following procedures, "Contaminated Sharps Disposal" and "Other Regulated Medical Waste Disposal", have been established to properly dispose of regulated medical waste.

7.3.4 **Contaminated Sharps Disposal**
 Sharps are defined as any device having acute rigid corners, edges or protuberances capable of cutting or piercing, including but not limited to hypodermic needles, syringes, blades and needles with attached tubing, and broken glass items, such as pipettes and blood containers which are contaminated with other medical waste.

7.3.5 **Disposal of Contaminated Sharps**
 Contaminated sharps, or unused needles, must be discarded immediately or as soon as possible in containers that are easily accessible to personnel and located in the areas where sharps are reasonably anticipated to be found. When discarding contaminated sharps, place them in containers that are closable, puncture resistant, appropriately biohazard labeled or color-coded, and leak-proof on the sides and bottom. Sharps containers can be found at the following locations:

Table 7 - Location of Sharps Containers

LOCATION OF SHARPS CONTAINERS		
Location	Floor	Room

When disposing of contaminated needles and other contaminated sharps, they must not be sheared or purposely broken. PESH allows recapping, bending and removal of contaminated needles only when medical procedures require it and no alternative is available. If such action is required, it must be done by the use of a mechanical device or one-handed technique.

7.3.6 **Storage of Contaminated Sharps**
 All sites must provide proper and secure storage and handling of biohazard/regulated waste with proper labels. School Custodians are responsible for providing secure storage which denies access to unauthorized persons until the contracted Medical Waste Hauler removes it from the facility. Sharps containers may be disposed of when the container is filled. The storage area shall be marked with warning signs on, or adjacent to, the exterior of doors, gates or lids. Signs shall read:

Figure 4 – Warning Sign Information



7.3.7 Other Regulated Medical Waste Disposal

The following categories of waste require special handling and are determined to qualify as regulated medical waste:

- Liquid or semi-liquid blood or other potentially infectious material (OPIM).
- Items which would release blood or OPIM in a liquid or semi-liquid state if compressed.
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.

Regulated medical waste other than sharps containers shall be placed in appropriate Red Biohazard Bags and EPA numbered cardboard boxes.

Table 8 - Location of Red Biohazard Bags

LOCATION OF RED BIOHAZARD BAGS AND EPA NUMBERED CARDBOARD BOXES		
Location	Floor	Room

Figure 5 – Non-regulated waste

Body waste products such as urine and feces without blood, are not included in the definition of OPIM. Waste such as disposables containing non-fluid blood (i.e. soiled sanitary napkins, dressings, gauze and cotton rolls with a small amount of dried blood or other body fluids) are not medical waste.

7.3.8 Red Bags

Each site must have an appropriate biohazard container (labeled, red-colored bag) to be used only for the disposal of regulated medical waste. Replacement red bags or red sharps containers will be provided by the contracted Medical Waste Hauler when medical waste is removed from the facility.

7.3.9 Disposal Procedure

Medical waste must be disposed of according to federal, state and local regulations. All regulated medical waste must be placed in closable and biohazard labeled or color-coded containers (bags). Waste may be placed in plastic, sealable bags before disposal in a larger biohazard bag in order to reduce odors. When storing, handling, transporting or shipping, place all regulated medical waste in containers that are constructed to prevent leakage.

7.3.10 Collection of Medical or Red Bag Waste

For removal of regulated medical waste or Red Bag waste call the Office of Occupational Safety and Health (OOSH) at (718) 935-2319. Your request for medical waste removal will be logged and forwarded to the contracted medical waste hauler for removal. Replacement kits are provided at the time of medical waste removal. The Custodian or designee will be asked to sign a tracking

manifest signifying that the waste hauler has removed the waste from the school. There is **no cost** to the school or the Custodian for removal of regulated medical waste. Contact the Office of Occupational Safety and Health regarding additional concerns.

All bins, pails, cans and similar receptacles which may be contaminated must be inspected each time before discarding contents. If a receptacle is found to be contaminated with blood or OPIM, it must be immediately cleaned and decontaminated by trained personnel using the above procedures.

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

7.3.11 Laundry

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags marked with biohazard symbol for this purpose.
- Wear appropriate PPE when handling and/or sorting contaminated laundry.

7.4 Labeling

- Labels shall be fluorescent orange or orange-red with the biohazard symbol or "**BIOHAZARDOUS WASTE**" lettering in a contrasting color.
- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempt from the labeling requirement.



BIOHAZARD

SECTION VIII-HEPATITIS B VACCINATIONS

8.0 The Department of Education will 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. All post-exposure evaluation and follow-up treatment are:

- Made available at no cost to the employees.
- Made available to the employees at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or performed by or under the supervision of a licensed health care professional.
- Provided according to the recommendation of the U.S. Public Health Service.

8.1 **Hepatitis B Vaccination Procedures**

The vaccination will be made available after the employee has received training within 10 working days of initial employment to a job classification or task that has occupational exposure to bloodborne pathogens. The vaccination may be declined for the following reasons:

- The employee has previously received the complete Hepatitis B Vaccination series.
- Antibody testing has revealed that the employee is immune or;
- The employee does not wish to be vaccinated.

The Hepatitis B Vaccine is administered by injection in three separate doses. The first two doses are given one month apart, and the third dose four to six (4-6) months after the second. After the three doses, the Hepatitis B Vaccine is at least 90% - 95% effective in preventing Hepatitis B infection. Booster doses of vaccine are not recommended at the present time by OSHA. If a booster dose of Hepatitis B Vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available.

Participation in a pre-screening program must not be a prerequisite for receiving the Hepatitis B Vaccine. **All employees who decline the Hepatitis B Vaccine must sign a required waiver indicating their refusal** (See Appendix G- **Employee Hepatitis B Vaccination Declination Form**). If the employee initially declines the Hepatitis B Vaccine but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available. The procedures for obtaining Hepatitis B Vaccines for employees are as follows:

1. Ensure employee has received training.
2. Employee completes the **Employee Hepatitis B Vaccination Notification Form** once (Appendix F) requesting to receive the Hepatitis B Vaccine.
3. Employee completes the Consent Form (Appendix J) each time a vaccination is given.

8.2 **Employee's Responsibility**

The law requires that the Hepatitis B Vaccine be given at **no cost** to the employee. However, the

employee **has the responsibility to be present at the place and time scheduled by the Department to receive the three vaccination doses.**

SECTION IX-POST-EXPOSURE EVALUATION AND FOLLOW-UP

9.0 Post-Exposure Evaluation and Follow-Up after an Exposure Incident

All employees involved in an exposure incident will be offered a confidential post-exposure evaluation and follow-up in accordance with the OSHA Bloodborne Pathogens Standard. Following a report of an exposure incident, the employer must make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

Figure 6 – Exposure Incident

An exposure incident is defined as a specific exposure of the mucous membranes of the eye, nose, and mouth; non-intact skin; or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of the employee's duties.

9.1 Post-exposure Procedure & Follow-up Policy:

MUST KNOW, IF EXPOSED TO BLOOD OTHER POTENTIALLY INFECTIOUS MATERIALS

If you have been contaminated by blood or other potentially infectious materials (OPIM) you may have been exposed to Hepatitis B, Hepatitis C, and/or HIV. **Protect your health:**

STEP 1: **Wash** off the exposed area **immediately**.

STEP 2: **Report** the incident to your principal/Custodian/ Site Administrator in order to initiate the proper post-exposure evaluation and follow-up.

Site Administrator must immediately **report incident by telephone to:**
Office of Occupational Safety and Health
65 Court Street - Room 706
Brooklyn, NY 11201
Telephone #: (718) 935-2319
Fax #: (718) 935-4682.

A copy of the Exposure Incident Report must be submitted to the Regional Health Director and the Office of Occupational Safety and Health within **48 hours**.

STEP 3: Employees must be **counseled and advised to seek medical attention immediately**. The exposed employee must be informed that the doctor's visit is provided **free of any charge to him/her**.

If the employee declines to seek medical attention and evaluation, the employee must provide in writing the reason for the declination and a record of this declination must be kept on file.

STEP 4: The employee and the Site Administrator must fill out completely the pertinent forms (Exposure Incident Report/Sharps Injury Report) in the Appendix C, C1, C2, C3, D and D1 or E and E1 of the NYCDOE Bloodborne Exposure Control Plan.

STEP 5: The Principal must provide to the healthcare professional with the requisite information as per OSHA Standard, 29 CFR 1910.1030 (f)(4).

STEP 6: The Healthcare professional must provide to the principal/administrator with a copy of his/her **written opinion within 15 days of the evaluation**. The copy must meet the requirement of OSHA Standard 29 CFR 1910.1030 (f)(5).

The principal must establish and maintain an accurate record for each employee with occupational exposure, in accordance 29 CFR 1910.1030 (h)(1).

STEP 7: After the post exposure evaluation, the information provided by the physician to the school administrators should reflect the type of treatment and doctor's opinion. Based on such information, a determination should be made as to whether or not the case is recordable on the Log and Summary of Occupational Injury and Illnesses form (SH 900). If the case is deemed as recordable, then it must be recorded as a privacy case, and the employee's name must be omitted from all OSHA forms.

9.2 Reimbursement Claims

- **Doctors** will be reimbursed for all unpaid medical expenses which are not covered by the employees' insurance carrier.
- Claims must be submitted to the Claims Unit of the Medical Bureau of the Division of Human Resources.
-

9.3 Required Enclosures:

- Detailed bills that reflect the nature of the medical services rendered and vaccination given.
- Notices of reimbursement from GHI, Medicare and private health insurance plans. GHI-CBP subscribers using participating physicians should include copy of the reimbursement notices sent to their doctors by GHI.
- Bill on official stationary, showing date of service, employee's name and social security number.
- A copy of the explanation of benefits notice the doctor received from the insurance carrier would be acceptable as proof of payment.
- Copies of the requisite claim forms can be obtained from the Claims Unit of the Medical Bureau, phone (718) 935-2742.
- Mail forms and enclosures to: **The New York City Department of Education
Medical Bureau, Claims Unit
65 Court Street--Room 209
Brooklyn, New York 11201
Phone: (718) 935-2742**

SECTION X-COMMUNICATION OF HAZARDS TO EMPLOYEES AND TRAINING

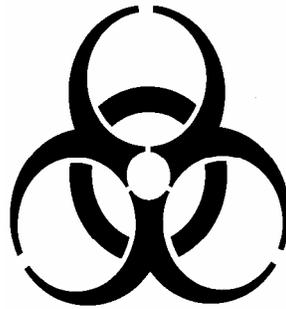
10.0 Education and training should be considered the first line of defense in preventing infections from bloodborne pathogens. All employees with occupational exposure as defined by the statute will receive training. All employees with occupational exposure participate in a training program which will be provided at no cost to the employee and during working hours.

10.1 Labels and Signs

10.1.1 Labels

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).

Labels required by this section shall include the following legend:



BIOHAZARD

- These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.
- 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).
- 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.
- Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
- Regulated waste that has been decontaminated need not be labeled or color-coded.

10.1.2 Signs.

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

BIOHAZARD



(Name of the Infectious Agent)

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

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

10.2 Information and Training

Training must be provided:

- At the time of initial assignment to tasks where occupational exposure may take place.
- Within 90 days after the effective date of the standard; and
- At least annually thereafter. Annual training for all employees must be provided within one year of their previous training.

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

10.2.1 Program Elements

The Site Administrator will ensure that employees are provided with training on the epidemiology, symptoms, and transmission of bloodborne diseases, as well as the cleaning and handling of regulated medical waste. The training program will cover, at a minimum, the following elements:

1. The Bloodborne Pathogens Standards itself.
2. The epidemiology and symptoms of bloodborne disease.
3. The modes of transmission of bloodborne pathogens.
4. The school district's Exposure Control Plan (and where employees can obtain a copy).

5. Appropriate methods for recognizing tasks and other activities that may involve the exposure to blood and other potentially infectious materials.
6. A review of the use and limitations of methods that will prevent or reduce exposures, including:
 - Engineering controls
 - Work practice controls/Universal Precautions
 - Personal protective equipment
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. An explanation of the basis for the selection of personal protective equipment.
9. Information on Hepatitis B vaccine, including:
 - Efficacy
 - Safety
 - Method of administration
 - Benefits of vaccination
 - Free availability of vaccine
10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. The procedures to follow if an exposure incident occurs, including incident reporting and medical follow-up that will be made available.
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide the employee following the exposure incident.
13. An explanation of the signs and labels used.
14. An opportunity for interactive questions and answers with the person conducting the training session.

10.3 **Bloodborne Pathogen (BBP) Training Package**

Upon completion of initial training, each site will be provided a **BBP** training package for use in annual training. The training package will contain the following elements:

- A copy of the Bloodborne Pathogen Exposure Control Plan, which includes a copy of the Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030
- Bloodborne Pathogen course handouts and training guide.

The Site Administrator will be responsible for the training package which must be kept at the following location:

Table 9 - Location of BBP Training Package

LOCATION OF BBP TRAINING PACKAGE			
Building	Floor	Room	Responsible Person

10.4 Training Records

The Bloodborne Pathogens Training Attendance Sheet (see Appendix H) must be signed by each employee upon completion of training. This document must be kept at the site for three (3) years. The Site Administrator will be responsible to ensure that training records are maintained accordingly.

Table 10- Location of Training Records

LOCATION OF BLOODBORNE PATHOGENS TRAINING RECORDS		
Person Responsible	Room Number	Telephone Number

10.4.1 Training Records must include the following information:

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

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

10.4.2 Availability of Training Records: All records required and maintained by this section will be made available upon request to the Assistant Secretary and the Director for examination and copying. Employee training records required by this paragraph will be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

SECTION XI-RECORDKEEPING

11.0 Medical Records

The Department of Education is responsible for storing and maintaining medical records related to occupational exposure. Medical records shall be maintained in accordance with 29 CFR 1910. 20. These records shall be kept confidential, and not disclosed without the employee's written consent. **A copy of the post- exposure evaluation and follow up must be submitted through the Site Administrator to the Office of Occupational Safety and Health.**

Medical records must be maintained for at least the duration of employment plus 30 years. The records must include the following:

- Name and social security number of the employee.
- A copy of the employee's HBV vaccination status, including dates of vaccination and ability to receive vaccination.
- A copy of all results of examination, medical testing and follow-up procedures.
- A copy of the information provided by the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure.
- Confidential copy of the health care professional's opinion.

The Office of Occupational Safety and Health is responsible for storing and maintaining Hepatitis B vaccination records.

11.1 Training Records

The Site Administrator and the Office of Occupational Safety and Health are responsible for maintaining training records. Training records are to be kept on site for three years from the date of training and shall include the following information:

- Dates of training sessions.
- An outline describing material presented.
- The names and qualifications of persons conducting training.
- The names and job titles of all persons attending the training sessions.

11.2 Availability of Records

An employee's medical records will be provided upon request from the Department of Education for examination and copying to the employee, to the PESH Bureau and National Institute of Occupational Safety and Health (NIOSH). An employee's training records will be made available to the employee, his designated representative, Office of Occupational Safety and Health, PESH and NIOSH.

The Office of Occupational Safety and Health is committed to safeguarding the privacy of the employees of the New York City Department of Education. Information collected in regards to the Hepatitis B vaccine, exposure incidents, and related materials are maintained with the strictest

confidence. Personal Health Information is not utilized or shared with outside parties unless stipulated by law.

11.3 **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log, Appendix E1. All incidences must include at least:

- The date of the injury.
- The type and brand of the device involved.
- The department or work area where the incident occurred
- An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

GLOSSARY

AIDS - acquired immune deficiency syndrome.

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

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

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

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

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

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

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

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

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

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

HBV - hepatitis B virus.

HIV - human immunodeficiency virus.

Mask (face) - a surgical type device worn by personnel that protects against blood or other body fluid that may splash, spray or splatter on or against the nose or mouth.

Mask (resuscitation) - a ventilation device used to prevent direct mouth to mouth contact during emergency resuscitation activities.

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

One-Hand Technique - procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

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

Parenteral - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

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

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

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

Serological Testing - laboratory analysis pertaining to the study of antigen-antibody reactions.

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

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

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

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



APPENDICES SECTION



APPENDIX A

REGULATIONS (STANDARDS - 29 CFR) BLOODBORNE PATHOGENS. - 1910.1030

Regulations (Standards - 29 CFR) Bloodborne pathogens. - 1910.1030

- **Part Number:** 1910
 - **Part Title:** Occupational Safety and Health Standards
 - **Subpart:** Z
 - **Subpart Title:** Toxic and Hazardous Substances
 - **Standard Number:** 1910.1030
 - **Title:** Bloodborne pathogens.
-
- **Appendix:** A
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1910.1030(a)

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

1910.1030(b)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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

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

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

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

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

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

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

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

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

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

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

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

bacterial endospores.

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

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

1910.1030(c)

Exposure Control --

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)

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

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

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

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

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

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

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

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

1910.1030(c)(1)(iii)

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

1910.1030(c)(1)(iv)

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

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

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

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

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

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

Exposure Determination.

1910.1030(c)(2)(i)

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

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

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

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

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

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

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

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

1910.1030(c)(2)(ii)

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

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

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

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

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

..1910.1030(d)(2)(ii)

1910.1030(d)(2)(ii)

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

1910.1030(d)(2)(iii)

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

1910.1030(d)(2)(iv)

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

1910.1030(d)(2)(v)

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

1910.1030(d)(2)(vi)

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

1910.1030(d)(2)(vii)

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

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

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

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

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

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

1910.1030(d)(2)(viii)

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

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and

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

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

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

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

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

1910.1030(d)(2)(xi)

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

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

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

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

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

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

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

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

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

1910.1030(d)(2)(xiv)

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

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

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

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

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

1910.1030(d)(3)

Personal Protective Equipment --

1910.1030(d)(3)(i)

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

1910.1030(d)(3)(ii)

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

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

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

1910.1030(d)(3)(v)

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

1910.1030(d)(3)(vi)

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

1910.1030(d)(3)(vii)

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

1910.1030(d)(3)(viii)

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

1910.1030(d)(3)(ix)

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

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

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

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

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

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

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

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

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

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

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

Periodically reevaluate this policy;

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

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

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

Not discourage the use of gloves for phlebotomy; and

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

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

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

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

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

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

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

When the employee is receiving training in phlebotomy.

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

1910.1030(d)(3)(x)

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

1910.1030(d)(3)(xi)

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

1910.1030(d)(3)(xii)

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

1910.1030(d)(4)

Housekeeping --

1910.1030(d)(4)(i)

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

1910.1030(d)(4)(ii)

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iii)

Regulated Waste --

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

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

Contaminated Sharps Discarding and Containment.

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

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

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

Closable;

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

Puncture resistant;

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

Leakproof on sides and bottom; and

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

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

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

During use, containers for contaminated sharps shall be:

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

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

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

Maintained upright throughout use; and

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

Replaced routinely and not be allowed to overfill.

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

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

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

Other Regulated Waste Containment --

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

Regulated waste shall be placed in containers which are:

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

Closable;

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

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

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

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

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

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

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

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

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

Closable;

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

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

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

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

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

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

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

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

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

1910.1030(d)(4)(iv)

Laundry.

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

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

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

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

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

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with

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

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

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

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

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

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

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

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

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(e)(1)

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

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(e)(2)(i)

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

1910.1030(e)(2)(ii)

Special Practices.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(e)(2)(iii)

Containment Equipment.

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

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

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

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

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

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

1910.1030(e)(3)(i)

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

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(e)(4)(i)

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

1910.1030(e)(4)(ii)

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

..1910.1030(e)(4)(iii)

1910.1030(e)(4)(iii)

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

1910.1030(e)(4)(iv)

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

1910.1030(e)(4)(v)

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

1910.1030(e)(4)(vi)

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

1910.1030(e)(5)

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

1910.1030(f)

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

..1910.1030(f)(1)

1910.1030(f)(1)

General.

1910.1030(f)(1)(i)

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

1910.1030(f)(1)(ii)

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

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

Made available at no cost to the employee;

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

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

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

Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed

healthcare professional; and

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

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

1910.1030(f)(1)(iii)

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

..1910.1030(f)(2)

1910.1030(f)(2)

Hepatitis B Vaccination.

1910.1030(f)(2)(i)

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

1910.1030(f)(2)(ii)

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

1910.1030(f)(2)(iii)

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

1910.1030(f)(2)(iv)

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

1910.1030(f)(2)(v)

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

1910.1030(f)(3)

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

1910.1030(f)(3)(i)

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

..1910.1030(f)(3)(ii)

1910.1030(f)(3)(ii)

Identification and documentation of the source individual, unless the employer can establish that identification is

infeasible or prohibited by state or local law;

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

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

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

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

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

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

1910.1030(f)(3)(iii)

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

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

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

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

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

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

1910.1030(f)(3)(iv)

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

1910.1030(f)(3)(v)

Counseling; and

1910.1030(f)(3)(vi)

Evaluation of reported illnesses.

1910.1030(f)(4)

Information Provided to the Healthcare Professional.

1910.1030(f)(4)(i)

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

1910.1030(f)(4)(ii)

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

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

A copy of this regulation;

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

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

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

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

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

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

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

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

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

1910.1030(f)(5)

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

1910.1030(f)(5)(i)

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

1910.1030(f)(5)(ii)

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

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

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

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

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

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

1910.1030(f)(5)(iii)

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

1910.1030(f)(6)

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

1910.1030(g)

Communication of Hazards to Employees --

1910.1030(g)(1)

Labels and Signs --

1910.1030(g)(1)(i)

Labels.

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

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

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

Labels required by this section shall include the following legend:



BIOHAZARD

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

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

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

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

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

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

Red bags or red containers may be substituted for labels.

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

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

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

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

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

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

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

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

1910.1030(g)(1)(ii)

Signs.

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

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



BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

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

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

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

1910.1030(g)(2)

Information and Training.

1910.1030(g)(2)(i)

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

1910.1030(g)(2)(ii)

Training shall be provided as follows:

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

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

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

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

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

At least annually thereafter.

1910.1030(g)(2)(iii)

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

1910.1030(g)(2)(iv)

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

..1910.1030(g)(2)(v)

1910.1030(g)(2)(v)

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

1910.1030(g)(2)(vi)

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

1910.1030(g)(2)(vii)

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

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

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

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

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

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

An explanation of the modes of transmission of bloodborne pathogens;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1910.1030(g)(2)(viii)

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

1910.1030(g)(2)(ix)

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

the above training requirements.

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

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

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

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

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

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

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

1910.1030(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

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

1910.1030(h)(1)(ii)

This record shall include:

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

The name and social security number of the employee;

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

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

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

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

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

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

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

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

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

1910.1030(h)(1)(iii)

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

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

Kept confidential; and

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

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

1910.1030(h)(1)(iv)

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

1910.1030(h)(2)

Training Records.

1910.1030(h)(2)(i)

Training records shall include the following information:

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

The dates of the training sessions;

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

The contents or a summary of the training sessions;

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

The names and qualifications of persons conducting the training; and

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

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

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

1910.1030(h)(2)(ii)

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

1910.1030(h)(3)

Availability.

1910.1030(h)(3)(i)

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

1910.1030(h)(3)(ii)

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

1910.1030(h)(3)(iii)

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

..1910.1030(h)(4)

1910.1030(h)(4)

Transfer of Records.

1910.1030(h)(4)(i)

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

1910.1030(h)(4)(ii)

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

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

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

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

The type and brand of device involved in the incident,

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

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

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

An explanation of how the incident occurred.

1910.1030(h)(5)(ii)

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

1910.1030(h)(5)(iii)

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

1910.1030(i)

Dates --

1910.1030(i)(1)

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

1910.1030(i)(2)

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

1910.1030(i)(3)

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

1910.1030(i)(4)

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

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

APPENDIX A1

**REGULATIONS (STANDARDS - 29 CFR) HEPATITIS B VACCINE DECLINATION
(MANDATORY) - 1910.1030 APP A**

Regulations (Standards - 29 CFR)

Hepatitis B Vaccine Declination (Mandatory) - 1910.1030 App A

- **Part Number:** 1910
 - **Part Title:** Occupational Safety and Health Standards
 - **Subpart:** Z
 - **Subpart Title:** Toxic and Hazardous Substances
 - **Standard Number:** 1910.1030 App A
 - **Title:** 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, 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.

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

APPENDIX B
OCCUPATIONS AT RISK

OCCUPATIONS AT RISK

Occupations that may involve risk from occupational exposure to blood or other potentially infectious materials within the Department of Education:

a. Job Classification of <u>All</u> Employees with Occupational Exposure:		b. Job Classification of Employees with <u>Some</u> Occupational Exposure:	
<i>School Aides who work with the developmentally disabled</i>	<i>School Nurses</i>	<i>Principals</i>	<i>Assistant Principals</i>
<i>District 75 Special Education Teachers & Paraprofessionals</i>	<i>Lifeguards</i>	<i>Skilled Trades: Plumbers</i>	<i>Laboratory Teachers</i>
<i>Custodial Employees: Regulated medical Waste Handlers and cleaners</i>	<i>Health Aides</i>	<i>Custodians</i>	<i>Designated CPR/First Aid Responders</i>
<i>Designated CPR/First Aid Responders</i>	<i>Security Guards</i>	<i>Custodial employees</i>	<i>Physical Education Teachers</i>
		<i>Occupational Therapists</i>	<i>Adaptive Physical Education Teachers</i>

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

DEFINITIONS

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

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

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

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

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

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

Other Potentially Infectious Materials (OPIM)-

1) The following human body fluids:

- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid

- pericardial fluid
- peritoneal fluid
- amniotic fluid
- saliva in dental procedures
- any 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.

Regulated Waste-

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

APPENDIX B1

EMPLOYEE EXPOSURE DETERMINATION & IDENTIFICATION FORM A
JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL
EXPOSURE TO BLOODBORNE PATHOGENS

APPENDIX B2

EMPLOYEE EXPOSURE DETERMINATION & IDENTIFICATION FORM B

JOB CLASSIFICATIONS AND WORK ACTIVITIES IN WHICH SOME EMPLOYEES HAVE
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

APPENDIX C

EXPOSURE INCIDENT REPORT

EXPOSURE INCIDENT PACKAGE INCLUDES:

- EMPLOYEE EXPOSURE INCIDENT REPORT (5 PAGES)
 - PART I-EXPOSED EMPLOYEE (PAGES 1 & 2)
 - PART II-SITE ADMINISTRATOR (PAGE 3)
 - PART III-HEALTH CARE PROFESSIONAL DESIGNATED TO COUNSEL EXPOSED EMPLOYEE (PAGE 4)
 - PART IV- EXPOSED EMPLOYEE'S MEDICAL CARE PROVIDER (PAGE 5)

APPENDIX C1

- IDENTIFICATION AND EVALUATION OF SOURCE INDIVIDUAL (IF KNOWN) (2 PAGES)
 - PART A-SITE ADMINISTRATOR (PAGE 1)
 - PART B- SITE ADMINISTRATOR & SOURCE INDIVIDUAL'S MEDICAL CARE PROVIDER (PAGE 2)

APPENDIX C2

- EMPLOYEE'S EXPOSURE FOLLOW-UP RECORD (2 PAGES)
 - PART A-EXPOSED EMPLOYEE (PAGE 1)
 - PART B- EXPOSED EMPLOYEE'S MEDICAL CARE PROVIDER (PAGE 2)

APPENDIX C3

- EXPOSURE INCIDENT REPORT LOG - SITE ADMINISTRATOR (1 PAGE)



THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES
OFFICE OF OCCUPATIONAL SAFETY & HEALTH (OOSH)
65 Court Street -Room 706
Brooklyn, New York 11201

EMPLOYEE EXPOSURE INCIDENT REPORT - PART I

Use this form to document routes and circumstances of a Bloodborne Pathogens exposure incident. As stipulated by the Bloodborne Pathogens Standard, 29 CFR 1910.1030, this form and related documentation will be kept on file by the New York City Department of Education for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with your consent only.

PART I-TO BE FILLED OUT BY EXPOSED EMPLOYEE

CONFIDENTIAL

ANSWER ALL QUESTIONS. BE SPECIFIC. PLEASE PRINT.	
RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	DATE COMPLETED:
EXPOSED EMPLOYEE NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
HOME TELEPHONE:	OTHER CONTACT NUMBER:
WORK SITE NAME/ ADDRESS:	
WORK SITE DOE CODE # (EXAMPLE 555K):	WORK TELEPHONE:
EMPLOYEE HEPATITIS B VACCINATION STATUS:	
<input type="checkbox"/> DOSE #1	DATE:
<input type="checkbox"/> DOSE #2	DATE:
<input type="checkbox"/> DOSE #3	DATE:
<input type="checkbox"/> NONE	<input type="checkbox"/> DECLINED DATE:
DATE OF EXPOSURE:	TIME OF EXPOSURE: <input type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF INCIDENT	
NATURE OF INCIDENT:	
DESCRIBE TASK(S) IN PROCESS WHEN EXPOSURE OCCURRED:	



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EMPLOYEE EXPOSURE INCIDENT REPORT - PART I

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PART I-TO BE FILLED OUT BY EXPOSED EMPLOYEE

CONFIDENTIAL

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE:	
DID PPE FAIL?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN HOW:	
WERE YOU EXPOSED TO BLOOD, BODY FLUIDS OR OTHER POTENTIALLY INFECTIOUS MATERIALS?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHAT BODY FLUID(S) WERE YOU EXPOSED TO?	
WHAT PART(S) OF YOUR BODY WAS EXPOSED?	
ESTIMATE THE SIZE OR THE AREA OF YOU BODY THAT WAS EXPOSED?	
HOW LONG DID THE EXPOSURE LAST?	
DID A FOREIGN BODY (NEEDLE, NAIL, AUTO PART, DENTAL WIRES, ETC.) PENETRATE YOUR BODY?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, IDENTIFY OBJECT:	
WAS FLUID INJECTED INTO YOUR BODY?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, IDENTIFY FLUID:	HOW MUCH?
IDENTIFICATION OF SOURCE INDIVIDUAL(S):	
NAME / AFFILIATION #1:	NAME/ AFFILIATION #2:

EMPLOYEE'S SIGNATURE

PRINCIPAL'S SIGNATURE

DATE

DATE



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Brooklyn, New York 11201

EMPLOYEE EXPOSURE INCIDENT REPORT - PART II

Use this form to document routes and circumstances of a Bloodborne Pathogens exposure incident. As stipulated by the Bloodborne Pathogens Standard, 29 CFR 1910.1030, this form and related documentation will be kept on file by the New York City Department of Education for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with your consent only.

PART II- TO BE FILLED OUT BY SITE ADMINISTRATOR

CONFIDENTIAL

ANSWER ALL QUESTIONS. BE SPECIFIC. PLEASE PRINT.	
RECORD NUMBER _____ - _____ - _____ / _____ <small>(BUILDING CODE # YY-MM-DD/CASE #) EX: (123K-04-09-01/01)</small>	DATE COMPLETED:
EMPLOYEE NAME:	
HOME TELEPHONE:	OTHER CONTACT NUMBER:
WORK SITE NAME/ LOCATION:	
WORK SITE DOE CODE# (EXAMPLE 555K):	WORK TELEPHONE:
IS A COMPREHENSIVE ACCIDENT REPORT DETAILING THIS INCIDENT ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS AN SH 900 AND RELATED DOCUMENTS DETAILING THIS INCIDENT ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
IF NO OR N/A, EXPLAIN:	
COMPLETED COPY FORWARDED TO :	
<input type="checkbox"/> Regional Representative (enter name and address):	<input type="checkbox"/> New York City Department Of Education Office of Occupational Safety and Health 65 Court Street, Room 706 Brooklyn, NY 11201 Phone #: (718) 935-2319 Fax #: (718) 935-4682

SITE ADMINISTRATOR'S SIGNATURE

PRINCIPAL'S SIGNATURE:

DATE

DATE



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EXPOSURE INCIDENT REPORT-COUNSELING - PART III

The standard requires that post-exposure counseling be given to employees following an exposure incident. Counseling should include USPHS recommendations for transmission and prevention of HIV. These recommendations include refraining from blood, semen, or organ donation; abstaining from sexual intercourse or using measures to prevent HIV transmission during sexual intercourse; and refraining from breast feeding infants during the follow-up period. In addition, counseling must be made available regardless of the employee's decision to accept serological testing.

PART III- TO BE COMPLETED BY HEALTH CARE PROFESSIONAL DESIGNATED TO COUNSEL EXPOSED EMPLOYEE

CONFIDENTIAL

RECORD NUMBER _____ - _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	
HEALTH CARE PROFESSIONAL NAME AND TITLE	
OFFICE LOCATION:	
TELEPHONE:	FAX NUMBER:
EXPOSED EMPLOYEE NAME AND TITLE:	SOCIAL SECURITY NUMBER:
HOME ADDRESS:	
HOME PHONE:	
JOB DESCRIPTION:	
DATE OF EXPOSURE:	DATE REPORTED:
FACILITY NAME:	
ADDRESS:	
EXACT LOCATION OF EXPOSURE:	
TYPE OF EXPOSURE:	
SOURCE OF INDIVIDUAL	
IMMEDIATE ACTION TAKEN:	
TREATMENT PROVIDED:	
RECOMMENDATION:	
REFERRAL:	
COMMENTS:	

HEALTH CARE PROFESSIONAL-COUNSELOR SIGNATURE: _____ DATE _____



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EMPLOYEE EXPOSURE INCIDENT REPORT - PART IV

Use this form to document routes and circumstances of a Bloodborne Pathogens exposure incident. As stipulated by the Bloodborne Pathogens Standard, 29 CFR 1910.1030, this form and related documentation will be kept on file by the New York City Department of Education for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with your consent only.

PART IV-TO BE FILLED OUT BY EXPOSED EMPLOYEE'S MEDICAL CARE PROVIDER

CONFIDENTIAL

ANSWER ALL QUESTIONS. BE SPECIFIC. PLEASE PRINT.	
RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	DATE COMPLETED:
EXPOSED EMPLOYEE NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
HOME TELEPHONE:	OTHER CONTACT NUMBER:
WORK SITE NAME/ LOCATION:	
WORK SITE DOE CODE # (EXAMPLE 555K):	WORK TELEPHONE:
NAME/TITLE/ AFFILIATION:	
DID YOU TREAT THE PATIENT/EMPLOYEE DIRECTLY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, SPECIFY TREATMENT REGIMEN:	
OTHER PERTINENT INFORMATION:	

MEDICAL CARE PROVIDER NAME

DATE

MEDICAL CARE PROVIDER SIGNATURE

APPENDIX C1

IDENTIFICATION AND EVALUATION OF SOURCE INDIVIDUAL



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Brooklyn, New York 11201

IDENTIFICATION AND EVALUATION OF SOURCE INDIVIDUAL PART A

Use this form to document the source of blood or other potentially infectious body fluid you were exposed to during a Bloodborne Pathogens exposure incident.

PART A - TO BE COMPLETED BY SITE ADMINISTRATOR

CONFIDENTIAL

RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	
NAME OF EXPOSED EMPLOYEE:	TITLE:
WORK SITE NAME/ LOCATION:	
CONTACT NUMBER (WORK):	CONTACT NUMBER (HOME):
NAME/AFFILIATION OF MEDICAL PROVIDER:	
ADDRESS OF MEDICAL PROVIDER:	
MEDICAL PROVIDER TELEPHONE:	MEDICAL PROVIDER TELEPHONE:
INCIDENT INFORMATION	
DATE OF INCIDENT:	NAME OR RECORD NUMBER OF SOURCE INDIVIDUAL:
NATURE OF INCIDENT	
<input type="checkbox"/> BLOOD OR BODY FLUID SPLASH INTO MUCOUS MEMBRANE OR NON-INTACT SKIN <input type="checkbox"/> CONTAMINATED NEEDLE STICK INJURY <input type="checkbox"/> OTHER	
SIGNATURE:	DATE:
<i>In accordance with applicable confidentiality laws, report results of the source individual's blood tests to the medical provider named above. The named medical provider will then inform the exposed employee. Do not disclose blood test findings to employer or designee. In addition, note: HIV related information cannot be released without the written consent of the source individual.</i>	



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Brooklyn, New York 11201

IDENTIFICATION AND EVALUATION OF SOURCE INDIVIDUAL PART B

Use this form to document the source of blood or other potentially infectious body fluid you were exposed to during a Bloodborne Pathogens exposure incident.

PART B -TO BE COMPLETED BY SITE ADMINISTRATOR

CONFIDENTIAL

NAME/AFFILIATION OF EXPOSED EMPLOYEE MEDICAL PROVIDER:	
ADDRESS OF MEDICAL PROVIDER:	
MEDICAL PROVIDER TELEPHONE:	MEDICAL PROVIDER TELEPHONE:

PART B - TO BE COMPLETED BY SOURCE INDIVIDUAL'S MEDICAL PROVIDER

REPORT OF SOURCE INDIVIDUAL EVALUATION	
Return this report to the above named medical provider within 15 days of evaluation	
RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	
TESTING OF SOURCE INDIVIDUAL'S BLOOD:	
<input type="checkbox"/> CONSENT OBTAINED <input type="checkbox"/> REFUSED	
TEST RESULTS	
CHECK [<input checked="" type="checkbox"/>] ONE:	
<input type="checkbox"/> EVALUATION OF SOURCE INDIVIDUAL EVIDENCED NO KNOWN EXPOSURE TO BLOODBORNE PATHOGENS.	
<input type="checkbox"/> EVALUATION OF SOURCE INDIVIDUAL EVIDENCED POSSIBLE EXPOSURE TO BLOODBORNE PATHOGENS. MEDICAL FOLLOW-UP RECOMMENDED.	
<input type="checkbox"/> IDENTIFICATION OF SOURCE INDIVIDUAL INFEASIBLE OR PROHIBITED BY STATE OR LOCAL LAW. STATE WHY:	
NAME/ AFFILLIATION OF PERSON COMPLETING THIS REPORT:	
SIGNATURE:	DATE:
<i>In accordance with applicable confidentiality laws, report results of the source individual's blood tests to the medical provider named above. The named medical provider will then inform the exposed employee. Do not disclose blood test findings to employer or designee. In addition, note: HIV related information cannot be released without the written consent of the source individual.</i>	

APPENDIX C2

EMPLOYEE EXPOSURE FOLLOW-UP RECORD



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65 Court Street –Room 706
Brooklyn, New York 11201

EMPLOYEE’S EXPOSURE FOLLOW-UP RECORD - PART A

Use this form to record medical evaluation follow-up procedures.

As stipulated by the Bloodborne Pathogens Standard, 29 CFR 1910.1030, this form and related documentation will be kept on file by the New York City Department of Education for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with your consent only.

PART A--TO BE COMPLETED BY EXPOSED EMPLOYEE

CONFIDENTIAL

RECORD NUMBER _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	
NAME OF EXPOSED EMPLOYEE:	DATE COMPLETED:
WORK NAME/ LOCATION:	
JOB TITLE AT TIME OF EXPOSURE:	
DATE OF EXPOSURE:	TIME OF EXPOSURE:
SOURCE INDIVIDUAL FOLLOW-UP	
NAME OF SOURCE INDIVIDUAL:	
REQUEST MADE TO:	DATE:

COMPLETED COPY FORWARDED TO REGIONAL REPRESENTATIVE

COMPLETED COPY FORWARDED TO: OFFICE OF OCCUPATIONAL SAFETY AND HEALTH

65 COURT STREETS-ROOM 706,
BROOKLYN, NY 11201
PHONE: (718) 935-2319,
FAX: (718) 935-4682.

EMPLOYEE’S SIGNATURE

PRINCIPAL’S SIGNATURE



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65 Court Street –Room 706
Brooklyn, New York 11201

EMPLOYEE'S EXPOSURE FOLLOW-UP RECORD-PART B

Use this form to record medical evaluation follow-up procedures.

As stipulated by the Bloodborne Pathogens Standard, 29 CFR 1910.1030, this form and related documentation will be kept on file by the New York City Department of Education for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with your consent only.

PART B-- TO BE COMPLETED EXPOSED EMPLOYEE'S MEDICAL CARE PROVIDER

CONFIDENTIAL

EXPOSED EMPLOYEE FOLLOW-UP	
RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	
NAME/AFFILIATION:	
EMPLOYEE HEALTH FILE REVIEWED:	DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO	
BLOOD SAMPLING/TESTING OFFERED/COMPLETED:	DATE:
<input type="checkbox"/> YES <input type="checkbox"/> NO	
VACCINATION OFFERED/ISSUED:	DATE:
<input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNSELING OFFERED:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
SOURCE INDIVIDUAL BLOOD TESTING: <input type="checkbox"/> RESULTS MADE AVAILABLE TO EMPLOYEE. EMPLOYEE HAS BEEN INFORMED OF MEDICAL CONDITIONS RESULTING FROM EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS WHICH REQUIRE FURTHER EVALUATION AND TREATMENT. <input type="checkbox"/> CONSENT NOT OBTAINED	
MEDICAL CARE PROVIDER'S SIGNATURE:	EMPLOYEE'S SIGNATURE:

COMPLETED COPY FORWARDED TO REGIONAL REPRESENTATIVE

COMPLETED COPY FORWARDED TO: OFFICE OF OCCUPATIONAL SAFETY AND HEALTH
65 COURT STREETS-ROOM 706
BROOKLYN, NY 11201
PHONE: (718) 935-2319
FAX: (718) 935-4682

APPENDIX C3

EXPOSURE INCIDENT REPORT LOG

APPENDIX D

**SAMPLE LETTER
EXPOSED EMPLOYEE DECLINED TO GO FOR MEDICAL EVALUATION AND FOLLOW-UP
AFTER AN OCCUPATIONAL EXPOSURE INCIDENT**

SAMPLE LETTER

On School Letterhead

Date

CONFIDENTIAL

RE: Exposed Employee Declined to go for Medical Evaluation and Follow-Up after an Occupational Exposure Incident

RECORD NUMBER _____ - _____ - _____ - _____ / _____
(BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)

Please be advised that I, (Name) _____,
Employed as a (Job Title) _____,
In Region _____, District _____,
At School/Facility _____,
Located at (Address) _____,
I was exposed to blood or other potentially body fluid at my school on (Date) _____.

As a result of this incident I have filled the required incident report and was advised by Administration to seek medical evaluation and follow up by a Physician or Health Care Provider immediately. **I declined to do so.**

Exposed Employee's Name & Signature

Date

Site Administrator's Name & Signature

Date

Principal's Name & Signature

Date

APPENDIX D1

**SAMPLE LETTER
REQUEST FOR SOURCE INDIVIDUAL EVALUATION**

SAMPLE LETTER

On School Letterhead

Date

CONFIDENTIAL

RE: Request for Source Individual Evaluation

Dear Parent:

During the course of duty, one of our employees was involved in an event which may have resulted in exposure to blood and/or bodily fluid.

A request is being made that you perform and provide an evaluation of the source individual to the exposed employee health care provider. Given the circumstances surrounding this event please determine whether our employee is at risk for infection and/or requires medical follow-up.

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

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

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

Thank you for your assistance in this very important matter.

Sincerely,

APPENDIX E

SHARPS INJURY REPORT

SHARPS INJURY PACKAGE INCLUDES:

- SHARPS INJURY REPORT (5 PAGES)
 - PART I-EXPOSED EMPLOYEE (PAGES 1 & 2)
 - PART II-SITE ADMINISTRATOR (PAGE 3)
 - PART III-HEALTH CARE PROFESSIONAL DESIGNATED TO COUNSEL EXPOSED EMPLOYEE (PAGE 4)
 - PART IV- EXPOSED EMPLOYEE'S MEDICAL CARE PROVIDER (PAGE 5)

APPENDIX C1

- IDENTIFICATION AND EVALUATION OF SOURCE INDIVIDUAL (IF KNOWN) (2 PAGES)
 - PART A-SITE ADMINISTRATOR (PAGE 1)
 - PART B- SITE ADMINISTRATOR & SOURCE INDIVIDUAL'S MEDICAL CARE PROVIDER (PAGE 2)

APPENDIX C2

- EMPLOYEE'S EXPOSURE FOLLOW-UP RECORD (2 PAGES)
 - PART A-EXPOSED EMPLOYEE (PAGE 1)
 - PART B- EXPOSED EMPLOYEE'S MEDICAL CARE PROVIDER (PAGE 2)

APPENDIX E1

- SHARPS INJURY LOG - SITE ADMINISTRATOR (1 PAGE)



THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES
OFFICE OF OCCUPATIONAL SAFETY & HEALTH (OOSH)
65 Court Street -Room 706
Brooklyn, New York 11201

SHARPS INJURY REPORT - PART I

Use this form to report injuries from contaminated sharps. Document each exposure on a separate log. Information provided on this form shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. Forward completed form to the Office of Occupational Safety and Health, 65 Court Street, Brooklyn, NY 11201.

PART I-TO BE COMPLETED BY EXPOSED EMPLOYEE

CONFIDENTIAL

RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)		DATE COMPLETED:
NAME OF EXPOSED EMPLOYEE:		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
WORK SITE NAME/ LOCATION:		
JOB TITLE:		
CONTACT NUMBER (WORK):	CONTACT NUMBER (HOME):	
EMPLOYEE HEPATITIS B VACCINATION STATUS:		
<input type="checkbox"/> DOSE #1	DATE:	
<input type="checkbox"/> DOSE #2	DATE:	
<input type="checkbox"/> DOSE #3	DATE:	
<input type="checkbox"/> NONE		
DATE OF EXPOSURE:	TIME OF EXPOSURE: <input type="checkbox"/> AM <input type="checkbox"/> PM	
PLACE OF INCIDENT:		
DESCRIPTION OF INCIDENT:		



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SHARPS INJURY REPORT - PART I

Use this form to report injuries from contaminated sharps. Document each exposure on a separate log. Information provided on this form shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. Forward completed form to the Office of Occupational Safety and Health, 65 Court Street, Brooklyn, NY 11201.

PART I-TO BE COMPLETED BY EXPOSED EMPLOYEE

CONFIDENTIAL

DESCRIBE WHEN THE EXPOSURE OCCURRED:	AFFECTED BODY PARTS: CHECK [✓] ALL THAT APPLY
<input type="checkbox"/> DURING USE OF SHARP <input type="checkbox"/> DISASSEMBLING <input type="checkbox"/> WHILE PREPARING TO DISPOSE OF SHARP <input type="checkbox"/> SHARP LEFT IN AN INAPPROPRIATE PLACE <input type="checkbox"/> OTHER (SPECIFY):	<input type="checkbox"/> FINGER <input type="checkbox"/> ARM <input type="checkbox"/> HAND <input type="checkbox"/> LEG <input type="checkbox"/> OTHER (SPECIFY):
IDENTIFICATION OF SHARP INVOLVED(IF KNOWN): TYPE: _____ BRAND: _____ MODEL: _____	

COMPLETED COPY FORWARDED TO REGIONAL REPRESENTATIVE

COMPLETED COPY FORWARDED TO: OFFICE OF OCCUPATIONAL SAFETY AND HEALTH
65 COURT STREET, ROOM 706
BROOKLYN, NY 11201
PHONE: (718) 935-2319
FAX: (718) 935-4682

EMPLOYEE'S SIGNATURE

PRINCIPAL'S SIGNATURE



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Brooklyn, New York 11201

SHARPS INJURY REPORT- PART II

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PART II- TO BE FILLED OUT BY SITE ADMINISTRATOR

CONFIDENTIAL

ANSWER ALL QUESTIONS. BE SPECIFIC. PLEASE PRINT.	
RECORD NUMBER _____ - _____ - _____ / _____ <small>(BUILDING CODE # YY-MM-DD/CASE #) EX: (123K-04-09-01/01)</small>	DATE COMPLETED:
EMPLOYEE NAME:	
HOME TELEPHONE:	OTHER CONTACT NUMBER:
WORK SITE NAME/ LOCATION:	
WORK SITE DOE CODE# (EXAMPLE 555K):	WORK TELEPHONE:
IS A COMPREHENSIVE ACCIDENT REPORT DETAILING THIS INCIDENT ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS AN SH 900 AND RELATED DOCUMENTS DETAILING THIS INCIDENT ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
IF NO OR N/A, EXPLAIN:	
COMPLETED COPY FORWARDED TO :	
<input type="checkbox"/> Regional Representative (enter name and address):	<input type="checkbox"/> New York City Department Of Education Office of Occupational Safety and Health 65 Court Street, Room 706 Brooklyn, NY 11201 Phone #: (718) 935-2319 Fax #: (718) 935-4682

SITE ADMINISTRATOR'S SIGNATURE

PRINCIPAL'S SIGNATURE:

DATE

DATE



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EXPOSURE INCIDENT REPORT-COUNSELING - PART III

The standard requires that post-exposure counseling be given to employees following an exposure incident. Counseling should include USPHS recommendations for transmission and prevention of HIV. These recommendations include refraining from blood, semen, or organ donation; abstaining from sexual intercourse or using measures to prevent HIV transmission during sexual intercourse; and refraining from breast feeding infants during the follow-up period. In addition, counseling must be made available regardless of the employee's decision to accept serological testing.

PART III- TO BE COMPLETED BY HEALTH CARE PROFESSIONAL DESIGNATED TO COUNSEL EXPOSED EMPLOYEE

CONFIDENTIAL

RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	
HEALTH CARE PROFESSIONAL NAME AND TITLE	
OFFICE LOCATION:	
TELEPHONE:	FAX NUMBER:
EXPOSED EMPLOYEE NAME AND TITLE:	SOCIAL SECURITY NUMBER:
HOME ADDRESS:	
HOME PHONE:	
JOB DESCRIPTION:	
DATE OF EXPOSURE:	DATE REPORTED:
FACILITY NAME:	
ADDRESS:	
EXACT LOCATION OF EXPOSURE:	
TYPE OF EXPOSURE:	
SOURCE OF INDIVIDUAL	
IMMEDIATE ACTION TAKEN:	
TREATMENT PROVIDED:	
RECOMMENDATION:	
REFERRAL:	
COMMENTS:	

HEALTH CARE PROFESSIONAL-COUNSELOR SIGNATURE: _____ DATE _____



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Brooklyn, New York 11201

SHARPS INJURY REPORT-PART IV

Use this form to document routes and circumstances of a Bloodborne Pathogens exposure incident. As stipulated by the Bloodborne Pathogens Standard, 29 CFR 1910.1030, this form and related documentation will be kept on file by the New York City Department of Education for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with your consent only.

PART IV-TO BE FILLED OUT BY EXPOSED EMPLOYEE MEDICAL CARE PROVIDER

CONFIDENTIAL

ANSWER ALL QUESTIONS. BE SPECIFIC. PLEASE PRINT.	
RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	DATE COMPLETED:
EXPOSED EMPLOYEE NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
HOME TELEPHONE:	OTHER CONTACT NUMBER:
WORK SITE NAME/ LOCATION:	
WORK SITE DOE CODE # (EXAMPLE 555K):	WORK TELEPHONE:
NAME/TITLE/ AFFILIATION:	
DID YOU TREAT THE PATIENT/EMPLOYEE DIRECTLY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, SPECIFY TREATMENT REGIMEN:	
OTHER PERTINENT INFORMATION:	

MEDICAL CARE PROVIDER NAME

DATE

MEDICAL CARE PROVIDER SIGNATURE

APPENDIX E1

SHARPS INJURY LOG

APPENDIX F

EMPLOYEE HEPATITIS B VACCINATION NOTIFICATION FORM



THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES
OFFICE OF OCCUPATIONAL SAFETY & HEALTH (OOSH)
65 Court Street –Room 706
Brooklyn, New York 11201

EMPLOYEE HEPATITIS B VACCINATION NOTIFICATION FORM

The Bloodborne Pathogens Standard, cited as 29 CFR 1910.1030, requires that employers to identify employees who may have occupational exposure to blood and other potentially infectious body fluids. The standard requires this identification to be exposure specific and not title specific. In order to accomplish this, all employees with occupational exposure and who would to the take the Hepatitis B Vaccine for the first time must complete this form. This form must be fully completed and signed by the Principal. For additional information, contact the Office of Occupational Safety and Health at (718) 935-2319.

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

I am routinely responsible for the following tasks.

Check (✓) all that apply.

- 1. First aid treatment and / rescue
- 2. Routine health care
- 3. Administering bathroom care, I.E.: changing diapers/sanitary napkins
- 4. Responding to physical/violent confrontations
- 5. Unclogging sewer systems
- 6. Cleaning up potentially infectious body fluids
- 7. Collecting and storing regulated medical waste
- 8. Other, be specific -----

I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself.

Yes, I wish to be vaccinated against the Hepatitis B Virus.

DATE:	REGION #:	DISTRICT #:
FIRST NAME:	LAST NAME:	SOCIAL SECURITY #:
JOB TITLE:	EMERGENCY CONTACT NAME AND PHONE # (SPECIFY):	
SCHOOL CODE: (EX:123K)	WORK SITE NAME:	
WORK SITE ADDRESS: (STREET, CITY, STATE, ZIP CODE)		WORK SITE PHONE #:
SITE ADMINISTRATOR'S NAME:		PRINCIPAL'S NAME:

Employee's Signature

Principal's Signature

Site Administrator, please forward a copy to:

Office of Occupational Safety and Health (OOSH)
65 Court Street, Room 706
Brooklyn, NY 11201
Phone: 718-935-2319
Fax: 718-935-4682

OOSH

Rev. 1/06

APPENDIX G

EMPLOYEE HEPATITIS B VACCINATION DECLINATION FORM



THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES
OFFICE OF OCCUPATIONAL SAFETY & HEALTH (OOSH)
65 Court Street –Room 706
Brooklyn, New York 11201

EMPLOYEE HEPATITIS B VACCINATION DECLINATION FORM

Instructions: Complete this form and return to your Site Administrator only if you are in the **Exposure Determination Group** and **do not want or need the Hepatitis B vaccine** or have completed the three series. Form must be kept on file at the site for three years. If you declined the previous year and the form is on file, you are not required to fill out another form if you are declining again this year.

DATE:	REGION #:	DISTRICT #:
FIRST NAME:	LAST NAME:	SOCIAL SECURITY # /FILE #:
JOB TITLE:	SITE ADMINISTRATOR'S NAME:	
SCHOOL CODE: (EX:123K)	WORK SITE NAME:	
WORK SITE ADDRESS: (STREET, CITY, STATE, ZIP CODE)		WORK SITE PHONE #:

Regulations (Standards - 29 CFR)

Hepatitis B Vaccine Declination (Mandatory) - 1910.1030 App A

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1030 App A
- **Title:** Hepatitis B Vaccine Declination (Mandatory)

PART I

HEPATITIS B VACCINE DECLINATION

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

NO, I do not wish to be vaccinated against the Hepatitis B Virus at this time.

EMPLOYEE'S SIGNATURE

DATE

PART II

IMMUNIZATION STATUS

Please check all that apply:

- I have been previously immunized for Hepatitis B Virus (HBV) and do not require additional vaccination.
- I have been tested for Hepatitis B Virus (HBV) and shown to be immune.
- I decline the Hepatitis B (HBV) vaccine due to medical reasons or personal beliefs.
- I plan to see my health care provider.
- Please check my status.

PLEASE DO NOT FORWARD THIS FORM TO OOSH –MUST BE KEPT ON FILE AT YOUR SITE

APPENDIX H

BLOODBORNE PATHOGENS TRAINING ATTENDANCE SHEET

BLOODBORNE PATHOGENS TRAINING ATTENDANCE SHEET

MUST BE KEPT AT THE SITE AND ON FILE FOR 3 YEARS

Trainer's Name:		Affiliation/Title		
Training Location:		Site Address:		
Target Group:		Date:		Time:
Training Package Attached To Training Attendance Sheet:			Yes	No

Please Print All Information

EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE	HBV DECLINATION FORM ON FILE YES/NO	HBV NOTIFICATION FORM ON FILE YES/NO
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19		YES	NO
1.		/ /						
2.		/ /						
3.		/ /						
4.		/ /						
5.		/ /						
6.		/ /						
7.		/ /						
8.		/ /						
9.		/ /						
10.		/ /						
11.		/ /						

EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE	HBV DECLINATION FORM ON FILE YES/NO	HBV NOTIFICATION FORM ON FILE YES/NO
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19		YES	NO
12.		/ /						
13.		/ /						
14.		/ /						
15.		/ /						
16.		/ /						
17.		/ /						
18.		/ /						
19.		/ /						
20.		/ /						
21.		/ /						
22.		/ /						
23.		/ /						
24.		/ /						
25.		/ /						
26.		/ /						

EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE	HBV DECLINATION FORM ON FILE YES/NO	HBV NOTIFICATION FORM ON FILE YES/NO
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19		YES	NO
27.		/ /						
28.		/ /						
29.		/ /						
30.		/ /						
31.		/ /						
32.		/ /						
33.		/ /						
34.		/ /						
35.		/ /						
36.		/ /						
37.		/ /						
38.		/ /						
39.		/ /						
40.		/ /						
41.		/ /						

EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE	HBV DECLINATION FORM ON FILE YES/NO	HBV NOTIFICATION FORM ON FILE YES/NO
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19		YES	NO
42.		/ /						
43.		/ /						
44.		/ /						
45.		/ /						
46.		/ /						
47.		/ /						
48.		/ /						
49.		/ /						
50.		/ /						
51.		/ /						
52.		/ /						
53.		/ /						
54.		/ /						
55.		/ /						
56.		/ /						

EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE	HBV DECLINATION FORM ON FILE YES/NO	HBV NOTIFICATION FORM ON FILE YES/NO
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19		YES	NO
57.		/ /						
58.		/ /						
59.		/ /						
60.		/ /						
61.		/ /						
62.		/ /						
63.		/ /						
64.		/ /						
65.		/ /						
66.		/ /						
67.		/ /						
68.		/ /						
69.		/ /						
70.		/ /						
71		/ /						

EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE	HBV DECLINATION FORM ON FILE YES/NO	HBV NOTIFICATION FORM ON FILE YES/NO
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19		YES	NO
72.		/ /						
73.		/ /						
74.		/ /						
75.		/ /						
76.		/ /						
77.		/ /						
78.		/ /						
79.		/ /						
80.		/ /						
81.		/ /						
82.		/ /						
83.		/ /						
84.		/ /						
85.		/ /						
86.		/ /						

EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE	HBV DECLINATION FORM ON FILE YES/NO	HBV NOTIFICATION FORM ON FILE YES/NO
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19		YES	NO
87.		/ /						
88.		/ /						
89.		/ /						
90.		/ /						
91		/ /						
92		/ /						
93.		/ /						
94		/ /						
95.		/ /						
96.		/ /						
97.		/ /						
98.		/ /						
99.		/ /						
100.		/ /						

APPENDIX I

BLOODBORNE PATHOGENS STANDARD COMPLIANCE CHECKLIST



THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES
OFFICE OF OCCUPATIONAL SAFETY & HEALTH (OOSH)
65 Court Street –Room 706
Brooklyn, New York 11201

BLOODBORNE PATHOGENS STANDARD COMPLIANCE CHECKLIST

SCHOOL NAME:	REGION:
SCHOOL LOCATION:	

PROGRAM ADMINISTRATION

YES

NO

- Is there a Site Administrator at this facility?
- Is there a written Bloodborne Pathogens Exposure Control plan at this site?
- Is the Exposure Control Plan completed?
- Have at-risk employees been identified?
- Have at-risk employees that declined the Hepatitis B vaccine signed declination forms?
- Are these declinations kept on file at the facility?

TRAINING

YES

NO

- Is training conducted prior to administration of vaccines?
- Do employees understand hazards associated with Bloodborne Pathogens?
- Is training documented (kept on file for 3 years)?

Are employees familiar with:

YES

NO

- Name and location of the Site Administrators
- OSHA's Bloodborne Pathogens Standard
- The Department's Bloodborne Pathogens program
- The categories of employees who are entitled to the Hepatitis B vaccine
- The post-exposure plan for individuals exposed to Bloodborne Pathogens
- Procedures to report Bloodborne Pathogens exposure—the Exposure Incident Report
- Procedures to claim reimbursement for related medical tests

PERSONAL PROTECTIVE EQUIPMENT

YES

NO

- Is PPE available to employees? YES NO
- Are employees trained in the use, limitations, locations, handling, and disposal of PPE? YES NO

REGULATED MEDICAL WASTE

YES

NO

- Is there a regulated medical waste kit at the site? YES NO
- Is regulated waste disposed of in red biohazard bags, sharps container, and box as appropriate? YES NO
- Is waste stored in secured area? YES NO

RECORDKEEPING

YES

NO

- Are training records kept for 3 years? YES NO
- Are exposure incidents reported on incident report forms? YES NO
- Are exposure incidents recorded on exposure incident log? YES NO
- Are sharps injuries recorded on sharps injury log? YES NO

POSTING

YES

NO

- Is there a bulletin board allocated for health and safety information? YES NO
- Is Bloodborne Pathogens poster conspicuously displayed? YES NO
- Is the poster current and accurate? YES NO

Site Administrator (Print)

Principal's Signature

Site Administrator (Signature)

Date



Note: For each **no** answer above, attach an explanation and forward Checklist to your regional representative by: _____

<p>New York City Department of Education Office of Occupational Safety and Health 65 Court Street, Room 706 Phone Number (718) 935-2319 Fax Number: (718) 935-4682 Emerson Greenidge, MS, CSP, Director Rev. 1/06</p>

APPENDIX J

**SAMPLE HEPATITIS B IMMUNIZATION PROGRAM
EMPLOYEE CONSENT FORM**

NEW YORK CITY DEPARTMENT OF EDUCATION

HEPATITIS B IMMUNIZATION PROGRAM

Consent

I have read, or have had explained to me, information about Hepatitis B and the Hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the Hepatitis B vaccine and request that it be given to me. I also understand that information regarding the administration of this vaccine will be provided to the office of Occupational Safety and Health of the New York City Department of Education.

Signature of person to receive vaccine

Date

(Please print & complete information)

Last Name

First Name

MI

Participant I.D. # (Enter the 1st 4 letters of your last Name and the last 4 digits of you Social Security Number)

Birthdate

Job Title

School Name
(Example: PS 001-The First School)

Region #
(Example: 1 – 10)

School Code #
(Example: 603M)

Borough (Example: Bronx, SI, Manh. Queens, Brooklyn)

▼ IMPORTANT ▼

**HIP B VACCINE INFORMATION STATEMENT MUST BE PRESENTED TO PATIENT FOR EACH DOSE.
VIS was provided**

Vaccine: DOSE #1

DOSE #2

DOSE #3

Date of Immunization

GlaxoSmithKline
Manufacturer

Lot No.

Exp. Date

Signature of Clinician _____ Comments _____

Recommendation: 1st dose on designated day, 2nd dose 1 month later, 3rd dose 6 months after the 1st dose. If vaccine series is interrupted, resume series as soon as possible, separating the second and third doses by at **least** 2 months.

Provided by the Newport Alliance at Newport Hospital 800-223-2133 FAX: 401-848-6047
19 Friendship St. ~ Borden-Carey Bldg., Ste G40 ~ Newport, RI 02840

Rev. 9/06

APPENDIX K

**EXAMPLES OF RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT FOR
WORKER PROTECTION**

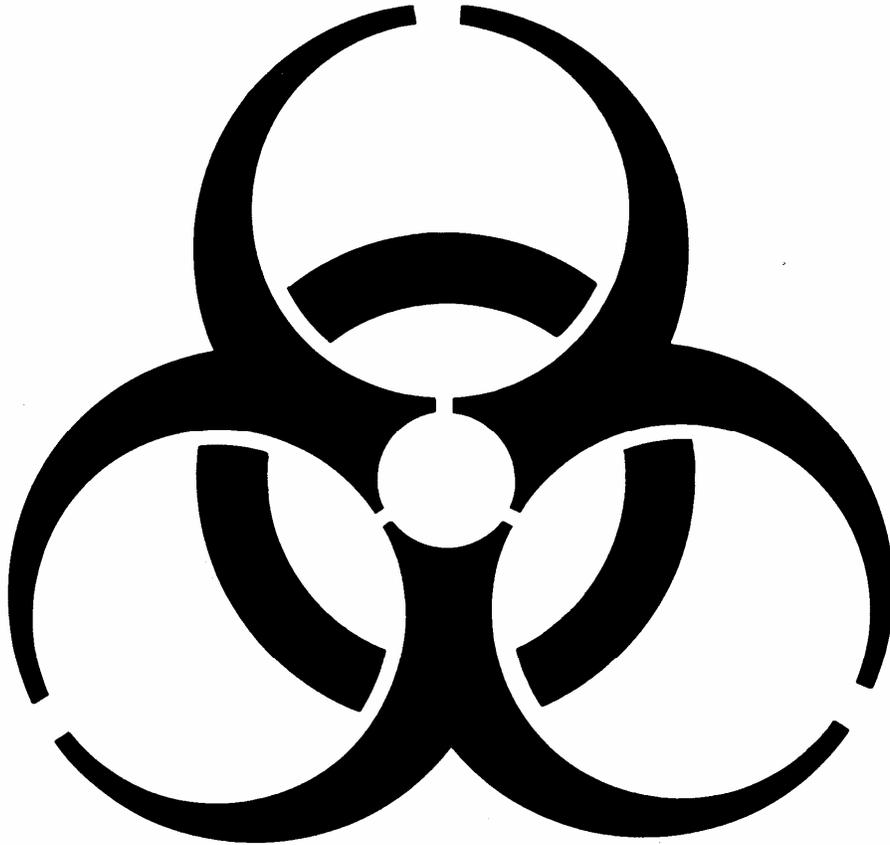
EXAMPLES OF RECOMMENDED PERSONAL PRETECTIVE EQUIPMENT FOR WORKER PROTECTION AGAINST HIV, HBV, AND HCV TRANSMISSION

TASK OR ACTIVITY	DISPOSABLE GLOVES	GOWN	MASK	PROTECTIVE EYE WEAR
CPR (No Bleeding)	Yes	No	Protect Mask One Way Valve	No
Bleeding control with Spurting Blood	Yes	Yes	Yes (Surgical Mask)	Yes
Bleeding Control with Minimal Bleeding	Yes	No	No	No
Simple Band Aid Placement	Yes	No	No	No
Emergency Childbirth	Yes	Yes	Yes, if splashing is likely (surgical mask)	Yes, if splashing is likely
Drawing Blood	At certain times	No	No	No
Starting an Intravenous (IV) line	Yes	No	No, unless splashing is likely	No, unless splashing is likely
End tracheal intubations, esophageal obdurate use	Yes	No	No, unless splashing is likely	No, unless splashing is likely
Oral/Nasal suctioning, manually cleaning airway	Yes	No	No, unless splashing is likely	No, unless splashing is likely
Handling and Cleaning instruments with microbial contamination	Yes	No, unless soiling is likely	No	No
Measuring Blood Pressure	No	No	No	No
Measuring Temperature	No	No	No	No
Giving and injection	No	No	No	No

Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public Safety Workers.
US Department of Health and Human Services

APPENDIX L

BIOHAZARD SIGN



BIOHAZARD

NOTES

