Controlling Occupational Exposure to Bloodborne Pathogens in Dentistry

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA 3129
1992

Report Documentation Page

Report Date	Report Type	Dates Covered (from... to)
00001992	N/A	-

Title and Subtitle Controlling Occupational Exposure to Bloodborne Pathogens in Dentistry	**Contract Number**
	Grant Number
	Program Element Number
Author(s)	**Project Number**
	Task Number
	Work Unit Number
Performing Organization Name(s) and Address(es) U.S. Department of Labor Occupational Safety & Health Administration 200 Constitution Avenue Washington, DC 20210	**Performing Organization Report Number** OSHA 3129
Sponsoring/Monitoring Agency Name(s) and Address(es)	**Sponsor/Monitor's Acronym(s)**
	Sponsor/Monitor's Report Number(s)

Distribution/Availability Statement
Approved for public release, distribution unlimited

Supplementary Notes

Abstract
Traditionally, infection control measures to protect both patients and staff have been an important part of dental practice. Evidence compiled by the Centers for Disease Control regarding the risk of diseases such as hepatitis B and AIDS as the result of occupational exposure indicates, however, that additional measures are needed to protect dental health care employees who are at risk. According to the Occupational Safety and Health Administration (OSHA) estimates, more than 300,000 dental health care workers are at risk of exposure to the hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Subject Terms

Report Classification unclassified	**Classification of this page** unclassified
Classification of Abstract unclassified	**Limitation of Abstract** UU

Number of Pages
32

The information contained in this publication is not considered a substitute for any provisions of the Occupational Safety and Health (OSH) Act of 1970 or for any standards issued by OSHA.

This information will be made available to sensory impaired individuals upon request.
Voice phone: (202) 523-8615;
TDD message referral phone: 1-800-326-2577

Controlling Occupational Exposure to Bloodborne Pathogens in Dentistry

U.S. Department of Labor
Lynn Martin, Secretary

Occupational Safety and Health Administration
Dorothy L. Strunk, Acting Assistant Secretary

OSHA 3129
1992

Contents

Illustrations

Introduction

Traditionally, infection control measures to protect both patients and staff have been an important part of dental practice. Evidence compiled by the Centers for Disease Control regarding the risk of diseases such as hepatitis B and AIDS* as the result of occupational exposure indicates, however, that additional measures are needed to protect dental health care employees who are at risk. According to the Occupational Safety and Health Administration (OSHA) estimates, more than 300,000 dental health care workers are at risk of exposure to the hepatitis B virus (HBV) and human immunodeficiency virus (HIV) [1].

This booklet offers assistance to dentists and dental employees involved in clinical procedures in understanding and complying with Federal OSHA's standard for *Occupational Exposure to Bloodborne Pathogens,* published on December 6, 1991, in *Title 29 Code of Federal Regulations (CFR) 1910.1030,* and is in effect as of March 6, 1992 (see Table 1 for compliance calendar).

Federal OSHA authority extends to all private sector employers with one or more employees, as well as federal civilian employers.** States administering their own occupational safety and health programs, must adopt standards and enforce requirements that are at least as effective as federal requirements (see listing at the end of this booklet for states with approved plans).

This booklet outlines the requirements of the standard and informs dental health care employers and employees of the risks of occupational exposure to bloodborne pathogens and how to reduce these risks.

The bloodborne pathogens standard is designed to protect employees. It is anticipated, however, that the measures outlined in this standard will benefit patients as well as employees.

---

* Acquired Immune Deficiency Syndrome

** Public sector employees in non-state plan states have neither federal nor state coverage under the rule.

Table 1. Compliance Calendar

Effective Date of the Standard	3/6/92
Exposure Control Plan	5/5/92
Information and Training of Employee Hazard Communication	6/4/92
Recordkeeping	6/4/92
Engineering/Work Practices	7/6/92
Personal Protective Equipment	7/6/92
Hepatitis B Vaccination and Post-Exposure Followup	7/6/92
Labels and Signs	7/6/92
Housekeeping	7/6/92
Other Provisions	7/6/92

Who Is Covered?

The OSHA standard protects employees—dentists who work as employees, dental hygienists, dental laboratory technicians, dental assistants, and other dental health care employees—who have **occupational exposure** to bloodborne pathogens.

"Occupational exposure" means a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties. "Bloodborne pathogens" means pathogenic microorganisms present in human blood that can cause disease. "Other potentially infectious" materials include certain human body fluids, including saliva in dental procedures, and any body fluid visibly contaminated with blood.

The bloodborne pathogens standard describes how to determine who is covered and the ways to reduce workplace exposure to bloodborne pathogens. The first step is a written exposure control plan.

Exposure Control Plan

As required under the standard, a written exposure control plan is required that provides documentation of the following key elements:

- Identification of **job classifications** and, in some cases, tasks where there is exposure to blood and other potentially infectious materials;

- A **schedule** of how and when the provisions of the standard will be implemented, including schedules and methods for communication of hazards to employees, hepatitis B vaccination and post-exposure evaluation and followup, recordkeeping and implementation of the methods of compliance, such as
  —engineering and work practice controls,
  —personal protective equipment,
  —housekeeping, and

- **Procedures** for evaluating the circumstances of an exposure incident.

The schedule of how and when the provisions of the standard will be implemented may be a calendar with brief notations describing the methods, or an annotated copy of the standard, or part of another document, such as the infection control plan.

The written exposure control plan must be accessible to employees and must be updated at least annually and when alterations in procedures create new occupational exposure. Planning begins with identifying employees who have occupational exposure.

Who Has Occupational Exposure?

The exposure determination must be based on the definition of occupational exposure **without regard to the use of personal protective clothing and equipment.** The exposure determination is made by reviewing job classifications within the practice setting, and then making a list divided into two groups. The first group includes job classifications in which **all** of the employees have occupational exposure, such as clinical dental hygienists. Where all employees have occupational exposure, it is not necessary to list specific work tasks. The second group includes those classifications in which **some** of the employees have occupational exposure. Where only some employees have exposure, specific tasks and procedures or groups of tasks and procedures causing exposure must be listed. An example would be a dental practice with two or more receptionists, where one of the receptionists might be assigned the task of filling in for the dental assistant. When employees with occupational exposure have been identified, the next step is to communicate the hazards to these employees.

Communicating Hazards to Employees

The initial training for dental employees must be provided within 90 days of the effective date of the bloodborne pathogens standard, at no cost to the employee, and during working hours. Training is also required for new employees at the time of initial assignment to tasks with occupational exposure or when job tasks change, causing a change in occupational exposure. Annual retraining for all affected employees must be provided. If employees have received training on bloodborne pathogens in the year preceding the standard, only training in those areas required by the standard and which was not included in the previous training needs to be provided. This training could be included in training on other aspects of office safety, such as infection control and chemical hazards.

Training sessions must be comprehensive in nature, yet appropriate for the educational level, literacy, and language of employees, and provide the opportunity for interactive questions and answers. The person conducting the training must be knowledgeable in the program components as they relate to dentistry.

Specifically, the training program, as a minimum, must include the following:

- An accessible copy of the regulatory text of the standard and an explanation of its content;
- An explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the employer's written exposure control plan and how to obtain a copy;
- How to recognize occupational exposure;
- The methods to control occupational transmission of bloodborne pathogens;
- How to select, use, remove, handle, decontaminate, and dispose of personal protective clothing and equipment;
- Information on the hepatitis B vaccine and vaccination, the availability of vaccine, and that vaccination is available at no cost to the employee;
- Information on emergencies involving blood and other potentially infectious materials;
- An explanation of the reporting mechanisms for exposure incidents;
- Information on the post-exposure evaluation and followup available by a health care professional when an exposure incident occurs;
- An explanation of labels, signs, and other markings for contaminated materials, such as instruments and laundry; and
- A question and answer session on any aspects of the training.

In addition to communicating hazards to dental employees and providing training to identify and control hazards, other preventive measures must be taken to ensure employee protection.

Preventive measures such as hepatitis B vaccination, universal precautions, engineering controls, safe work practices, personal protective equipment, and housekeeping measures help reduce the risks of occupational exposure.

Preventive Measures

Hepatitis B Vaccination

Hepatitis B vaccination must be made available within 10 working days of initial assignment to every employee whose job classification or tasks result in occupational exposure. Hepatitis B vaccination and vaccine must be made available without cost to the employee, at a reasonable time and place for the employee, and by or under the supervision of a licensed health care professional.* The employer must provide the health care professional with a copy of the bloodborne pathogens standard. The health care professional will provide the employer with a written opinion stating whether hepatitis B vaccination is indicated for the employee or if the employee has received such vaccination.

Employers are not required to offer hepatitis B vaccination (a) to employees who have previously completed the hepatitis B vaccination series, (b) when immunity is confirmed through antibody testing, or (c) if the vaccine is contraindicated for medical reasons. Employees may decline antibody testing and still be vaccinated. Following appropriate training about hepatitis B and vaccination, employees who still decline the vaccination must sign a statement to that effect (see Appendix A). Employees who continue to be at occupational risk for hepatitis B may request and obtain the vaccination at a later date. The hepatitis B vaccination series must be administered according to the current guidelines of the U.S. Public Health Service, including recommendations made in the future for routine booster doses. (For current information on the U.S. Public Health Service's recommendations on hepatitis B vaccination, dentists may call the Centers for Disease Control: DISEASE INFORMATION HOTLINE (404) 332-4555.)

---

*A person, such as a physician or nurse practitioner, whose legal scope of practice allows them to perform the hepatitis B vaccination and post-exposure and followup required in the standard.

Universal Precautions

The single most important measure to control transmission of HBV and HIV is to treat all human blood and other potentially infectious materials AS IF THEY WERE infectious for HBV and HIV. Application of this approach to infection control is referred to as "Universal Precautions." **Blood and saliva from all dental patients are considered potentially infectious materials** [2]. These fluids cause **contamination** defined in the standard as. "the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface."

Control Measures

Engineering and Work Practices

Engineering and work practice controls are the primary methods used to control the transmission of HBV and HIV in the dental setting. Personal protective clothing and equipment are also necessary when occupational exposure to bloodborne pathogens remains even after instituting these controls.

Engineering controls, as they apply to the dental operatory, isolate or remove the hazard from employees. Rubber dams, high-speed evacuators, and special containers for contaminated sharp instruments are examples of engineering controls. Engineering controls must be examined and maintained, or replaced, on a scheduled basis. These engineering controls are used in combination with work practice controls.

Work practice controls reduce the likelihood of exposure by altering the manner in which the task is performed. All procedures must be performed in such a manner as to minimize splashing, spraying, spattering, and generating droplets of blood or other potentially infectious materials. This can be as simple as readjusting the position of the dental chair. Work practice requirements include the following:

- Washing hands immediately, or as soon as feasible, after skin contact with blood or other potentially infectious materials occurs and after removing gloves or other personal protective equipment;

- Flushing mucous membranes immediately or as soon as feasible if they are splashed with blood or other potentially infectious materials;

- Prohibiting recapping, bending, or removing contaminated needles from syringes—unless required by the dental or medical procedure—in which case must be done by mechanical means, such as the use of forceps, or using a one-handed technique. For example, recapping is permitted when administering multiple injections of local anesthesia;

- Eliminating the shearing and breaking of contaminated needles;

- Discarding contaminated needles, disposable sharps (such as endodontic files or dental wires with exposed ends) in containers that are closable, puncture-resistant, leakproof, colored red or labeled with the biohazard symbol*shown in Figure 1. (These containers must be easily accessible, maintained upright, and not allowed to overfill);

- Placing contaminated, **reusable** sharp instruments in containers that are puncture-resistant, leakproof, colored red or labeled with the biohazard symbol until properly processed. (Reusable sharps must **not** be stored or processed in such a way that employees are required to reach **by hand** into the container to retrieve the instruments);

- Prohibiting eating, drinking, smoking, applying cosmetics, and handling contact lenses in areas where there is occupational exposure, such as in a dental operatory or reprocessing areas;

- Eliminating the storage of food and drink in refrigerators, cabinets or shelves, or on countertops where blood or other potentially infectious materials are present; and

- Storing, transporting, or shipping blood or other potentially infectious materials—such as extracted teeth, tissue, and impressions that have not been decontaminated—in containers that are closed, prevent leakage, colored red, or affixed with the biohazard label.

In addition to instituting engineering and work practice controls, the standard requires that appropriate personal protective equipment also be used to reduce worker risk of exposure.

---

*Labeling requires a fluorescent orange or orange-red label with the biological hazard symbol, along with the word "BIOHAZARD" in a contrasting color, affixed to the bag or container.

Figure 1. Biohazard Symbol

Personal Protective Equipment

Personal protective equipment is specialized clothing or equipment worn by employees to protect themselves from exposure to blood or other potentially infectious materials. Personal protective equipment must not allow blood or other potentially infectious materials to pass through to clothing, skin, or mucous membranes.

The employer has the following responsibility for personal protective equipment, at the employer's expense:

- Providing, maintaining, and replacing;
- Ensuring accessibility in appropriate sizes;
- Providing hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives if the employee has an allergy to the gloves usually provided;
- Ensuring employee use; and
- Laundering and discarding.

Gloves, clinic jackets, lab coats, and chin-length face shields, or the combination of masks with eye protection (such as glasses with solid side shields or goggles) must be worn whenever splashes, spray, spatter, or droplets of blood or other infectious materials may be generated. Cotton or cotton/polyester clinic jackets or lab coats are usually satisfactory barriers for routine dental procedures.

When surgical procedures are performed involving large quantities of blood—for example, in trauma surgery—additional personal protective equipment such as long-sleeved gowns, are required. **Remember: The selection of personal protective equipment is based upon the quantity and type of exposure expected.**

Requirements for personal protective equipment also include the following:

- Face protection can be accomplished using a chin-length face shield or a combination of mask with eye protection.
- Goggles or eye glasses with solid side shields or face shields can provide adequate eye protection.
- Clinic jackets, lab coats, gowns, and other protective clothing and equipment must be removed immediately or as soon as feasible when penetrated by blood or other infectious materials, and prior to leaving the work area.
- Gloves must be worn when it is reasonably anticipated that an employee will have hand contact with blood or saliva during procedures; when performing vascular access procedures; or when handling instruments, materials, and surfaces that are contaminated.
- Disposable gloves must be replaced upon the completion of the dental procedure, or if torn or punctured during the procedure.
- Disposable gloves are not to be reused.
- Utility gloves used for cleanup may be decontaminated for reuse, but must be discarded if they are deteriorated or fail to function as a barrier.
- Contaminated personal protective equipment must be placed in an appropriately designated area or container for storing, washing, decontaminating, or discarding.

Housekeeping

Equipment. The employer must ensure a clean and sanitary workplace. Work surfaces, equipment, and other reusable items must be decontaminated with disinfectant upon completion of procedures when contamination occurs through splashes, spills, or other contact with blood and other potentially infectious materials.

If surfaces, equipment, and other items (such as light handles or trays) have been protected with coverings (such as plastic wrap or foil), these materials must be replaced when contaminated or at the end of the workshift. Reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated, must be inspected and decontaminated on a regular basis and when visibly contaminated.

Broken glass that may be contaminated may be cleaned up with a brush or tongs; but never picked up with hands, even if gloves are worn.

Equipment that has had contact with blood or other potentially infectious materials and serviced either on-site or shipped out of the facility for maintenance or other service, must be decontaminated to the extent feasible or labeled as a biohazard indicating which parts were not able to be decontaminated.

Waste. Waste removed from the facility may be regulated by a combination of local, state, and federal laws. To comply with the bloodborne pathogens standard special precautions are necessary when disposing of contaminated sharps and other **regulated waste.***

Contaminated disposable sharps must be placed in containers that are closable, puncture resistant, leakproof, and are colored red or labeled. Other regulated waste generated from dental procedures also must be contained in closable bags or containers that prevent leakage and are colored red or labeled. A secondary container is necessary for containers that are contaminated on the outside. The secondary container also must be closable, prevent leakage, and be color-coded or labeled (see Table 2).

Laundry. Contaminated laundry shall be handled as little as possible with minimum agitation. Laundering contaminated articles, including employee clinic jackets and lab coats used as personal protective equipment, is the responsibility of the employer. This can be accomplished through the use of a washer and dryer in a designated area on-site, or the contaminated articles can be sent to a commercial laundry that processes contaminated laundry.

---

*Liquid or semi-liquid blood or other potentially infectious materials; items contaminated with blood or other potentially infectious materials that would release these substances 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.

Table 2. Labeling Requirements

Item	No Label Needed If Universal Precautions Are Used and Specific Use of Container or Item Is Known to All Employees		Biohazard Label		Red Container
Regulated waste container (e.g., contaminated sharps containers)			X	or	X
Reusable contaminated sharps container (e.g., surgical instruments soaking in a tray)			X	or	X
Refrigerator/freezer holding blood or other potentially infectious material			X		
Containers used for storage, transport or shipping of blood			X	or	X
Blood/Blood products for clinical use	**No labels required**				
Individual specimen containers of blood or other potentially infectious materials remaining in facility	X	or	X	or	X
Contaminated equipment needing service (e.g., dialysis equipment; suction apparatus)			X **plus a label specifying where the contamination exists**		
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal			X	or	X
Contaminated laundry	*	or	X	or	X
Contaminated laundry sent to another facility that does not use Universal Precautions			X	or	X

*Alternative labeling or color coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

The care and laundering of general work clothes, for example, uniforms used to provide a professional appearance and not used as personal protective equipment, are not the responsibility of the employer.

- Contaminated laundry must be placed in bags or containers that are red or that are marked with the biohazard symbol. If the office uses *Universal Precautions* in handling **all** soiled laundry, alternative labeling is permitted, provided that all employees are appropriately trained and recognize that the bags contain contaminated laundry.

- If the laundry is sent off site for cleaning, it must be in bags or containers that are clearly marked with the biohazard symbol, unless the laundry facility utilizes *Universal Precautions* in the handling of all soiled laundry.

- If contaminated laundry is wet, the bags or containers must prevent leakage and soak-through.

- Gloves and other appropriate personal protective equipment must always be worn when handling contaminated laundry.

As already indicated, the above preventive measures are intended to eliminate or minimize the risks of occupational exposure in dental facilities. In the event that an exposure incident occurs, however, there are certain required procedures to use.

What to do if an Exposure Incident Occurs

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. An example of an exposure incident would include a puncture from a contaminated sharp instrument.

The employer is responsible for establishing the procedure for evaluating exposure incidents. When evaluating an exposure incident, thorough assessment and confidentiality are critical issues. Employees should immediately report exposure incidents to their employer to initiate a timely followup process by a health care professional. Such a report initiates the procedure for a prompt request for evaluation of the source individual's HBV and HIV status.

The employee who has had an exposure incident must be directed to a health care professional. The employer must provide the health care professional with a copy of the bloodborne pathogens standard;

a description of the employee's job duties as they relate to the incident; a report of the specific exposure incident (accident report), including routes of exposure; the results of the source individual's blood tests, if available; and relevant employee medical records, including their vaccination status. At that time, a baseline blood test to establish the employee's HIV and HBV status will be drawn, if the employee consents. The employee has the right to decline testing or to delay HIV testing for up to 90 days. During this time, the health care professional must preserve the employee's blood sample.

The "source individual" is any patient whose blood or body fluids are the source of an exposure incident to the employee. Testing the source individual's blood cannot be done in most states without written consent. The results of the source individual's blood tests are confidential and should be directed only to the attending health care professional.

As soon as possible, test results of the source individual's blood must be made available to the exposed employee through consultation with the health care professional.

Following the post-exposure evaluation, the health care professional will provide a written opinion to the employer. This opinion is limited to a statement that the employee has been informed of the results of the evaluation and told of the need, if any, for further evaluation or treatment. All other findings are confidential. The employer must provide a copy of the written opinion to the employee within 15 days of the evaluation. Requirements for the medical record and training records are discussed in the next section on recordkeeping.

Recordkeeping

There are two types of employee-related records required by the bloodborne pathogens standard: medical and training.

A medical record must be established for each employee with occupational exposure. This record is confidential and separate from other personnel records. This record may be kept on-site or may be retained by the health care professional who provides services to the dental health care employees. The medical record contains the hepatitis B vaccination status, including the dates of the hepatitis B vaccination and the written opinion of the health care professional regarding the hepatitis B vaccination.

If an occupational exposure incident occurs, reports are added to the medical record to document the incident and the results of testing following the incident, as well as the written opinion of the health care

professional. The medical record also must indicate what documents have been provided to the health care provider. Medical records must be maintained 30 years past the last date of employment of the employee.

The **confidentiality** of medical records must be emphasized. No medical record or part of a medical record is to be disclosed **except** to the employee or anyone having written consent of the employee; to representatives of the Secretary of Labor, upon request; or as required or permitted by state or federal law.

Training records document each training session and must be kept by the employer for **3** years. Training records must include the date of the training, a content outline, the trainer's name and qualifications, and names and job titles of all persons attending the training sessions.

If the employer ceases to do business, medical and training records are transferred to the successor employer. If there is no successor employer, the employer must notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, for specific directions regarding disposition of the records at least 3 months prior to their intended disposal.

Upon request, both medical and training records must be made available to the Assistant Secretary of Labor, Occupational Safety and Health. Training records must be available to employees or employee representatives upon request. Medical records can be obtained by the employee or anyone having the employee's written consent. (For further information about employee access to medical and exposure records, see *Title 29 CFR 1910.20 (e) Access to Employee Exposure and Medical Records.)* Additional recordkeeping is required for employers with 11 or more employees (see *Title 29 CFR 1904 Recordkeeping Guidelines for Occupational Injuries and Illnesses).*

Other Sources of OSHA Assistance

Consultation Programs

Consultation assistance is available to employers who want help in establishing and maintaining a safe and healthful workplace. Largely funded by OSHA, the service is provided at no cost to the employer. Primarily developed for smaller employers with more hazardous operations, the consultation service is delivered by state government agencies or universities employing professional safety consultants and health consultants.

Comprehensive assistance includes an appraisal of all mechanical, physical work practice, and environmental hazards of the workplace and all aspects of the employer's present job safety and health program. No penalties are proposed or citations issued for hazards identified by the consultant.

For more information concerning consultation assistance, see the list of consultation projects in Appendix B.

Voluntary Protection Programs

Voluntary protection programs, along with onsite consultation services, when coupled with an effective enforcement program, expand worker protection to help meet the goals of the OSH Act. The three VPPs—Star, Merit, and Demonstration—are designed to recognize outstanding achievement by companies that have successfully incorporated comprehensive safety and health programs into their total management system. They motivate others to achieve excellent safety and health results in the same outstanding way and they establish a cooperative relationship between employers, employees, and OSHA.

For additional information on VPPs and how to apply, contact the OSHA national, regional, or area offices listed at the end of this publication.

Training and Education

OSHA's area offices offer a variety of informational services, such as publications, audiovisual aids, technical advice, and speakers for special engagements. Each regional office has a bloodborne pathogens coordinator to assist employers.

OSHA's Training Institute in Des Plaines, IL, provides basic and advanced courses in safety and health for federal and state compliance officers, state consultants, federal agency personnel, and private sector employers, employees, and their representatives.

OSHA also provides funds to nonprofit organizations, through grants, to conduct workplace training and education in subjects where OSHA believes there is a lack of workplace training. Current grant subjects include agricultural safety and health, hazard communication programs, and HIV and HBV. Grants are 23 awarded annually, with a 1-year renewal possible. Grant recipients are expected to contribute

For more information on grants, and training and education, contact the OSHA Training Institute, Office of Training and Education, 1555 Times Drive, Des Plaines, IL 60018, (708) 297-4810.

For more information on AIDS, contact the Centers for Disease Control National AIDS Clearinghouse at 1-800-458-5231.

References

[1] "Occupational Exposure to Bloodborne Pathogens." *Title 29 CFR 1910.1030. Federal Register 56 (235): 64004-64182.* December 6. 1991.

[2] Centers for Disease Control. "Recommendations for the Prevention of HIV Transmission in Health Care Settings." *MMWR.* August 21, 1987, Vol. 36, No. 2S.

Appendix A

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

STATEMENT:

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

_____ _____

Employee Signature Date

Appendix B

States with Approved Plans

States administering their own occupational safety and health programs through plans approved under section 18(b) of the Occupational Safety and Health Act of 1970 must adopt standards and enforce requirements that are at least as effective as federal requirements.

There are currently 25 state plan states: 23 cover the private and public (state and local government) sectors and 2 cover the public sector only.

COMMISSIONER
Alaska Department of Labor
P.O Box 21149
Juneau, AK 99801
(907) 465-2700

DIRECTOR
Industrial Commission of Arizona
800 W. Washington
Phoenix, AZ 85007
(602) 542-5795

DIRECTOR
California Department of
Industrial Relations
455 Golden Gate Avenue
4th Floor
S. San Francisco, CA 94102
(415) 703-4590

COMMISSIONER
Connecticut Department of Labor
200 Folly Brook Boulevard
Wethersfield, CT 06109
(203) 566-5123

DIRECTOR
Hawaii Department of Labor and
Industrial Relations
830 Punchbowl Street
Honolulu, HI 96813
(808) 548-3150

COMMISSIONER
Indiana Department of Labor
1013 State Office Building
100 North Senate Avenue
Indianapolis, IN 46204-2287
(317) 232-2665

COMMISSIONER
Iowa Division of Labor Services
1000 E. Grand Avenue
Des Moines, IA 50319
(515) 281-3447

ACTING COMMISSIONER
for Workplace Standards
Kentucky Labor Cabinet
1049 U.S. Highway, 127 South
Frankfort, KY 40601
(502) 564-3070

COMMISSIONER
Maryland Division of Labor
and Industry
Department of Licensing
and Regulation
501 St. Paul Place, 2nd Floor
Baltimore, MD 21202-2272
(301) 333-4179

DIRECTOR
Michigan Department of Labor
Victor Office Center
201 N. Washington Square
P.O. Box 30015
Lansing, MI 48933
(517) 373-9600

DIRECTOR
Michigan Department
of Public Health
3423 North Logan Street B
ox 30195
Lansing, MI 48909
(517) 335-8022

COMMISSIONER
Minnesota Department
of Labor and Industry
443 Lafayette Road
St. Paul, MN 55155
(612) 296-2342

DIRECTOR
Nevada Department
of Industrial Relations
Division of Occupational
Safety and Health
Capitol Complex
1370 S. Curry Street
Carson City, NV 89710
(702) 687-3032

SECRETARY
New Mexico Environment Dept.
Occupational Health
and Safety Bureau
1190 St. Francis Drive
P.O. Box 26110
Santa Fe, NM 87502
(505) 827-2850

COMMISSIONER
New York Department of Labor
State Office Building-
Campus 12-Room 457
Albany, NY 12240
(518) 457-2741

COMMISSIONER
North Carolina
Department of Labor
4 West Edenton Street
Raleigh, NC 27601
(919) 733-7166

ADMINISTRATOR
Oregon Occupational Safety
and Health Division
Oregon Department of Insurance
and Finance, Room 160
Labor and Industries Building
Salem, OR 97310
(503) 378-3272

SECRETARY
Puerto Rico Department of
Labor and Human Resources
Prudencio Rivera
Martinez Building
505 Munoz Rivera Avenue
Hato Rey, PR 00918
(809) 754-2119

COMMISSIONER
South Carolina
Department of Labor
3600 Forest Drive
P.O. Box 11329
Columbia, SC 29211-1329
(803) 734-9594

COMMISSIONER
Tennessee Department of Labor
501 Union Building
Suite "A"-2nd Floor
Nashville, TN 37243-0655
(615) 741-2582

ADMINISTRATOR
Utah Occupational
Safety and Health
160 East 300 South
P.O. Box 5800
Salt Lake City, UT 84110-5800
(801) 530-6900

COMMISSIONER
Vermont Department of
Labor and Industry
120 State Street
Montpelier, VT 05620
(802) 828-2765

COMMISSIONER
Virgin Islands
Department of Labor
2131 Hospital Street
Box 890
Christiansted
St. Croix, VI 00840-4666
(809) 773-1994

COMMISSIONER
Virginia Department of
Labor and Industry
Powers-Taylor Building
13 South 13th Street
Richmond, VA 23219
(804) 786-2376

DIRECTOR
Washington Department of
Labor and Industries
General Administration Building
Room 334-AX-31
Olympia, WA 98504-0631
(206) 753-6307

DIRECTOR
Department of Employment
Division of Employment Affairs
Occupational Safety and
Health Administration
Herschler Building, 2nd Floor East
122 West 25th Street
Cheyenne, WY 82002
(307) 777-7786 or 777-7787

Consultation Project Directory

Consultation programs provide free services to employers who request help in identifying and correcting specific hazards, want to improve their safety and health programs, and/or need further assistance in training and education. Funded by OSHA and delivered by well-trained professional staff of state governments, consultation services are comprehensive, and include an appraisal of all workplace hazards, practices, and job safety and health programs; conferences and agreements with management; assistance in implementing recommendations; and a follow-up appraisal to ensure that any required corrections are made.

For more information on consultation programs, contact the appropriate office in your state listed below.

State	Telephone
Alabama	(205) 348-3033
Alaska	(907) 264-2599
Arizona	(602) 255-5795
Arkansas	(501) 682-4522
California	(415) 737-2843
Colorado	(303) 491-6151
Connecticut	(203) 566-4550
Delaware	(302) 577-3908
District of Columbia	(202) 576-6339
Florida	(904) 488-3044
Georgia	(404) 894-8274
Guam	(671) 646-9244
Hawaii	(808) 548-4155
Idaho	(208) 385-3283
Illinois	(312) 814-2339
Indiana	(317) 232-2688
Iowa	(515) 281-5352
Kansas	(913) 296-4386
Kentucky	(502) 564-6895
Louisiana	(504) 342-9601
Maine	(207) 289-6460
Maryland	(301) 333-4218
Massachusetts	(617) 727-3463
Michigan	(517) 335-8250 (H)
	(517) 322-1809 (S)
Minnesota	(612) 297-2393
Mississippi	(601) 987-3981
Missouri	(314) 751-3403

Montana	(406) 444-6401
Nebraska	(402) 471-4717
Nevada	(702) 688-1474
New Hampshire	(603) 271-3170
New Jersey	(609) 292-0404
New Mexico	(505) 827-2885
New York	(518) 457-2481
North Carolina	(919) 733-3949
North Dakota	(701) 221-5188
Ohio	(614) 644-2631
Oklahoma	(405) 528-1500
Oregon	(503) 378-3272
Pennsylvania	(412) 357-2561
Puerto Rico	(809) 754-2171
Rhode Island	(401) 277-2438
South Carolina	(803) 734-9599
South Dakota	(605) 688-4101
Tennessee	(615) 741-7036
Texas	(512) 440-3834
Utah	(801) 530-6868
Vermont	(802) 828-2765
Virginia	(804) 786-6613
Virgin Islands	(809) 772-1315
Washington	(206) 586-0963
West Virginia	(304) 348-7890
Wisconsin	(608) 266-8579 (H)
	(414) 521-5063 (S)
Wyoming	(307) 777-7786

H—Health S—Safety

Related Publications

A single free copy of the following materials may be obtained from OSHA field offices or the OSHA Publications Office, 200 Constitution Avenue, N.W., Room N-3101, Washington, DC 20210, (202) 523-9667. Please send a self-addressed label with your request.

Access to Medical and Exposure Records—OSHA 3110

All About OSHA—OSHA 2056

Employee Workplace Rights—OSHA 3021

Chemical Hazard Communication—OSHA 3084

Consultation Services for the Employer—OSHA 3047

How to Prepare for Workplace Emergencies—OSHA 3000

Occupational Exposure to Bloodborne Pathogens—OSHA 3127

Bloodborne Pathogens and Acute Care Facilities—OSHA 3128

Personal Protective Equipment—OSHA 3077

In addition, the following publications on recordkeeping are available from the, OSHA Office of Statistics, 200 Constitution Avenue, N.W., Room N-3644, Washington, DC 20210.

Brief Guide to Recordkeeping Requirements for Occupational Injuries and Illnesses

Log and Summary of Occupational Injuries and Illnesses (Form OSHA 200)

Recordkeeping Guidelines for Occupational Injuries and Illnesses

Supplementary Record of Occupational Injuries and Illnesses (Form OSHA 101)

Copies of the **OSHA Bloodborne Pathogens Standard**, *Title 29 Code of Federal Regulations,* Part 1910.1030 (*Federal Register* 56(235): 64004-64182, December 6, 1991) are available from the Government Printing Office, GPO Order No. 069-001-0040-8, $2.00. To order, call GPO at (202) 783-3238. Visa, MasterCard, GPO Deposit Account, or check made payable to GPO, is acceptable. Or write: The Government Printing Office, Superintendent of Documents, Washington, DC 20402.

U.S. Department of Labor
Occupational Safety and Health Administration
Regional Offices

Region I
(CT,* MA, ME, NH, RI, VT*)
133 Portland Street
1st Floor
Boston, MA 02114
Telephone: (617) 565-7164

Region II
(NJ, NY,* PR,* VI*)
201 Varick Street
Room 670
New York, NY 10014
Telephone: (212) 337-2378

Region III
(DC, DE, MD,* PA, VA,* WV)
Gateway Building, Suite 2100
3535 Market Street
Philadelphia, PA 19104
Telephone: (215) 596-1201

Region IV
(AL, FL, GA, KY,* MS, NC,* SC,* TN*)
1375 Peachtree Street, N.E.
Suite 587
Atlanta, GA 30367
Telephone: (404) 347-3573

Region V
(IL, IN,* MI,* MN,* OH, WI)
230 South Dearborn Street
Room 3244
Chicago, IL 60604
Telephone: (312) 353-2220

Region VI
(AR, LA, NM,* OK, TX)
525 Griffin Street
Room 602
Dallas, TX 75202
Telephone: (214) 767-4731

Region VII
(IA,* KS, MO, NE)
911 Walnut Street, Room 406
Kansas City, MO 64106
Telephone: (816) 426-5861

Regional VIII
(CO, MT, ND, SD, UT,* WY*)
Federal Building, Room 1576
1961 Stout Street
Denver, CO 80294
Telephone: (303) 844-3061

Region IX
(American Samoa, AZ,* CA,* Guam, HI,* NV,* Trust Territories of the Pacific)
71 Stevenson Street
Room 415
San Francisco, CA 94105
Telephone: (415) 744-6670

Regional X
(AK,* ID, OR,* WA*)
1111 Third Avenue
Suite 715
Seattle, WA 98101-3212
Telephone: (206) 553-5930

*These States and territories operate their own OSHA-approved job safety and health programs (Connecticut and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective as, the federal standard.

*U.S. Government Printing Office: 1992 — 312-410/64790