

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

- (6) Under section (f) (2) of the standard, hepatitis B vaccination must be offered to all employees who have occupational exposure to blood or other potentially infectious materials (OPIM). However, as a matter of policy, violations will be considered de minimis and citations will not be issued when designated first aid providers who have occupational exposure are not offered the pre-exposure hepatitis B vaccine if the following conditions exist:
- (a) The primary job assignment of such designated first aid providers is not the rendering of first aid.
 - 1 Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
 - 2 This provision does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary or other location where injured employees routinely go for such assistance, nor does it apply to any health care, emergency or public safety personnel who are expected to render first aid in the course of their work.
 - (b) The employee's Exposure Control Plan specifically addresses the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual "exposure incident," as defined by the standard, occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-up for those employees who experience an "exposure incident" including:
 - 1 Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.
 - a The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.
 - The description must include a determination of whether or not, in addition to the presence of blood or other potentially infectious materials, an "exposure incident," as defined by the standard, occurred.
 - This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by section (f) (3) of the standard are made available immediately if there has been an "exposure incident" as defined by the standard.

Definitions for the Purposes of this
Exposure Control Plan

Antibody	a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
Amniotic Fluid	the fluid surrounding the embryo in the mother's womb.
Antigen	any substance which stimulates the formation of an antibody.
Biohazard Label	a label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	pathogenic (disease producing) 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).
Cerebrospinal Fluid	a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
Clinical Laboratory	a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
Contaminated	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharp	any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.
Decontamination	the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
Director	the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
Employee	an individual employed or permitted to work in a healthcare, industrial or other facility or operation who may be exposed to bloodborne pathogens in the course of their assignments.
Engineering Controls	controls (i.e., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Control Plan	a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.
Exposure Determination	how and when occupational exposure occurs and which job classifications are at risk of exposure without regard to the use of personal protective equipment.
Exposure Incident	a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Handwashing Facilities	a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV	Hepatitis B Virus.
HIV	Human Immunodeficiency Virus.
Licensed Healthcare Professional	a person whose legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
Medical Consultation	a consultation which takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucus	a thick liquid secreted by mucous glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
Mucous Membranes	a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
Occupational Exposure	a 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.
OSHA	the Occupational Safety and Health Administration of the U.S. Department of Labor; the federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
Other Potentially Infectious Materials (OPIM)	(1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, 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	piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.
Pathogen	a bacteria or virus capable of causing infection or disease.
Pericardial Fluid	fluid from around the heart.
Pericardium	the sheath of tissue encasing the heart.
Peritoneal Fluid	the clear, straw-colored serous fluid secreted by the cells of the peritoneum.
Peritoneum	the lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells.
Personal Protective Equipment	specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment 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 membrane under normal conditions of use and for the duration of time which the protective equipment is used.
Phlebotomy	bloodletting.
Pleural	the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.

Pleural Fluid	fluid from the pleural cavity.
Production Facility	a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
Prophylaxis	the measures carried out to prevent diseases.
Regulated Waste	liquid or semi-liquid 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	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.
Serous Fluids	liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
Source Individual	any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.
Sterilize	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	the clear, amber fluid usually present in small quantities in a joint of the body (i.e., knee, elbow).

Universal Precautions	an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Vascular	pertaining to or composed of blood vessels.
Work Practice Controls	controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Person(s) Involved: _____

Potentially Infectious Materials Involved:

Type: _____

Source: _____

Circumstances (what was occurring at the time of the incident): _____

How was the incident caused (accident, equipment malfunction, etc.)? List any tool, machine or equipment involved: _____

Personal protective equipment being used at the time of the incident: _____

Actions taken (decontamination, clean-up, reporting, etc.): _____

Recommendations for avoiding repetition of incident: _____

The following is an example from the Allegan Intermediate School District's Temporary Standard on Control and Transmission of Bloodborne Pathogens in School of a written procedure for handling contaminated laundry in a school setting:

Soiled Laundry - All Departments

1. Personnel handling contaminated laundry will wear gloves.
2. All soiled linens will be immediately placed in a red plastic bag and securely tied. All soiled linen bags will be placed in plastic-lined linen carts in various work units.
3. Classroom personnel will be responsible for transporting soiled linen bags to the laundry cart location.
4. Bags containing linen heavily soiled with blood, feces or other highly contaminated material will be labeled as such. If it is felt that the outside of the red bag may be contaminated, that bag should be "double bagged" into another red bag.

See Model Plan, page 3, b. Housekeeping and Waste Procedures, for explanation of Standard requirements for cleaning and decontamination of work surfaces, waste containers, contaminated equipment and sharps, as well as laundry.

7/1/93

HEPATITIS B VACCINATION RECORD OR DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given 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.

OPTION 1

I, _____, have completed the following inoculations using:

_____ Recombivax-HB Vaccine or _____ Enerix-B Vaccine

--Inoculation 1 Date: _____ Given at: _____
--Inoculation 2 Date: _____ Given at: _____
--Inoculation 3 Date: _____ Given at: _____

OR

_____ See attached medical form for additional information.

OPTION 2

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

I have been informed about hepatitis B and the vaccine and at this time I am choosing:

_____ to complete the vaccination series (Option 1).
_____ to decline the vaccination series at this time (Option 2).

Employee Name (please print): _____

Employee Signature: _____

Date: _____

EMPLOYEE MEDICAL RECORD CHECKLIST

NAME: _____

SOCIAL SECURITY NUMBER: _____

BUILDING: _____

JOB CLASSIFICATION: _____

_____ Copy of employee's hepatitis B vaccination record or declination form (see Appendix H). Attach any additional medical records relative to hepatitis B.

_____ Brief description of exposure incident: _____

_____ Date: _____

Log and attach all results of examinations, medical testing, and follow-up procedures:

_____ Log and attach this district's copy of information provided to the healthcare professional:

_____ Accident report (see Appendix F)

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

_____ Log and attach the district's copy of the healthcare professional's written opinion.

**INFORMATION AND TRAINING OF EMPLOYEES WITH
POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS**

Date(s) of Training: _____

Trainer(s) Name and Qualifications: _____

Names and Job Titles of all Employees Attending This Training: (Attached)

Agenda and/or Materials Presented to Training Participants Include:

- _____ An accessible copy of the text of the OSHA Standard.
- _____ A general explanation of the epidemiology and symptoms of bloodborne diseases.
- _____ An explanation of the modes of transmission of bloodborne pathogens.
- _____ An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
- _____ An explanation of the appropriate methods for recognizing tasks/activities that involve exposure to blood and other potentially infectious materials.
- _____ An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e., engineering controls, work practices, and personal protective equipment.
- _____ Information on the types, proper use, location removal, handling, decontamination and disposal of personal protective equipment.
- _____ An explanation of the basis for selection of personal protective equipment.
- _____ Information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- _____ Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- _____ An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- _____ Information on the post-exposure evaluation and follow-up that is provided.
- _____ An explanation of the signs, symbols and color-coding of biohazards.
- _____ A question and answer session between the trainer(s) and employee(s).
- _____ Provision of a list of contacts with the school districts and the health community that can be resources to the employees if they have questions after training.

Signature of Training Coordinator: _____

RESOURCES FOR SCHOOLS

Questions regarding:

General Information

Comprehensive School Health Unit
Michigan Department of Education
(517) 373-7247

Cheboygan-Otsego-Presque Isle ISD
Linda Smith, Health Trainer/Consultant
(616) 238-9394

Michigan Office of Safety and Health
Michigan Department of Public Health
(517) 335-8250

Michigan Association of School Nurses
Nancy Birchmeier
(313) 937-2530

Exposure

Centers for Disease Control
AIDS Hotline
1-800-342-AIDS

American Liver Foundation
Hepatitis B
1-800-223-0179

Local public health department

Education and Training

Local hospital - infection control manager
Local public health department

Michigan School Business Officials
Dennis Carpenter
(517) 372-7836

Michigan State Medical Society
Speakers Bureau
(517) 337-1351

Mark P. Karchon, D.O.
(313) 682-0550 and
Alice Turner, BSN

Ruth Anne Rye, RN
Saginaw Community Hospital
Infection Control Manager
(517) 790-7709

Pontiac Osteopathic Hospital
(313) 338-5000 ext. 3420

National School Transportation Academy
Bob Cross
(616) 335-9900

Waste Disposal

Local waste disposal service company
Local hospital
Local public health department