Post-Exposure Evaluation and Follow-up

Forms and Information Packet
Bloodborne Pathogens Program

Ohio Public Employment Risk Reduction Program
Bloodborne Pathogens Standard

Environmental Health and Safety Offices
Department of Safety
Packet Contents
Packet Instructions – Provides 1) brief introduction to Miami University’s Post-Exposure Evaluation and Follow-up procedures; 2) instructions for the following persons: a) Miami University employee, b) employee’s supervisor, c) treating physician at the University’s Student Health Service, and d) treating physician at a hospital of outpatient clinic; and 3) brief explanation of the forms and information included in the packet.

FORM A – BBP Post-Exposure Medical Form & Incident Report. Documents details related to the incident and generalized decisions regarding the evaluation, testing of the exposed employee and, if applicable, testing of the source.

FORM B – Consent/Declination for Medical Evaluation and Follow-up. A written consent (or declination) to medical procedures including prophylaxis, counseling, and evaluation of reported illnesses.

FORM C – Consent/Declination for Blood Testing. A written consent (or declination) to baseline blood sampling for any or all of the following: Hepatitis B (HBV); Hepatitis C (HCV); and human immunodeficiency virus (HIV).

FORM D – Hepatitis B Vaccination Program Consent/Declination form. A written consent (or declination) to begin the Hepatitis B vaccination series.

FORM E – Ohio Department of Health Informed Consent to HIV Antibody Test Series. A written consent (or declination) to test for HIV.

FORM F – Notice of Confidentiality – Source Individual’s Medical Information. An agreement by the employee to keep source individual information confidential.

FORM G – Consent for Blood Collection and Testing of Source Individual. A written consent by the source individual for blood collection to test for Hepatitis B (HBV) and human immunodeficiency virus (HIV).

FORM H – Medical Release and Authorization. Permits authorized Miami University staff access to information related to the exposure incident for investigative or recordkeeping purposes relative to regulatory compliance.


FORM J – Sharps Injury Form Needlestick Report. Used to report needlestick or sharps injuries to the Public Employment Risk Reduction Program.

INFO 1 – Hepatitis B Virus and Vaccine Information Sheet.

INFO 2 – HIV and AIDS Fact Sheet.

INFO 3 - Bloodborne Pathogens standard.
Introduction

Miami University is mandated by the Ohio Public Employment Risk Reduction Act to comply with adopted regulations set forth by the federal Occupational Safety and Health Administration (OSHA). The Bloodborne Pathogens regulation requires that the employer provide a post-exposure evaluation and follow-up to an employee who has experienced an exposure incident. The Environmental Health and Safety Offices, Department of Safety, has developed this Post Exposure Evaluation and Follow-up Packet to assist in communicating, conducting, and documenting information and procedures as required by law.

It is very important that the following instructions contained herein are thoroughly read and your respective responsibilities understood. Miami University is required to maintain information in this packet for thirty (30) years beyond the employee’s last day of employment. Therefore, material in this packet must be completed accurately and thoroughly by all persons involved.

Medical Providers: Your participation and assistance in Miami University’s compliance efforts are greatly appreciated. Thank you in advance for completing and remitting the appropriate forms contained in this packet.

If you have any questions relating to material in this packet, contact the Environmental Health and Safety Offices at 529-2829.

Where to Look

Due to the potential number of parties involved with the post-exposure evaluation and follow-up process, packet instructions have been divided up into categories listed below. Please refer to the corresponding instructions as indicated. If you are:

- A Miami University employee, go to page 3
- The employee’s supervisor, go to page 5
- The treating physician at the Student Health Service, go to page 7
- The treating physician at a hospital or outpatient clinic, go to page 9

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1 An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.
**NOTICE TO BBP TRAINERS**

The Post-Exposure Evaluation and Follow-up Packet is located on Miami University’s Environmental Health & Safety web site, [http://www.units.muohio.edu/ehso/index.html](http://www.units.muohio.edu/ehso/index.html). Although it is available through the web site, consider modifying your departmental accident program by issuing a copy of the packet to an employee in the event of a potential exposure incident. The result should expedite the evaluation process.

The Post-Exposure Evaluation and Follow-up Packet is on file at the Miami University Student Health Service Nursing Station. However, our local hospitals and outpatient clinics do not maintain a copy of this packet. **If the Student Health Service will be closed for more than 72 hours after a potential exposure incident or if an employee’s injuries are serious in nature and immediate transportation to the emergency room is prescribed**, a copy of the packet must be obtained from the Environmental Health and Safety Offices (529-2829) or from Miami University’s Environmental Health & Safety web site, [http://www.units.muohio.edu/ehso/index.html](http://www.units.muohio.edu/ehso/index.html) and provided to the health care provider.

Thank you
Miami University Employees
Please read and follow the instructions below. There may be different procedures required depending on when your incident occurred and which campus you are located. If you have not reported your exposure incident to your supervisor, please do so as soon as possible.

How Do I Use This Packet?
The forms and information sheets in this packet inform you of your rights and provide medical staff permission to complete certain medical procedures. If you need to seek medical attention at a hospital or outpatient clinic, take this packet with you. Refer to the Where Do I Go? section below to help you decide where you should seek medical attention.

1. Read INFO 1, Hepatitis B Virus and Vaccine Information Sheet. Read INFO 2, HIV and AIDS Fact Sheet.
2. Locate FORM A, BBP Post-Exposure Medical Form & Incident Report.
   - Complete ONLY the Employee Information, Incident Details, Incident Description, and the Witnesses sections. Please print neatly and use ink.
3. Review the following consent/declination forms:
   - FORM B, Consent/Declination for Medical Evaluation and Follow-up;
   - FORM C, Consent/Declination for Blood Testing; and
   - FORM D, Hepatitis B Vaccination Program Consent/Declination form.
   Sign and date each form as appropriate and in the presence of a witness. You must complete either the consent or the declination section of each form, but not both.
4. Review FORM E, Ohio Department of Health Informed Consent to HIV Antibody Test. Sign and date form if you choose to consent to the test.
5. Read and sign FORM F, Notice of Confidentiality – Source Individual’s Medical Information, if applicable,

Where Do I Go?
IMPORTANT: Determine which time current frame (A, B, C, or D) applies to you and proceed with the instructions that follow for that time frame.
Packet Instructions - Employees

The Student Health Center is open 8:00 am – 6:00 pm Monday through Friday
(Summer hours 7:30 am – 4:00 pm.)

If you have been involved in a potential exposure incident:

A. Monday through Friday during normal business hours
   • Report to the Student Health Service.

B. AFTER normal business hours Monday through Thursday
   • Report promptly to the Student Health Service the following morning.

C. On a weekend (Friday after business hours through Sunday)
   • Report promptly to the Student Health Service Monday morning.

D. Student Health Service is closed for one week during winter break
   • Oxford Campus – If you have no injury beyond the exposure (minor puncture
     wounds, cuts, scrapes), make an appointment with Ross Urgent Care Plus (8 a.m. – 8
     p.m. Monday through Friday and 10 a.m. – 6 p.m. Saturday and Sunday) at 513-856-5944.  If you have sustained other than minor injuries, seek immediate treatment in
     the McCullough-Hyde Hospital Emergency Room.
   • Hamilton Campus – Report to the Emergency Room at Fort Hamilton Hospital.
   • Middletown Campus – Report to the Emergency Room at Middletown Regional
     Hospital.

When you Arrive:
1. Present your Miami University ID and inform Student Health Service/hospital staff that
   you may have been involved in an occupational bloodborne exposure incident.

2. Present the Packet Instructions and all Forms to the treating physician who will be
   evaluating you.  The physician will determine whether an exposure incident has occurred
   and will take the appropriate action.

Follow-Ups
Any long-term follow-up procedures that may be required will be handled by the Miami
University Student Health Service.  It is very important that you complete any follow-up
 treatment or doctor visits indicated by the treating physician.

Questions?
If you have any questions relating to material in this packet, contact the Environmental Health
and Safety Offices at 529-2829.
Employee Supervisors

As stated in the Miami University Exposure Control Plan, an employee is responsible for immediately reporting a possible exposure incident to his or her supervisor. Post exposure evaluations and follow-up procedures are in the best interests of an employee who may have been exposed to blood or other potentially infectious material. Although the evaluation and procedure are voluntary, you should encourage any employee who has been potentially exposed to seek medical attention within 72 hours of exposure. By law, you must make the evaluation and any follow-up procedures available to an employee at a reasonable time and place.

Where Do I Send an Employee?

Determine which time frame (A, B, C, or D) the employee reported the potential exposure incident and proceed with the instructions that follow for that time frame.

The Student Health Center is open 8:00 am – 6:00 pm Monday through Friday
(Summer hours 7:30 am – 4:00 pm.)

If the employee reported exposure incident to you:

A. Monday through Friday during normal business hours
   • Encourage employee to immediately report to the Student Health Service.

B. AFTER normal business hours Monday through Thursday
   • Encourage him/her to report to the Student Health Service the following morning.

C. On a weekend (Friday after business hours through Sunday)
   • Encourage him/her to report to the Student Health Service Monday morning.

D. Student Health Service is closed for one week during winter break
   • Oxford Campus – If employee has no injury beyond the exposure (puncture wounds, cuts scrapes), they may make an appointment with Ross Urgent Care Plus (8a.m. – 8 p.m. Monday through Friday and 10 a.m. – 6 p.m. Saturday and Sunday) at 513-856-5944. If the employee sustained any injuries, they should seek immediate treatment in the McCullough-Hyde Hospital Emergency Room.
   • Hamilton Campus – Encourage employee to report to the Emergency Room at Fort Hamilton Hospital.
   • Middletown Campus – Encourage employee to report to the Emergency Room at Middletown Regional Hospital.
Packet Instructions - Supervisors

There are detailed employee instructions in this packet. If possible, assist the employee by going through the instructions with them and assist in completing out required portions of the forms as discussed in the Miami University Employees section.

Follow-ups
The hospital physician may refer the employee back to the Miami University Student Health Service for follow-up treatment and review of laboratory results

Questions?
If you have any questions relating to material in this packet, contact the Environmental Health and Safety Offices at 529-2829.
Packet Instructions

Miami University Student Health Service

The *Post-Exposure Evaluation and Follow-up Packet* was developed to assist Miami University comply with adopted regulations set forth in federal Occupational Safety and Health Administration (OSHA) standards addressing bloodborne pathogens exposures involving our employees. The information sheets and forms contained in this packet will assist you in completing your evaluation and document our collective compliance efforts without disclosing employee medical information.

Employee Disposition

Before proceeding with any post-exposure evaluation or follow-up procedure, please verify that the employee has signed all of the appropriate disposition forms which indicate their consent (or declination) for each process or action.

*If an employee declines a post-exposure evaluation and follow-up procedures:* Indicate their decision on the reverse side of FORM A, *BBP Post-Exposure Medical Form & Incident Report*, and forward to the employees medical records. Please verify that the employee has signed the form.

*If an employee consents to post-exposure evaluation and follow-up procedures:* Have the employee read and sign the appropriate consent forms described below. The employee should have completed the Employee Information, Incident Details, Incident Description, and the Witnesses sections on FORM A, *BBP Post-Exposure Medical Form & Incident Report*. Proceed with completing FORM A.

Forms and Information

The following is a list of forms and information included in this packet and a brief explanation for each:

- **INFO 3** - As required by law, a copy of the *Bloodborne Pathogens standard* is enclosed. For your convenience, the text relating to post-exposure evaluation and follow-up has been highlighted.

- **FORM A** – *BBP Post-Exposure Medical Form & Incident Report*. This form is designed to document details related to the incident and generalized decisions regarding the evaluation, testing of the exposed employee and, if applicable, testing of the source.

- **FORM B** – *Consent/Declination for Medical Evaluation and Follow-up*. A written consent (or declination) to medical procedures conducted by a licensed healthcare professional including prophylaxis, counseling, and evaluation of reported illnesses.

- **FORM C** – *Consent/Declination for Blood Testing*. A written consent (or declination) to baseline blood sampling conducted by a licensed healthcare professional for any or all of the following identified on the form: Hepatitis B (HBV); Hepatitis C (HCV); and human immunodeficiency virus (HIV).

- **FORM D** – *Hepatitis B Vaccination Program Consent/Declination form*. If the treating physician determines that an employee should begin the Hepatitis B vaccination series,
Packet Instructions – Student Health Service

the employee must first read and sign this consent form. The employee has the option to decline the vaccination series as provided on the form.

INFO 2 – HIV and AIDS Fact Sheet. (Self-explanatory)

FORM E – Ohio Department of Health Informed Consent to HIV Antibody Test. Similar to the Consent/Declination for Blood Testing form, a written consent must be provided prior to testing for HIV.

FORM F – Notice of Confidentiality – Source Individual’s Medical Information. An employee involved in an exposure incident may receive medical information about the source individual. This form serves as an agreement by the employee to keep that information confidential.

FORM G – Consent for Blood Collection and Testing of Source Individual. A written consent by the source individual for blood collection to test for Hepatitis B (HBV and human immunodeficiency virus (HIV).

FORM H – Medical Release and Authorization. Permits authorized Miami University staff access to information related to the exposure incident for investigative or recordkeeping purposes relative to regulatory compliance.


FORM J – Sharps Injury Form: Needlestick Report. The nursing supervisor or designee is responsible for completing this form when an employee experiences an occupational exposure incident involving a sharp. Send completed form to EHSO for reporting to the Public Employment Risk Reduction Program. This is the ONLY form to be sent to EHSO.

Upon Completion of the Evaluation and Follow-up
When completed, forward the appropriate forms to Student Health Service Medical Records where they must be maintained for thirty (30) years beyond the employee’s last day of employment.

Questions?
If you have any questions relating to material in this packet, contact the Environmental Health and Safety Offices at 529-2829.
Packet instructions

Hospital Treating Physician
The Post-Exposure Evaluation and Follow-up Packet was developed to assist Miami University comply with adopted regulations set forth in federal Occupational Safety and Health Administration (OSHA) standards addressing bloodborne pathogens exposures involving our employees. The information sheets and forms contained in this packet will assist you in completing your evaluation and document our collective compliance efforts without disclosing employee medical information.

Employee Disposition
Before proceeding with any post-exposure evaluation or follow-up procedure, please verify that our employee has signed all of the appropriate disposition forms which indicate their consent or declination for each process or action.

If a Miami University employee declines a post-exposure evaluation and follow-up procedures: Indicate their decision on the reverse side of FORM A, BBP Post-Exposure Medical Form & Incident Report, and forward to the Director of Miami University Student Health Service, Medical Records Section, 421 Campus Avenue, Oxford, OH 45056. Please verify that the employee has signed the form.

If a Miami University employee consents to post-exposure evaluation and follow-up procedures: Have the employee read and sign the appropriate consent forms described below. The employee should have completed the Employee Information, Incident Details, Incident Description, and the Witnesses sections on FORM A, BBP Post-Exposure Medical Form & Incident Report. Proceed with completing FORM A and with your post-exposure evaluation. Schedule follow-up procedures as necessary.

Forms and Information
The following is a list of forms and information included in this packet and a brief explanation for each:

FORM A – BBP Post-Exposure Medical Form & Incident Report. This form is designed to document details related to the incident and generalized decisions regarding the evaluation, testing of the exposed employee and, if applicable, testing of the source.

FORM B – Consent/Declination for Medical Evaluation and Follow-up. A written consent (or declination) to medical procedures conducted by a licensed healthcare professional including prophylaxis, counseling, and evaluation of reported illnesses.

FORM C – Consent/Declination for Blood Testing. A written consent (or declination) to baseline blood sampling conducted by a licensed healthcare professional for any or all of the following identified on the form: Hepatitis B (HBV); Hepatitis C (HCV); and human immunodeficiency virus (HIV).

FORM D – Hepatitis B Vaccination Program Consent/Declination form. If the treating physician determines that our employee should begin the Hepatitis B vaccination series, our employee must first read and sign this consent form. Our employee has the option to decline the vaccination series as provided on the form.
Packet Instructions – Hospital Treating Physician

FORM E – Ohio Department of Health Informed Consent to HIV Antibody Test. Similar to the Consent/Declination for Blood Testing form, a written consent must be provided prior to testing for HIV.

FORM F – Notice of Confidentiality – Source Individual’s Medical Information. An employee involved in an exposure incident may receive medical information about the source individual. This form serves as an agreement by the employee to keep that information confidential.

FORM G – Consent for Blood Collection and Testing of Source Individual. A written consent by the source individual for blood collection to test for Hepatitis B (HBV and human immunodeficiency virus (HIV)).

FORM H – Medical Release and Authorization. Standard form that will permit authorized Miami University staff access to information related to the exposure incident for investigative or recordkeeping purposes relative to regulatory compliance.

FORM I – Physician’s Written Opinion to Miami University. Paragraph (f)(5) of the OSHA Bloodborne Pathogens standard requires that Miami University obtain a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation. FORM H is a sample opinion letter.

FORM J – Sharps Injury Form: Needlestick Report. The nursing supervisor or designee is responsible for completing this form when an employee experiences an occupational exposure incident involving a sharp. Send completed form to EHSO for reporting to the Public Employment Risk Reduction Program. This is the ONLY form to send to EHSO.

INFO 1 – Hepatitis B Virus and Vaccine Information Sheet. (Self-explanatory)

INFO 2 – HIV and AIDS Fact Sheet. (Self-explanatory)

INFO 3 - As required by law, a copy of the Bloodborne Pathogens standard is enclosed. For your convenience, the text relating to post-exposure evaluation and follow-up has been highlighted.
Packet Instructions – Hospital Treating Physician

Completing the Post-Exposure Evaluation and Follow-up Process

*If follow-up is necessary:* make every effort to refer our employee to the Miami University Student Health Service for additional follow-up treatment and review of laboratory results. Please return all of the ORIGINAL forms in this packet to:

Director
Miami University Student Health Service
Medical Records Section
421 S. Campus Avenue
Oxford, OH 45056

Questions?
Thank you for your participation and assistance. If you have any questions relating to material in this packet, contact the Miami University Environmental Health and Safety Offices in Oxford at 529-9
**Post-Exposure Incident**
Medical Form and Incident Report

### Employee Information
Please print legibly in ink

<table>
<thead>
<tr>
<th>Name of Potentially Exposed Employee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
</tr>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Home Phone Number:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Home Address:</td>
</tr>
<tr>
<td>Number and Street</td>
</tr>
<tr>
<td>City, State, ZIP</td>
</tr>
<tr>
<td>Department:</td>
</tr>
<tr>
<td>Campus Phone Number:</td>
</tr>
<tr>
<td>Job Title/Position:</td>
</tr>
<tr>
<td>Immediate Supervisor:</td>
</tr>
</tbody>
</table>

### Incident Details

<table>
<thead>
<tr>
<th>Exposure occurred on:</th>
<th>OXF</th>
<th>MUH</th>
<th>MUM campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building:</td>
<td>Room Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Location:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Exposure</td>
<td>Time of Exposure</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td>Part(s) of Body Exposed: (e.g. left thumb, right eye)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Type of Exposure: |
| Direct Mucous Membrane Contact/Splash |
| Inhalation |
| Indigestion |
| Parenteral (Sharps) |
| Non-intact Skin Contact |
| Other: | |
| Contaminant: | Blood | Other: |

<table>
<thead>
<tr>
<th>Was anyone else exposed?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>[If YES, see back]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Today’s Date:

### Vaccination Status

| Tetanus: Date of last injection | |
|---------------------------------| |
| Hepatitis B Vaccine |
| q Has not received the Hepatitis B Vaccine |
| q Completed the 3 dose series [month/year] | |
| q Currently enrolled in a vaccination program [dose & dates] | |
| First | Second | Third |
| q Booster [month/year] | |

### Incident Evaluation

<table>
<thead>
<tr>
<th>Was employee performing his/her regular duties at the time of exposure?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was PPE used?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown, If YES, define:</td>
</tr>
<tr>
<td>Did PPE fail?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown, If YES, how:</td>
</tr>
<tr>
<td>Describe decontamination of person exposed:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify decontamination/clean-up of incident scene and disposal of contaminated materials, if applicable:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Incident Description

| |
| |
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| |
| |
| |
| |
| |
| |

| q continued on additional sheet |
### Witnesses

If possible, provide names, addresses, and phone numbers of any other person(s) who may have witnessed the incident:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Potentially Exposed</td>
<td>☐ Miami University Employee</td>
</tr>
<tr>
<td>Name:</td>
<td>Address or Dept:</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tr>
<td>Name:</td>
<td>Address or Dept:</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

### Required Signatures

- ☐ Employee **consented** to post-exposure evaluation and follow-up [continue with Medical Evaluation and Packet Instructions.]
- ☐ Employee **refused** post-exposure evaluation and follow-up [attach signed consent/declination FORM B and refer to Packet Instructions for remittance.]

### Medical Evaluation

**TO BE COMPLETED BY EVALUATING PHYSICIAN**

- Did Employee incur an exposure incident?  ☐ Yes  ☐ No

#### Testing of Exposed Employee

<table>
<thead>
<tr>
<th>Antibody</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepBsAg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Testing of Source

<table>
<thead>
<tr>
<th>Bloodborne Disease</th>
<th>☐ N/A</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepBsAg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Did you or your staff administer:
  - HepB Booster ☐ Yes ☐ No
  - HBIG ☐ Yes ☐ No

- Did the exposed employee receive:
  - Advice regarding HepB immunization ☐ Yes ☐ No
  - Bloodborne disease counseling ☐ Yes ☐ No
  - Follow-up instructions ☐ Yes ☐ No

- Additional treatment:

  - 
  - 
  - 

### Please complete Physician's Written Opinion

- **[sample FORM H]**

- Evaluating Physician: 
- Evaluating Nurse: 
- Date of Evaluation: 

### Source Individual

- Name of Exposure Source:  ☐ Source Unknown

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Social Security Number: 
- Home Phone Number: 
- Address or Dept: 

Review packet instructions for remittance. *Thank you.*
**BLOODBORNE PATHOGENS POST-EXPOSURE**

**MEDICAL EVALUATION AND FOLLOW-UP CONSENT/DECLINATION FORM**

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**Introduction**

Occupational exposure to blood or other potentially infectious materials presents a risk to the exposed employee of acquiring hepatitis B virus (HBV) infection and/or human immunodeficiency virus (HIV). Miami University offers at no cost to any BBP exposed employee a post-exposure medical evaluation and follow-up from a licensed healthcare professional, including (a) post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, (b) counseling, and (c) evaluation of reported illnesses.

Miami University will receive a written opinion from the licensed healthcare professional within fifteen (15) days of the completion of the evaluation. The healthcare professional's opinion shall be limited to whether hepatitis B vaccination is indicated for the exposed employee and if the employee has received such vaccination. The professional's written opinion with respect to medically evaluating the exposed employee, shall be limited to the following: 1) that the exposed employee has been informed of the results of the evaluation; and 2) that the exposed employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

**ALL OTHER FINDINGS AND DIAGNOSES SHALL REMAIN CONFIDENTIAL AND SHALL NOT BE INCLUDED IN THE WRITTEN OPINION.**

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### CONSENT FORM

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 and/or human immunodeficiency virus (HIV)—both serious illnesses. I hereby consent to a post-exposure medical evaluation and follow-up as described above.

<table>
<thead>
<tr>
<th>Exposed Individual Signature</th>
<th>Witness Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed Individual's Social Security Number</td>
<td>Affiliation</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

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### DECLINATION FORM

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 and/or human immunodeficiency virus (HIV)—both serious illnesses. However, I hereby decline post-exposure evaluation and follow-up.

<table>
<thead>
<tr>
<th>Exposed Individual Signature</th>
<th>Witness Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed Individual's Social Security Number</td>
<td>Affiliation</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

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**Note:** Exposed Employee must complete either the Consent Form or Declination Form, but not both.
BLOODBORNE PATHOGENS POST-EXPOSURE
BLOOD TESTING OF EXPOSED EMPLOYEE CONSENT/DECLINATION

Introduction

Miami University offers at no cost to any BBP exposed employee post-exposure blood testing for hepatitis B virus (HBV) infection and/or human immunodeficiency virus (HIV). If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the treating physician must preserve the blood sample for a period of at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested for HIV, such testing shall be performed as soon as feasible (reference the OSHA Bloodborne Pathogens standard 29 CFR 1910.1030(f)(3)(iii)(B)).

The licensed healthcare professional conducting the tests is responsible for providing information concerning the nature of the tests and testing procedures, including the purpose and limitations of the tests as well as the significance of the test results. Any questions you may have regarding the nature of the tests should be directed to the licensed healthcare professional.

CONSENT FORM

[Form]

I, ________________________________, have read and understand the information above. Due to my occupational exposure to blood or other potentially infectious materials, I realize that I may be at risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV)—both serious illnesses—and hereby consent to the following blood collections/tests (check all that apply):

- [ ] Hepatitis B Virus (HBV)
- [ ] Hepatitis C Virus (HCV)
- [ ] Human Immunodeficiency Virus (HIV)

If HIV blood collection was checked, testing is to occur:
- [ ] As soon as feasible
- [ ] Delay up to 90 days

Exposed Individual Signature

Witness Signature

Exposed Individual's Social Security Number

Affiliation

Date

Date

DECLINATION FORM

[Form]

I, ________________________________, have read and understand the information above. Due to my occupational exposure to blood or other potentially infectious materials, I realize that I may be at risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV)—both serious illnesses. However, I hereby decline my right to have blood collected/tested.

Exposed Individual Signature

Witness Signature

Exposed Individual's Social Security Number

Affiliation

Date

Date

Note: Exposed Employee must complete either the Consent Form or Declaration Form, but not both.

BBP Post-Exposure Packet 7-2004 FORM C
INSTRUCTIONS

1. Complete the **Personal Information** section.
2. Read the **Consent** and **Declination** sections.
3. If you are **consenting** to receive the vaccination
   a. Sign and date the **Consent** section;
   b. Take this Consent/Declination form and your Miami University ID to Student Health Service to begin your Hepatitis B vaccination series.

**Note:** If you are **under 18** years of age, a parent or guardian must sign as witness to the Consent.

4. If you are **declining** to receive the Hepatitis B vaccination series at this time, sign and date the **Declination** section and return this form to the BBP Trainer.

**To BBP Trainers:** If the employee declines to participate in the Hepatitis B vaccination series, Miami University must retain the record for three(3) years. File in department's personnel records.

PERSONAL INFORMATION

1. Social Security Number:
2. Printed Name:
3. Birth Date:
4. Under 18? ❑ Yes ❑ No
5. Previous Vaccine: Have you ever received all or part of the Hepatitis B vaccination series? ❑ Yes ❑ No
   If YES, provide month and year:
   ❑ 1st ❑ 2nd ❑ 3rd
6. Department: ❑ Aquatics ❑ OPC ❑ RSC Facility Manager ❑ Sports Medicine ❑ ICA ❑ University Police ❑ Child Studies ❑ Goggin ❑ PFD/Recycling ❑ Other:
7. Job Title:
8. Telephone Number:
9. Supervisor’s Name:
10. Supervisor’s Telephone Number:

DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to receive the Hepatitis B vaccine at no charge to me. However, I decline the Hepatitis B vaccination series at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the Hepatitis B virus that can lead to serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to receive the Hepatitis B vaccination series, I can receive it at no charge to me.

Declining Employee’s Signature and Date

Witness Signature and Date (Required)

FOR OFFICIAL USE ONLY

❑ Parental Consent Attached
❑ Bursar Payable Request
   Date:
❑ Post-Exposure Series
   Comments:

Receipt/Date Stamp
**Human Immunodeficiency Virus**

Before an HIV Antibody test can be given in Ohio, consent is needed. If you have any questions, please ask your doctor or counselor.

1. **What is the HIV Antibody Test?**
   The HIV antibody test is a blood test. The test shows if you have antibodies to the virus that causes AIDS. A sample of your blood will be taken from your arm with a needle. If the first test shows that you have antibodies, a series of tests including a different test will then be done on the same blood sample to make sure the first test was right. A positive test result means that you have been exposed to the virus and are infected. It does not mean that you have AIDS or that you will necessarily become sick with AIDS in the future. A negative test result means that you have probably not infected with the virus. It takes the body time to produce HIV antibodies. If you have been exposed to HIV recently, you need to be retested in several months to make sure you are not infected. Your doctor or counselor will explain this to you.

2. **Voluntary Testing**
   Taking an HIV antibody test is voluntary. You do not have to take the test. Consent may be withdrawn at any time before you leave the premises where your blood is drawn for the test. If you are under age 18, you may consent to be given an HIV test. If you do not wish anyone to know your test results or even that you have been tested, you can go to an anonymous test site. This is a place where you can receive HIV counseling and the HIV test without giving your name or address. You can find the nearest anonymous test site by calling the AIDS Hotline (1-800-332-AIDS).

3. **Behaviors that Pose Risk**
   Most AIDS infections are through certain sexual activities or sharing of intravenous needles. Either anal or vaginal intercourse with an infected individual can transmit the virus. Oral intercourse with an infected individual may also spread the infection. An infected woman can pass the virus on to her unborn child.

4. **What is the Value of an HIV Antibody Test?**
   **If you test negative:**
   - You can learn how to continue to avoid getting infected, ask your counselor for advice. Getting education through counseling is the key to preventing the spread of AIDS.
   **If you test positive:**
   - You can learn how to avoid giving the virus to others.
   - With this information your doctor can take better care of you.
   - If you are a woman or a man thinking about having a baby, you can learn about the risk to your baby.

5. **Confidentiality of Test Results**
   If you take the HIV antibody test, your test results are confidential. Under Ohio Law, confidential HIV related information can only be given to people you allow to have it by signing a release form or to those persons listed below.

6. **Risks Involved with Disclosure and Sources of Help**
   For a list of resources for further counseling or support, ask your doctor or counselor. If you have further questions about HIV antibody testing, you may contact the Ohio AIDS Hotline (1-800-332-AIDS).

7. **For More Information**
   For a list of resources for further counseling or support, ask your doctor or counselor. If you have further questions about HIV antibody testing, you may contact the Ohio AIDS Hotline (1-800-332-AIDS).

**Who Can Receive HIV Related Information?**
Under Ohio State Public Health Law, HIV related information is confidential and may only be given to: (A) YOU; (B) Your legal guardian; (C) Your spouse or sexual partner; (D) Person authorized by you or your guardian in written release; (E) Your physician; (F) The Department of Health or a health commissioner; (G) Agencies involved in screening your donated blood parts; (H) Health care facility groups conducting program reviews; (I) Law enforcement authorities with a search warrant or a subpoena; (J) Health care providers who are treating or caring for you. You have the right to ask the person who tested you if HIV related information has been released to anyone listed above.

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I have reviewed the information in the Informed Consent to HIV Antibody Test Series form. My questions about the HIV test have been answered. I agree to participate in the HIV antibody test series which includes initial testing and follow-up testing at six (6) weeks, twelve (12) weeks, six (6) months, and one (1) year.

**Notice:** Dates of blood collections and test results are kept on file with the physician of record or at The Miami University Student Health Service and will not be disclosed without your expressed written consent.

Signature of person who will be tested (or guardian, if appropriate) __________________________

Date __________________________

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BBP Post-Exposure Packet 7-2004 FORM E
Introduction

Occupational exposure to blood or other potentially infectious materials presents a risk to the exposed employee of acquiring hepatitis B virus (HBV) infection and/or human immunodeficiency virus (HIV). Miami University offers at no cost to any BBP exposed employee a post-exposure medical evaluation and follow-up from a licensed healthcare professional, including (a) post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, (b) counseling, and (c) evaluation of reported illnesses.

As a result of becoming exposed to another person’s blood or other potentially infectious body materials, an exposed employee may receive medical information (e.g., regarding the hepatitis B virus (HBV) or human immunodeficiency virus (HIV)) from test results of a consenting source individual*. This information must be accepted and maintained in a strictly confidential manner and is disclosed only for the purpose of assisting the exposed employee in obtaining appropriate medical care. Any such confidential medical information concerning the source individual shall only be disclosed by the exposed employee to the healthcare professional providing post-exposure medical evaluation and follow-up. THE EXPOSED EMPLOYEE AND HIS/HER HEALTHCARE PROVIDER SHALL MAKE NO DISCLOSURE OF SAID MEDICAL INFORMATION WITHOUT A SPECIFIC WRITTEN AND INFORMED CONSENT SIGNED BY THE SOURCE INDIVIDUAL.

AGREEMENT

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 and/or human immunodeficiency virus (HIV)—both serious illnesses. I have read and understand the above information regarding the confidentiality of a source individual’s medical information. Therefore, I hereby agree with and will abide by the terms of this notice.

Exposed Individual Signature ____________________________ Witness Signature ____________________________

Exposed Individual’s Social Security Number ____________________________ Affiliation ____________________________

Date ____________________________ Date ____________________________

"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. 29 CFR 1910.1030(b)
BLOODBORNE PATHOGENS POST-EXPOSURE
BLOOD COLLECTION AND TESTING OF SOURCE INDIVIDUAL
CONSENT

Introduction

You have been involved in an incident during which your blood or other body fluids have come in direct contact with an employee of Miami University. In order to provide proper medical follow-up for the exposed employee, you are requested to submit to blood collection and testing for the hepatitis B virus (HBV), hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). All costs for HBV, HCV, and HIV testing will be paid by Miami University. The tests are voluntary and you may withdraw your consent at any time. The test results will only be disclosed to the exposed employee and the licensed healthcare provider evaluating/treating the exposed employee relative to his/her exposure incident. THE EXPOSED EMPLOYEE AND HIS/HER HEALTHCARE PROVIDER SHALL MAKE NO DISCLOSURE OF SAID MEDICAL INFORMATION WITHOUT A SPECIFIC WRITTEN AND INFORMED CONSENT SIGNED BY YOU, THE SOURCE INDIVIDUAL.

A “Source Individual”, by regulatory definition, 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. (Ref. 29 CFR 1910.1030(b))

CONSENT

I, ________________________________, have read and understand the above information regarding the request to have my blood collected and tested for specific pathogenic bloodborne viruses. Due to an exposure to my blood or other potentially infectious materials, I realize that someone may be at risk of acquiring hepatitis B virus (HBV), hepatitis C (HCV), and/or human immunodeficiency virus (HIV)—all serious illnesses. I understand that the tests are voluntary, that I may withdraw my consent at any time, and that the test results will be disclosed only to the exposed employee and the licensed healthcare provider evaluating/treating the exposed employee relative to his/her exposure incident. Therefore, I hereby consent to the following blood collections/tests (check those that apply):

❑ Hepatitis B Virus (HBV)  ❑ Hepatitis C Virus (HCV)  ❑ Human Immunodeficiency Virus (HIV)

________________________________________  ________________________________
Source Individual Signature  Witness Signature

________________________________________  ________________________________
Source Individual Address  Affiliation or Address

________________________________________  ________________________________
Date  Date
To Whom It May Concern:

In accordance with Industrial Commission rule 4121-17-30 and “as provided in Division (C) of Section 4123.651 of the Revised Code, the claimant shall promptly provide a current signed release of medical information, records, and reports relative to the issues necessary for the administration of the claim when requested by the employer.”

I the undersigned do release medical information to Miami University or its authorized representative. I authorize any physician, hospital, medical attendant, insurance company, state or federal agency to provide Miami University or its authorized representative any medical information, records, and reports they may have acquired regarding my occupational exposure/injury/illness.

Employee/Claimant: ________________________________

Social Security Number: ________________________________

Employer: MIAMI UNIVERSITY

______________________________
Employee/Claimant Signature

______________________________
Date
Today’s Date

From: Luke Servanti, M.D.
Medical Director - Life Ministries, Inc.
Damascus Road, Suite #901
Galatia, Ohio  43085
Telephone: (614) 555-1212 Fax: (614) 555-1212

Re: BBP Post-Exposure Evaluation and Follow-up

Employee Name: __________________________

To Whom It May Concern:

The aboved named employee was evaluated on (date) __________________________ as the result of a reported potential exposure to bloodborne pathogens which occurred in the performance of his or her employment duties. This letter complies with paragraph (f)(5) of the federal OSHA Bloodborne Pathogens standard regarding employer receipt of the evaluating healthcare professional's written opinion within 15 days after the evaluation was completed.

The patient has been informed of the results of the evaluation and was provided counsel and/or literature regarding any medical condition(s) resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. The Hepatitis B vaccination (was) (was not) indicated for the employee and he/she (did) (did not) receive such vaccination.

Please file with your injury reporting system as appropriate.

Sincerely,

Luke Servanti, M.D.
Diplomate ABM

Remit to:

Director
Environmental Health and Safety Office
55 Hughes Hall
Oxford, OH  45056
**Sharps Injury Form**

**Needlestick Report**

**Instructions:** This form is to be used to report needlestick or sharps injuries to the personnel in your organization responsible for reporting such incidents to the Public Employment Risk Reduction Program. It is preferred that your public employer report all incidents via the Internet. Numbered items match the website’s reporting form thereby assisting your public employers designated personnel in the collection of data prior to reporting. Please fill out the form as completely as possible and forward to:

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**PUBLIC EMPLOYER INFORMATION**

1) Employer: _____________________________ 2) Facility: _____________________________ RISK #: _____________________________

3) Address: _____________________________ 5) State: OH 6) Zip Code: __________ 7) County: _____________________________

4) City: _____________________________

Address of reporter if different from facility where injury occurred (no P.O. boxes): _____________________________

8) Date Reported: __________ By: __________ Phone: __________

**INJURY INFORMATION**

9) Date of Injury: __________ 10) Time of Injury: __________ 11) Age of Injured: __________ 12) Sex of Injured: ☐ Male ☐ Female

13) Type of Sharp: Needle

☐ Blood gas syringe ☐ Insulin syringe with needle ☐ IV catheter- loose ☐ Needle connected to IV line

☐ Needle factory-attached to syringe ☐ Other nonsuture needle ☐ Other syringe with needle

☐ Prefilled cartridge syringe (i.e. Tubex-type) ☐ Syringe- other ☐ Tuberculin syringe with needle ☐ Vacuum tube collection

☐ Winged steel needle

Surgical Instrument (non glass)

☐ Lancet ☐ Other nonglass sharp ☐ Scalpel ☐ Staples ☐ Suture needle ☐ Trocar ☐ Wire

Glass

☐ Ampule ☐ Blood tube ☐ Other glass ☐ Other tube ☐ Slide

14) Brand (Fill in brand name or “unknown”): _____________________________ 15) Model Number: _____________________________

16) Job classification of injured person:

☐ Aide (e.g.: CNA/HHA) ☐ Chiropractor ☐ CRNA/NP ☐ EMT/Paramedic ☐ Firefighter

☐ Housekeeper/laundry ☐ LPN ☐ Maintenance ☐ MD/DO ☐ Other ☐ PA ☐ Phlebotomist/lab tech

☐ Respiratory therapist ☐ RN ☐ Road crew ☐ School personnel (not nurse) ☐ Sewer & Sanitation ☐ Surgery assistant/OR tech

17) Employment status of injured person:

☐ Contractor/Contract employee ☐ Employee ☐ Other ☐ Student ☐ Volunteer

18) Type of location/facility/agency in which sharps injury occurred:

☐ Bloodbank/center/mobile ☐ Clinic ☐ Correctional facility ☐ EMS/fire/police

☐ Home health ☐ Hospital ☐ Laboratory (freestanding) ☐ Other ☐ Outpatient treatment (e.g.. dialysis -infusion therapy)

☐ Radiology ☐ Residential facility (e.g. MHMR-shelter) ☐ School

19) Work area where sharps injury occurred (pick best choice):

☐ Autopsy/pathology ☐ Blood bank/center/mobile ☐ Central Sterile

☐ Critical care unit ☐ Dialysis room/center ☐ Emergency dept. ☐ EMS/Fire response ☐ Field (non EMS)

☐ Floor - not patient room ☐ Home ☐ Infirmary ☐ Laboratory ☐ L&D ☐ Medical/outpatient clinic ☐ OR

☐ Patient/resident room ☐ Pre-op or PACU ☐ Procedure room ☐ Radiology ☐ Roadside park ☐ Seclusion room

☐ Service/utility area (e.g.. laundry) ☐ Sewage treatment facility ☐ Other

20) Original intended use of sharp:

☐ Contain specimen/pharmaceutical ☐ Cutting (surgery) ☐ Draw arterial sample ☐ Draw venous sample

☐ Drilling ☐ Electrocautery ☐ Finger stick/heel stick ☐ Heparin or saline flush ☐ Injection - IM ☐ Injection - SC/ID

☐ Obtain body fluid/tissue sample ☐ Other injection/aspiration IV ☐ Start IV or set up heparin lock ☐ Suturing - deep

☐ Suturing - skin ☐ Unknown/NA ☐ Wiring ☐ Other
21) Did injury occur... □ Before □ After □ During ...the sharp was used for its intended purpose?

22) If the exposure occurred “during” or “after” the sharp was used, was it: □ Because you were bumped during the procedure

□ Found in an inappropriate place (e.g. table-bed-trash) □ OR procedure -reaching for or passing instrument □ while disassembling

□ While putting sharp into container □ While recapping □ Other

23) Involved body part: □ Arm (but not hand) □ Face/head/neck □ Hand □ Leg/foot □ Torso (front or back)

24) Did the device being used have any engineered sharps injury protection?: □ Yes □ No □ Don’t Know

25) Was the protective mechanism activated?: □ Yes □ No □ Don’t Know

26) Was the injured person wearing gloves?: □ Yes □ No □ Don’t Know

27) Had the injured person completed a hepatitis B vaccination series?: □ Yes □ No □ Don’t Know

28) Was there a sharps container readily available for disposal of the sharp?: □ Yes □ No □ Don’t Know

29) Had the injured person received training on the exposure control plan in the 12 months prior to the incident?: □ Yes □ No □ Don’t Know

30) Exposed employee; If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?:

□ Yes □ No

Explain: ________________________________________________________________

31) Exposed employee; Do you have an opinion that any other engineering, administrative, or workpractice control could have prevented the injury?:

□ Yes □ No

Explain: ________________________________________________________________
HEPATITIS B – FACT SHEET
(Revised 1/00)

What is hepatitis B?
Hepatitis B is a serious liver disease caused by the hepatitis B virus (HBV) that results in liver cell damage, and can lead to scarring of the liver (cirrhosis) and increased risk of liver cancer in some patients. More than 200,000 people of all ages get hepatitis B each year in the U.S. Approximately 90-95% of adults will recover within six months and not contract HBV again. However, blood tests will always show that they have been infected with HBV and blood banks will not accept their blood. Approximately 2-10% of adults and 25-90% of children under the age of five that are infected with HBV are unable to clear the virus within six months and are considered to be chronically infected, commonly called hepatitis B carriers.

What are the symptoms?
Many people with acute hepatitis B have no symptoms at all, or they may be very mild and flu-like including loss of appetite, nausea, fatigue, muscle or joint aches, and mild fever. About 25 - 35% of the patients may notice dark urine, yellowing of the skin and eyes (jaundice), or light colored stools. A few patients have a more severe course of illness and may die of fulminant (overwhelming) hepatic failure within a short period of time after getting sick.

How is HBV passed from one person to another?
HBV is transmitted through contact with body fluids containing HBV, such as blood, semen and vaginal secretions (menses). Thus, anyone who is exposed to blood or body fluids of an infected person is at risk of contracting HBV. Hepatitis B is most commonly passed from person to person through sexual contact. It also can be passed through exposure to sharp instruments contaminated with infected blood, such as tattooing, body piercing and acupuncture needles, sharing of razors, nail files, or toothbrushes with an infected person, following human bites, or through blood received before hepatitis B testing was available (1975). In about 30%-40% of cases, the method of passing the virus to others is unrecognized. The virus can survive outside of the body for at least 7 days on a dry surface and is 100 times more contagious than HIV (the virus that causes AIDS). People at risk include:

- injection drug users;  
- hemophiliacs and hemodialysis patients;  
- persons engaging in anal sex;  
- blood transfusion recipients (before 1975);  
- those who live in a household with an infected person;  
- babies born to infected mothers;  
- anyone having sexual contact with an HBV carrier;  
- prisoners and others in long-term facilities;  
- anyone with multiple sex partners;  
- travelers to developing countries;  
- persons in occupations that have contact with blood;  
- adoptees from countries with high rates of HBV.

How will I know if I have hepatitis?
The only way to know if you are currently infected with HBV or if you are a carrier of the virus is to have a specific blood test for HBV. The test will not show positive during the incubation period (1-12 weeks) prior to the development of symptoms or evidence of hepatitis in the blood. Ask your doctor to test you for HBV, as it is not usually included in routine blood tests. There are three standard blood tests for HBV.

- HBsAg (hepatitis B surface antigen): When this test is positive or reactive, you are infected with HBV and are presumed to be infectious.

- Anti-HBc (antibody to hepatitis B core antigen): When you test positive, it means you are currently infected with HBV or have been infected at some time in the past.

  - Anti-HBs (antibody to HBsAg): When this test is positive, it means that you are immune to hepatitis B or have been given the hepatitis B vaccine. A few patients who are carriers of HBV also may have this antibody present in the blood.
**Will hepatitis B always become chronic (long-lasting)?**

People who have not cleared HBV from their blood within 6 months are considered to be chronically infected and are called hepatitis B carriers. There are about 1 million persons chronically infected with HBV in the U.S. at the present time. Babies born to HBV-infected mothers are at high risk of becoming chronically infected with HBV compared to adults who are at a much lower risk. Usually a person with chronic HBV infection has no signs or symptoms of infection and can unknowingly pass HBV to others. In some patients, HBV continues its silent attack on the liver, eventually causing cirrhosis (scarring) or cancer of the liver. Cirrhosis slows the blood flow through the liver and causes greatly increased pressure in the portal vein that carries nutrients from the stomach and intestines to the liver. As a result, varicose veins may develop in the stomach and esophagus and, without warning, these large veins can break, causing a person to vomit blood or have black, tarry stools (bowel movements). A pregnant woman who is an HBV carrier can pass the infection on to her newborn baby at birth. Eighty-five - 90% of babies infected at birth will become carriers or chronically infected, reducing their life expectancy. About 4,000 people die each year in the U.S. due to liver problems related to HBV.

**What should you do if you are chronically infected with HBV?**

Remember that your blood and other body fluids can pass HBV to others although you may not feel or look sick. You should never have unprotected sex unless your sexual partner has had hepatitis B vaccine or is already immune. All members of your household should receive hepatitis B vaccine. You should cover sores and rashes with bandages and do not let anyone use a toothbrush, razor, or other sharp instruments that you have used. Any household surfaces that become contaminated with your blood or body fluids should be cleaned with a diluted household bleach solution (1 cup of bleach to 10 cups of water).

You should not drink alcohol as it may cause additional damage to your liver. Avoid combining drugs, prescribed or over-the-counter, with alcohol. Don’t share chewing gum or pre-chew food for babies. Tell your physician what medications you are taking. An HBV carrier should see a physician every six months to a year to have liver function tests.

**Is there a treatment for HBV?**

While there is no treatment for acute hepatitis B, there are two approved treatments for chronic hepatitis B: interferon alfa-2b and lamivudine. Only patients with active HBV replication are candidates. The drugs should not be given together. Overall, about 35% of patients treated with injections of interferon for 4 to 6 months will have a long-term response. The response to oral lamivudine, given for at least one year, may be somewhat lower but the most effective duration of therapy remains uncertain. Lamivudine is very well tolerated but viral resistance to treatment may occur. Interferon therapy often results in a number of side effects such as: flu-like symptoms, fatigue, headache, nausea and vomiting, loss of appetite, depression, and hair thinning. Because interferon may depress the bone marrow, blood tests are needed to monitor white blood cells, platelets. Liver enzymes are monitored during treatment with both drugs. Patients with chronic hepatitis B should consider being vaccinated against hepatitis A. Other treatments for HBV are under study.

**What can I do if I am exposed to HBV?**

If you have not been vaccinated and have been exposed to an HBV infected person’s blood through sex or other contact; you should receive hepatitis B immune globulin (HBIG) within 14 days of exposure. The vaccine series should also be started. Newborns exposed to HBV at birth should receive HBIG plus the hepatitis B vaccine within 12 hours of birth and two or three additional doses of vaccine within 6 - 12 months. Check with your doctor or local health department if you think you have been exposed to HBV through sexual contact or other types of exposure.
Is there a vaccine for HBV?

There are safe and effective vaccines for hepatitis B. The usual schedule is first injection, then a second one in 1 month, and a third one 5 months later. Children receiving the second and third injections may be given a combined vaccine that includes Haemophilus influenza type b (Hib) and HBV. The HBV vaccine provides protection for at least 12 years, and possibly a lifetime. It will not “cure” a person who is already infected. The Centers for Disease Control and Prevention recommend that all newborns receive hepatitis B vaccine. Babies born to infected mothers should also receive hepatitis B immune globulin (HBIG) within twelve hours of birth. All children should be vaccinated by 11 years of age; however, all adolescents should be vaccinated. Your doctor should have the vaccine, however, call first to find out.

Is the Hepatitis B vaccine safe?

Hepatitis B vaccines have been shown to be very safe when given to infants, children, or adults. More than 20 million persons have received hepatitis B vaccines in the U.S., and over half a billion persons worldwide. The most common side effects from hepatitis B vaccination are pain at the injection site and mild to moderate fever. Studies show that these side effects are reported no more frequently among those vaccinated than among persons not receiving the vaccine.

Is there a support group for HBV?

The Hepatitis Foundation International has a support network by phone called PATS (Patient Advocacy/Information Telecommunication System). You can talk to other individuals with hepatitis B from the privacy of your own home. Call HFI for a registration form.

What more can I do?

Try to maintain as normal a life as possible eating a well balanced diet, exercising and keeping a positive attitude. Avoid depressing or overwhelming tasks and learn how to pace yourself, rest when you feel tired. Plan physically exhausting tasks in the morning when your energy level is at its peak.

Advances in understanding this disease are being made every day. HFI will keep you informed through our newsletter, HEPATITIS ALERT.

Form 22-B 01/00
HEPATITIS FOUNDATION INTERNATIONAL
30 Sunrise Terrace, Cedar Grove, NJ 07009-1423, U.S.A.
Phone: 800-891-0707 FAX: 973-857-5044
E-mail: mail@hepfi.org
What is HIV and how can I get it?

HIV - the human immunodeficiency virus - is a virus that kills your body’s "CD4 cells." CD4 cells (also called T-helper cells) help your body fight off infection and disease. HIV can be passed from person to person if someone with HIV infection has sex with or shares drug injection needles with another person. It also can be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breast-feeds her baby.

What is AIDS?

AIDS - the acquired immunodeficiency syndrome - is a disease you get when HIV destroys your body’s immune system. Normally, your immune system helps you fight off illness. When your immune system fails you can become very sick and can die.

What do I need to know about HIV?

The first cases of AIDS were identified in the United States in 1981, but AIDS most likely existed here and in other parts of the world for many years before that time. In 1984 scientists proved that HIV causes AIDS.

Anyone can get HIV. The most important thing to know is how you can get the virus.

You can get HIV:
* By having unprotected sex- sex without a condom- with someone who has HIV. The virus can be in an infected person’s blood, semen, or vaginal secretions and can enter your body through tiny cuts or sores in your skin, or in the lining of your vagina, penis, rectum, or mouth.
* By sharing a needle and syringe to inject drugs or sharing drug equipment used to prepare drugs for injection with someone who has HIV.
* From a blood transfusion or blood clotting factor that you got before 1985. (But today it is unlikely you could get infected that way because all blood in the United States has been tested for HIV since 1985.)

Babies born to women with HIV also can become infected during pregnancy, birth, or breast-feeding.

You cannot get HIV:
* By working with or being around someone who has HIV.
* From sweat, spit, tears, clothes, drinking fountains, phones, toilet seats, or through everyday things like sharing a meal.
* From insect bites or stings.
* From donating blood.
* From a closed-mouth kiss (but there is a very small chance of getting it from open-mouthed or "French" kissing with an infected person because of possible blood contact).

How can I protect myself?

* Don’t share needles and syringes used to inject drugs, steroids, vitamins, or for tattooing or body piercing. Also, don’t share equipment ("works") used to prepare drugs to be injected. Many people have been infected with HIV, hepatitis, and other germs this way. Germs from an infected person can stay in a needle and then be injected directly into the next person who uses the needle.
* Don’t have sex.
* Or, if you do make this decision, have sex only with one partner who you know doesn’t have HIV and is only having sex with you. The more sex partners you have, the greater your chances are of getting HIV or other diseases passed through sex.
* Use a latex condom every time you have sex, including oral and anal sex. If you are allergic to latex, there is a polyurethane (a type of plastic) condom that you can try. There also is a condom that women can use to protect themselves. **Don’t use lambskin condoms - they might not protect you against HIV.**
* Don’t share razors or toothbrushes because of the possibility of contact with blood.
* If you are pregnant or think you might be soon, talk to a doctor or your local health department about being tested for HIV. Drug treatments are available to help you and reduce the chance of passing HIV to your baby if you have it.

**How do I know if I have HIV or AIDS?**

You might have HIV and still feel perfectly healthy. The only way to know for sure if you are infected or not is to be tested. Talk with a knowledgeable health care provider or counselor both before and after you are tested. You can go to your doctor or health department for testing or buy a home collection kit (for testing for HIV antibodies) at many pharmacies. To find out where to go in your area for HIV counseling and testing, call your local health department or the CDC National AIDS Hotline, at 1-800-342-AIDS (2437).

Your doctor or health care provider can give you a confidential HIV test. The information on your HIV test and test results are confidential, just as your other medical information. This means it can be shared only with people authorized to see your medical records. You can ask your doctor, health care provider, or HIV counselor at the place you are tested to explain who can obtain this information. For example, you may want to ask whether your insurance company could find out your HIV status if you make a claim for health insurance benefits or apply for life insurance or disability insurance.

In many states, you can be tested anonymously. These tests are usually given at special places known as anonymous testing sites. When you get an anonymous HIV test, the testing site records only a number or code with the test result, not your name. A counselor gives you this number at the time your blood, saliva, or urine is taken for the test, then you return to the testing site (or perhaps call the testing site, for example with home collection kits) and give them your number or code to learn the results of your test.

You are more likely to test positive for (be infected with) HIV if you:

* Have ever shared injection drug needles and syringes or "works."
* Have ever had sex without a condom with someone who had HIV.
* Have ever had a sexually transmitted disease, like chlamydia or gonorrhea.
* Received a blood transfusion or a blood clotting factor between 1978 and 1985.
* Have ever had sex with someone who has done any of those things

**What can I do if the test shows I have HIV?**

Although HIV is a very serious infection, many people with HIV and AIDS are living longer, healthier lives today, thanks to new and effective treatments. It is very important to make sure you have a doctor who knows how to treat HIV. If you don’t know which doctor to use, talk with a health care professional or trained HIV counselor. If you are pregnant or are planning to become pregnant, this is especially important.

There also are other things you can do for yourself to stay healthy. Here are a few:

* Follow your doctor’s instructions. Keep your appointments. Your doctor may prescribe medicine for you. Take the medicine just the way he or she tells you to because taking only some of your medicine gives your HIV infection more chance to grow.
* Get immunizations (shots) to prevent infections such as pneumonia and flu. Your doctor will tell you when to get these shots.
* If you smoke or if you use drugs not prescribed by your doctor, quit.
* Eat healthy foods. This will help keep you strong, keep your energy and weight up, and help your body protect itself.
* Exercise regularly to stay strong and fit.
* Get enough sleep and rest.
How can I find out more about HIV and AIDS?
You can call the CDC National AIDS Hotline at 1-800-342-2437 (Spanish/ Español: 1-800-344-7432; TTY access: 1-800-243-7889). The Hotline is staffed with people trained to answer your questions about HIV and AIDS in a prompt and confidential manner. Staff at the Hotline can offer you a wide variety of written materials and put you in touch with organizations in your area that deal with HIV and AIDS.


For more information about living with HIV or AIDS, call:

Free referrals and information:
CDC National AIDS Hotline English: (800) 342-AIDS(2437)
(24 hours/day)
Spanish: (800) 344-SIDA(7432)
(8 am - 2 am EST)
(including STDs)
TTY: (800) 243-7889
(Deaf and Hard of Hearing)
(Deaf and Hard of Hearing)
(8 am - 2 am EST)
(24 hours/day)

Free materials:
CDC National Prevention Information Network
(800) 458-5231
1-301-562-1098 (International)
P.O. Box 6003
Rockville, MD 20849-6003

Free HIV/AIDS treatment information:
AIDS Treatment Information Service (ATIS) (800) 448-0440

Drugs undergoing clinical trials:
AIDS Clinical Trials Information Service (ACTIS) (800) 874-2572

Social Security benefits:
Social Security Administration (800) 772-1213

You also may request a personal earnings and benefit estimate statement to help you estimate the retirement, disability, and survivor benefits payable on your Social Security record.

Child Health Insurance Program
1-877-KIDS NOW
(1-877-543-7669)

CDC Division of HIV/AIDS Prevention Internet address: http://www.cdc.gov/hiv

Revised: March 2000
Centers for Disease Control & Prevention
National Center for HIV, STD, and TB Prevention
Divisions of HIV/AIDS Prevention
(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

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

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

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

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

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

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

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

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

"Sterilize" means the use of 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
(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.
(d)(2)(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
(d)(2)(iii) Employers shall provide handwashing facilities which are readily accessible to employees.
(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.
(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.
(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.
(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.
(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.
(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.
(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:
(d)(2)(viii)(A) puncture resistant;
(d)(2)(viii)(B) labeled or color-coded in accordance with this standard;
(d)(2)(viii)(C) leakproof on the sides and bottom; and
(d)(2)(viii)(D) in accordance with the requirements set forth in paragraph
(d)(2)(vii)(E) for reusable sharps.
(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.
(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.
(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.

(d)(2)(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(d)(3) Personal Protective Equipment.

(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.

(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 judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(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.

(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.

(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.

(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.

(d)(3)(vii) All personal protective equipment shall be removed prior to leaving the work area.

(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.

(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.

(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.

(d)(3)(ix)(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(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.

(d)(3)(ix)(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is compromised.

(d)(3)(ix)(D)(1) Periodically reevaluate this policy;

(d)(3)(ix)(D)(2) Make gloves available to all employees who wish to use them for phlebotomy;
(d)(3)(ix)(D)(3) Not discourage the use of gloves for phlebotomy; and
(d)(3)(ix)(D)(4) Require that gloves be used for phlebotomy in the following circumstances:
[i] When the employee has cuts, scratches, or other breaks in his or her skin;
[ii] When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
[iii] When the employee is receiving training in phlebotomy.
(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.
(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.
(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).
(d)(4) Housekeeping.
(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.
(d)(4)(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
(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.
(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.
(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.
(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.
(d)(4)(iii)(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.
(d)(4)(iii) Regulated Waste.
(d)(4)(iii)(A)(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
(d)(4)(iii)(A)(1)(a) Closable;
(d)(4)(iii)(A)(1)(b) Puncture resistant;
(d)(4)(iii)(A)(1)(c) Leakproof on sides and bottom; and
(d)(4)(iii)(A)(1)(d) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.
(d)(4)(iii)(A)(2) During use, containers for contaminated sharps shall be:
(d)(4)(iii)(A)(2)(a) 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);
(d)(4)(iii)(A)(2)(b) Maintained upright throughout use; and
(d)(4)(iii)(A)(2)(c) Replaced routinely and not be allowed to overfill.
(d)(4)(iii)(A)(3) When moving containers of contaminated sharps from the area of use, the containers shall be:
(d)(4)(iii)(A)(3)(a) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
(d)(4)(iii)(A)(3)(b) Placed in a secondary container if leakage is possible. The second container shall be:
(d)(4)(iii)(A)(3)(b)(ii) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
(d)(4)(iii)(A)(3)(b)(iii) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.
(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.
(d)(4)(iii)(B) Other Regulated Waste Containment.
(d)(4)(iii)(B)(1) Regulated waste shall be placed in containers which are:
(d)(4)(iii)(B)(1)(a) Closable;
(d)(4)(iii)(B)(1)(b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
(d)(4)(iii)(B)(1)(c) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
(d)(4)(iii)(B)(1)(d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
(d)(4) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(d)(4)(ii)(B)(2)(a) Closable;
(d)(4)(ii)(B)(2)(b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
(d)(4)(ii)(B)(2)(c) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
(d)(4)(ii)(B)(2)(d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(ii)(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.

(d)(4)(iv) Laundry.

(d)(4)(iv)(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(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.

(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.

(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.

(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.

(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).

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

(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.

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

(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.

(e)(2)(ii) Special Practices

(e)(2)(ii)(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.

(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.
(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.

(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.

(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.

(e)(2)(iii) Containment Equipment.

(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.

(e)(2)(iii)(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

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

(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.

(e)(3)(ii) An autoclave for decontamination of regulated waste shall be available.

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

(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.

(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.

(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.

(e)(4)(iv) Access doors to the work area or containment module shall be self-closing.

(e)(4)(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(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).

(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).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

(f)(1) General.

(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.

(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:

(f)(1)(ii)(A) Made available at no cost to the employee;

(f)(1)(ii)(B) Made available to the employee at a reasonable time and place;

(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

(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).

(f)(1)(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(f)(2) Hepatitis B Vaccination.

(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.

(f)(2)(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(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.

(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.

(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).
(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:
(f)(3)(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
(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;
(f)(3)(iii)(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.
(f)(3)(iii)(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.
(f)(3)(iii)(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.
(f)(3)(iii) Collection and testing of blood for HBV and HIV serological status;
(f)(3)(iii)(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
(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.
(f)(3)(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
(f)(3)(v) Counseling; and
(f)(4) Information Provided to the Healthcare Professional.
(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.
(f)(4)(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
(f)(4)(ii)(A) A copy of this regulation;
(f)(4)(ii)(B) A description of the exposed employee's duties as they relate to the exposure incident;
(f)(4)(ii)(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
(f)(4)(ii)(D) Results of the source individual's blood testing, if available; and
(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.
(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.
(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.
(f)(5)(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
(f)(5)(ii)(A) That the employee has been informed of the results of the evaluation; and
(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.
(f)(5)(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.
(f)(6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.
(g) Communication of Hazards to Employees.
(g)(1) Labels and Signs.
(g)(1)(i) Labels.
(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).
(g)(1)(i)(B) Labels required by this section shall include the following legend:

**BIOHAZARD**

(For Illustration of Biohazard symbol, refer to regulation)

(g)(1)(i)(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
(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.
(g)(1)(i)(E) Red bags or red containers may be substituted for labels.
(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).
(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.
(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.
(g)(1)(i)(I) Regulated waste that has been decontaminated need not be labeled or color-coded.
(g)(1)(ii) Signs.
(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**

(For Illustration of Biohazard symbol, refer to regulation)

(Name of the Infectious Agent) (Special requirements for entering the area) (Name, telephone number of the laboratory director or other responsible person.)
(g)(1)(ii)(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.
(g)(2) Information and Training.
(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.
(g)(2)(ii) Training shall be provided as follows:
(g)(2)(ii)(A) At the time of initial assignment to tasks where occupational exposure may take place;
(g)(2)(ii)(B) Within 90 days after the effective date of the standard; and
(g)(2)(ii)(C) At least annually thereafter.
(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.
(g)(2)(iv) Annual training for all employees shall be provided within one year of their previous training.
(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.
(g)(2)(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
(g)(2)(vii) The training program shall contain at a minimum the following elements:
(g)(2)(vii)(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;
(g)(2)(vii)(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;
(g)(2)(vii)(C) An explanation of the modes of transmission of bloodborne pathogens;
(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;
(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;
(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;
(g)(2)(vii)(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
(g)(2)(vii)(H) An explanation of the basis for selection of personal protective equipment;
(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;
(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;
(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;
(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;
(g)(2)(vii)(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and
(g)(2)(vii)(N) An opportunity for interactive questions and answers with the person conducting the training session.
(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.
(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.
(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.
(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.
(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.
(h) Recordkeeping.
(h)(1) Medical Records.

(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.

(h)(1)(ii) This record shall include:

(h)(1)(iii)(A) The name and social security number of the employee;

(h)(1)(iii)(B) A copy of the employee's hepatitis B vaccination status including all dates of the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(h)(1)(iii)(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(h)(1)(iii)(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(h)(1)(iii)(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

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

(h)(1)(iii)(A) Kept confidential; and

(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.

(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.

(h)(2) Training Records.

(h)(2)(i) Training records shall include the following information:

(h)(2)(i)(A) The dates of the training sessions;

(h)(2)(i)(B) The contents or a summary of the training sessions;

(h)(2)(i)(C) The names and qualifications of persons conducting the training; and

(h)(2)(i)(D) The names and job titles of all persons attending the training sessions.

(h)(2)(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(h)(3) Availability.

(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.

(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.

(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 copying to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(h)(4) Transfer of Records.

(h)(4)(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(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.

(i) Dates.

(i)(1) Effective Date. The standard shall become effective on March 6, 1992.

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

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


1910.1030 App A: Hepatitis B Vaccine Declination (Mandatory)

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