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OSHA 3128

Bloodborne Pathogens and Acute Care Facilities



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

OSHA 3128
1992

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Bloodborne Pathogens and Acute Care Facilities



U.S. Department of Labor
Lynn Martin, Secretary

Occupational Safety and Health Administration
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OSHA 3128
1992

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Report Documentation Page

Report Date 00001992	Report Type N/A	Dates Covered (from... to) -
Title and Subtitle Bloodborne Pathogens and Acute Care Facilities	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. Dept of Labor Occupational Safety & Health Administration 200 Constitution Avenue Washington, DC 20210	Performing Organization Report Number OSHA 3128	
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 The original document contains color images.		
Abstract According to Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and related occupations are at risk of exposure to bloodborne pathogens, such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses, and other potentially infectious materials. Of these health care workers, approximately 3 million comprise hospitals, physicians' offices, and government clinics.		
Subject Terms		
Report Classification unclassified	Classification of this page unclassified	
Classification of Abstract unclassified	Limitation of Abstract UU	
Number of Pages 21		

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Introduction

According to Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and related occupations are at risk of exposure to bloodborne pathogens, such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses, and other potentially infectious materials. Of these health care workers, approximately 3 million comprise hospitals, physicians' offices, and government clinics.¹

OSHA recognizes the need for a regulation that prescribes safeguards to protect these workers against the health hazards from exposure to blood and certain body fluids, including bloodborne pathogens.

This booklet is designed to help health care employers and employees in acute care settings in understanding and complying with OSHA's regulation on bloodborne pathogens, which was published on December 6, 1991, in 29 CFR 1910.1030, and is in effect as of March 6, 1991 ([see Table 1 for compliance calendar](#).) This booklet outlines and summarizes the requirements of the standard² and informs acute care workers of the risks of occupational exposure to bloodborne pathogens and how to reduce these risks.

Effective Date of the Standard	3/6/92
Exposure Control Plan	5/5/92
Information and Training of Employee Hazard Communication	6/4/92
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Who is Covered?

The OSHA standard protects employees who maybe occupationally exposed to blood and other potential infectious materials, which includes but is not limited to, physicians, nurses, phlebotomists, emergency medical personnel, operating room personnel, therapists, orderlies, laundry workers, and other health care workers.

Blood means human blood, blood products, or blood components. Other potentially infectious materials include human body fluids such as saliva in dental procedures, semen, vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood; unfixed human tissues or organs; HIV-containing cell or tissue cultures; and HIV or HBV-containing culture mediums or other solutions.

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."

Federal OSHA authority extends to all private sector employers with one or more employees, as well as federal civilian employees. In addition, many states administer their own occupational safety and health programs through plans approved under section 18(b) of the OSH Act. These plans must adopt standards and enforce requirements that are at least as effective as federal requirements. Of the current 25 state plan states and territories, 23 cover the private and public (state and local governments) sectors and 2 cover the public sector only. ([See listing at the end of this booklet.](#))

Determining occupational exposure and instituting control methods and work practices appropriate for specific job assignments are key requirements of the standard. The required written exposure control plan and methods of compliance show how employee exposure can be minimized or eliminated.

The Exposure Control Plan

A written exposure control plan is necessary for the safety and health of workers. At a minimum, the plan must include the following:

- Identify job classifications where there is exposure to blood or other potentially infectious materials.
- Explain the protective measures currently in effect in the acute care facility and/or a schedule and methods of compliance to be implemented, including hepatitis B vaccination and post-exposure followup procedures; how hazards are communicated to employees; personal protective equipment; housekeeping; and recordkeeping.
- Establish 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 simple calendar with brief notations describing the compliance methods, an annotated copy of the standard, or a part of another document, such as the infection control plan.

The written exposure control plan must be available to workers and OSHA representatives and updated at least annually or whenever changes in procedures create new occupational exposures.

Who Has Occupational Exposure?

The exposure determination must be based on the definition of occupational exposure **without regard to personal protective clothing and equipment**. Exposure determination begins by reviewing job classifications of employees within the work environment and then making a list divided into two groups: job classifications in which **all** of the employees have occupational exposure, and those classifications in which **some** of the employees have occupational exposure.

Where **all** employees are occupationally exposed, it is not necessary to list specific work tasks. Some examples include phlebotomists, lab technicians, physicians, nurses, nurses aides, surgical technicians, and emergency room personnel.

Where only **some** of the employees have exposure, specific tasks and procedures causing exposure must be listed. Examples include ward clerks or secretaries who occasionally handle blood or infectious specimens, and housekeeping staff who may be exposed to contaminated objects and/or environments some of the time.

When employees with occupational exposure have been identified, the next step is to communicate the hazards of the exposure to the employees.

Communicating Hazards to Employees

The initial training for current employees must be scheduled within 90 days of the effective date of the bloodborne pathogens standard, at no cost to the employee, and during working hours.³ Training also is required for new workers at the time of their initial assignment to tasks with occupational exposure

or when job tasks change, causing occupational exposure, and annually thereafter.

Training sessions must be comprehensive in nature, including information on bloodborne pathogens as well as on OSHA regulations and the employer's exposure control plan. The person conducting the training must be knowledgeable in the subject matter as it relates to acute care facilities.

Specifically, the training program must do the following:

- Explain the regulatory text and make a copy of the regulatory text accessible.
- Explain the epidemiology and symptoms of bloodborne diseases.
- Explain the modes of transmission of bloodborne pathogens.
- Explain the employer's written exposure control plan.
- Describe the methods to control transmission of HBV and HIV.
- Explain how to recognize occupational exposure.
- Inform workers about the availability of free hepatitis B vaccinations, vaccine efficacy, safety, benefits, and administration.
- Explain the emergency procedures for and reporting of exposure incidents.
- Inform workers of the post-exposure evaluation and followup available from health care professionals.
- Describe how to select, use, remove, handle, decontaminate, and dispose of personal protective clothing and equipment.
- Explain the use and limitations of safe work practices, engineering controls, and personal protective equipment.
- Explain the use of labels, signs, and color coding required by the standard.
- Provide a question and answer session on training.

In addition to communicating hazards to employees and providing training to identify and control hazards, other preventive measures also 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

The hepatitis B vaccination series must be made available within 10 working days of initial assignment to every employee who has occupational exposure. The hepatitis B vaccination must be made available without cost to the employee, at a reasonable time and place for the employee, by a licensed health care professional,⁴ and according to recommendations of the U.S. Public Health Service, including routine booster doses.⁵

The health care professional designated by the employer to implement this part of the standard must be provided with a copy of the bloodborne pathogens standard. The health care professional must

provide the employer with a written opinion stating whether the hepatitis B vaccination is indicated for the employee and whether 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 vaccine is contraindicated for medical reasons. Participation in a pre-screening program is not a prerequisite for receiving hepatitis B vaccination. Employees who decline the vaccination may request and obtain it at a later date, if they continue to be exposed. Employees who decline to accept the hepatitis B vaccination must sign a declination form (see appendix), indicating that they were offered the vaccination, but refused it.

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 is referred to as "universal precautions." Blood, and certain body fluids from all acute care patients should be considered as potentially infectious materials.⁶ 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."

Methods of Control

Engineering and Work Practice Controls

Engineering and work practice controls are the primary methods used to control the transmission of HBV and HIV in acute care facilities. Engineering controls isolate or remove the hazard from employees and are used in conjunction with work practices. Personal protective equipment also shall be used when occupational exposure to bloodborne pathogens remains even after instituting these controls. Engineering controls must be examined and maintained, or replaced, on a scheduled basis. Some engineering controls that apply to acute care facilities and are required by the standard include the following:

- Use puncture-resistant, leak-proof containers, color coded red or labeled, according to the standard ([see Table 2](#)), to discard contaminated items like needles, broken glass, scalpels, or other items that could cause a cut or puncture wound.
- Use puncture-resistant, leak-proof containers, color-coded red or labeled to store contaminated reusable sharps until they are properly reprocessed.
- Store and process reusable contaminated sharps in a way that ensures safe handling. For example, use a mechanical device to retrieve used instruments from soaking pans in decontamination areas.
- Use puncture-resistant, leak-proof containers to collect, handle, process, store, transport, or ship blood specimens and potentially infectious materials. Label these specimens if shipped outside the facility. Labeling is not required when specimens are handled by employees trained to use universal precautions with all specimens and when these specimens are kept within the facility.

Similarly, work practice controls reduce the likelihood of exposure by altering the manner in which the task is performed. All procedures shall minimize splashing, spraying, splattering, and generation of droplets. Work practice requirements include the following:

- Wash hands when gloves are removed and as soon as possible after contact with blood or

other potentially infectious materials.

- Provide and make available a mechanism for immediate eye irrigation, in the event of an exposure incident.
- Do not bend, recap, or remove contaminated needles unless required to do so by specific medical procedures or the employer can demonstrate that no alternative is feasible. In these instances, use mechanical means such as forceps, or a one-handed technique to recap or remove contaminated needles.
- Do not shear or break contaminated needles.
- Discard contaminated needles and sharp instruments in puncture-resistant, leakproof, red or biohazard-labeled ([see also Figure 1](#)) containers⁷ that are accessible, maintained upright, and not allowed to be overfilled.



- Do not eat, drink, smoke, apply cosmetics, or handle contact lenses in areas of potential occupational exposure. (Note: use of hand lotions is acceptable.)
- Do not store food or drink in refrigerators or on shelves where blood or potentially infectious materials are present.
- Use RED, or affix biohazard labels to, containers to store, transport or ship blood or other potentially infectious materials, such as lab specimens.
- Do not use mouth pipetting to suction blood or other potentially infectious materials; **it is prohibited.**

Personal Protective Equipment

In addition to instituting engineering and work practice controls, the standard requires that appropriate personal protective equipment be used to reduce worker risk of exposure. Personal protective equipment is specialized clothing or equipment used by employees to protect against direct exposure to blood or other potentially infectious materials. Protective equipment must not allow blood or other potentially infectious materials to pass through to workers' clothing, skin, or mucous membranes. Such equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields or masks, and eye protection.

The employer is responsible for providing, maintaining, laundering, disposing, replacing, and assuring the proper use of personal protective equipment. The employer is responsible for ensuring that workers have access to the protective equipment, at no cost, including proper sizes and types that take allergic conditions into consideration.

An employee may temporarily and briefly decline to wear personal protective equipment **under rare and extraordinary circumstances** and when, in the employee's professional judgment, it prevents the delivery of health care or public safety services or poses an increased, or life-threatening, hazard to employees. In general, **appropriate personal protective equipment is expected to be used**

whenever occupational exposure may occur.

The employer also must ensure that employees observe the following precautions for safely handling and using personal protective equipment:

- Remove all personal protective equipment immediately following contamination and upon leaving the work area, and place in an appropriately designated area or container for storing, washing, decontaminating, or discarding.
- Wear appropriate gloves when contact with blood, mucous membranes, non-intact skin, or potentially infectious materials is anticipated; when performing vascular access procedures;⁸ and when handling or touching contaminated items or surfaces.
- Provide hypoallergenic gloves, liners, or powderless gloves or other alternatives to employees who need them.
- Replace disposable, single-use gloves as soon as possible when contaminated, or if torn, punctured, or barrier function is compromised.
- Do not reuse disposable (single-use) gloves.
- Decontaminate reusable (utility) gloves after each use and discard if they show signs of cracking, peeling, tearing, puncturing, deteriorating, or failing to provide a protective barrier.
- Use full face shields or face masks with eye protection, goggles, or eye glasses with side shields when splashes of blood and other bodily fluids may occur and when contamination of the eyes, nose, or mouth can be anticipated (e.g., during invasive and surgical procedures).
- Also wear surgical caps or hoods and/or shoe covers or boots when gross contamination may occur, such as during surgery, and autopsy procedures.

Remember: The selection of appropriate personal protective equipment depends on the quantity and type of exposure expected.

Housekeeping Procedures

Equipment. The employer must ensure a clean and sanitary workplace. Contaminated work surfaces must be decontaminated with a disinfectant upon completion of procedures or when contaminated by splashes, spills, or contact with blood, other potentially infectious materials, and at the end of the work shift. Surfaces and equipment protected with plastic wrap, foil, or other nonabsorbent materials must be inspected frequently for contamination; and these protective coverings must be changed when found to be contaminated.

Waste cans and pails must be inspected and decontaminated on a regularly scheduled basis. Broken glass should be cleaned up with a brush or tongs; never pickup broken glass with hands, even when wearing gloves.

Waste. Waste removed from the facility is regulated by local and state laws. Special precautions are necessary when disposing of contaminated sharps and other contaminated waste, and include the following:

- Dispose of contaminated sharps in closable, puncture-resistant, leakproof, red or biohazard-labeled containers ([see Table 2](#)).
- Place other regulated waste⁹ in closable, leakproof, red or biohazard-labeled bags or containers. If outside contamination of the regulated waste container occurs, place it in a second container that is closable, leakproof, and appropriately labeled.

Laundry. Laundering contaminated articles, including employee lab coats and uniforms meant to

function as personal protective equipment, is the responsibility of the employer. Contaminated laundry shall be handled as little as possible with minimum agitation. This can be accomplished through the use of a washer and dryer in a designated area on site, or the contaminated items can be sent to a commercial laundry. The following requirements should be met with respect to contaminated laundry:

- Bag contaminated laundry as soon as it is removed and store in a designated area or container.

Table 2. Labeling Requirements

Item	No Label Needed if Universal Precautions Are Used and Specific Use of Container is Known to All Employees		Biohazard Label	or	Red Container
	X	or			
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.

- Use red laundry bags or those marked with the biohazard symbol unless universal precautions are in effect in the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.
- Clearly mark laundry sent off-site for cleaning, by placing it in RED bags or bags clearly marked with the orange biohazard symbol; and use leak-proof bags to prevent soak-through.
- Wear gloves or other protective equipment when handling contaminated laundry.

What to Do if an Exposure Incident Occurs

An exposure incident is the specific eye, mouth or other mucous membrane, non-intact skin, parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. An example of an exposure incident would be a puncture from a contaminated sharp.

The employer is responsible for establishing the procedure for evaluating exposure incidents.

When evaluating an exposure incident, immediate assessment and confidentiality are critical issues. Employees should immediately report exposure incidents to enable timely medical evaluation and followup by a health care professional as well as a prompt request by the employer for testing of the source individual's blood for HIV and HBV. The "source individual" is any patient whose blood or body fluids are the source of an exposure incident to the employee.

At the time of the exposure incident, the exposed employee 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, including route of exposure, relevant employee medical records, including hepatitis B vaccination status, and results of the source individual's blood tests, if available. At that time, a baseline blood sample should be drawn from the employee, if he/she consents. If the employee elects to delay HIV testing of the sample, the health care professional must preserve the employee's blood sample for at least 90 days.¹⁰

Testing the source individual's blood does not need to be repeated if the source individual is known to be infectious for HIV or HBV; and testing cannot be done in most states without written consent.¹¹ The results of the source individual's blood tests are confidential. As soon as possible, however, the test results of the source individual's blood must be made available to the exposed employee through consultation with the health care professional.

Following 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 any further evaluation or treatment. The employer must provide a copy of the written opinion to the employee within 15 days. This is the only information shared with the employer following an exposure incident; all other employee medical records are confidential.

All evaluations and followup must be available at no cost to the employee and at a reasonable time and place, performed by or under the supervision of a licensed physician or another licensed health care professional, such as a nurse practitioner, and according to recommendations of the U.S. Public Health Service guidelines current at the time of the evaluation and procedure. In addition, all laboratory tests must be conducted by an accredited laboratory and at no cost to the employee.

Recordkeeping

There are two types of 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 employees. The medical record contains the employee's name, social security number, hepatitis B vaccination status, including the dates of vaccination and the written opinion of the health care professional regarding the hepatitis B vaccination. If an occupational exposure occurs, reports are added to the medical record to document the incident and the results of testing following the incident. The post-evaluation written opinion of the health care professional is also part of the medical record. The medical record also must document what information has been provided to the health care provider. Medical records must be maintained 30 years past the last date of employment of the employee.

Emphasis is on confidentiality of medical records. No medical record or part of a medical record should be disclosed without direct, written consent of the employee or as required by law.

Training records document each training session and are to be kept for 3 years. Training records must include the date, content outline, 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 disposal.

Upon request, both medical and training records must be made available to the Assistant Secretary of Labor for Occupational Safety and Health. Training records must be available to employees upon request. Medical records can be obtained by the employee or anyone having the employee's written consent.

Additional recordkeeping is required for employers with 11 or more employees (see OSHA's Recordkeeping Guidelines for Occupational Injuries and Illnesses for more information).

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 listed at the end of this booklet.

Voluntary Protection Programs

Voluntary protection programs and 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 awarded annually, with a 1-year renewal possible. Grant recipients are expected to contribute 20 percent of the total grant cost.

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 1-800-458-5231.

Related OSHA Publications

A single free copy of the following publications can be obtained from the OSHA Publications Office, 200 Constitution Avenue, NW, Room N-3101, Washington, DC 20210. Please send a self-addressed mailing label with your request.

Access to Medical and Exposure Records - OSHA 3110

All About OSHA - OSHA 2056

Chemical Hazard Communication - OSHA 3084

Consultation Services for the Employer - OSHA 3047

Employer Rights and Responsibilities and Courses of Action Following an OSHA Inspection - OSHA 3000

Occupational Exposure to Bloodborne Pathogens - OSHA 3127

OSHA: Employee Workplace Rights - OSHA 3021

OSHA Inspections - OSHA 2098

OSHA Publications and Audiovisual Programs - OSHA 2019

Personal Protective Equipment - OSHA 3077

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. Write: The Government Printing Office, Superintendent of Documents, Washington, DC 20402.

Appendix

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.

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 the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; 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

OSHA 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 work-place 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	(703) 688-1474
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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	

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) sections and 2 cover the public sector only (Connecticut and New York).

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COMMISSIONER

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COMMISSIONER

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DIRECTOR

Washington Department of
Labor and Industries
General Administration Building
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DIRECTOR

Department of Employment
Division of Employment Affairs
Occupational Safety and Health
Administration
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Footnote(1) OSHA, Office of Regulatory Analysis, 1991. ([Back to Text](#))

Footnote(2) This booklet is not a substitute for requirements of the standard. The complete regulatory text, appendix, and explanatory preamble of the bloodborne pathogens standard, are available in Title 29 *Code of Federal Regulations* 1910.1030, which was published in the *Federal Register* 56 (235):64003-64182, December 6, 1991. ([Back to Text](#))

Footnote(3) Employees who received training in the year preceding the effective date of the standard need only receive training pertaining to any provisions not already included. ([Back to Text](#))

Footnote(4) Licensed health care professional is a person whose legally permitted scope of practice allows him or her to perform independently the activities required under paragraph (f) of the standard regarding hepatitis B vaccination and post exposure and followup. ([Back to Text](#))

Footnote(5) Health care professionals can call the Centers for Disease Control disease information hotline (404) 332-4555, extension 234, for updated information on hepatitis B vaccination. ([Back to Text](#))

Footnote(6) See also "Recommendations for Prevention of HIV Transmission in Health-Care Settings," *MMWR* (36) 2S: August 21, 1987. ([Back to Text](#))

Footnote(7) Biohazard labeling requires a fluorescent orange or orange-red label with the biological hazard symbol as well as the word **Biohazard** in a contrasting color affixed to the bag or container. ([Back to Text](#))

Footnote(8) Phlebotomists in volunteer blood donation centers are exempt in certain circumstances. See section (d)(3)(ix)(D) of the standard for specific details. ([Back to Text](#))

Footnote(9) Liquid or semiliquid blood or other potentially infectious materials; items contaminated with these fluids and materials, which could release these substances in a liquid or semiliquid state, if compressed; items caked with dried blood or other potentially infectious materials that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. ([Back to Text](#))

Footnote(10) If, during this time, the employee elects to have the baseline sample tested, testing shall be performed as soon as feasible. ([Back to Text](#))

Footnote(11) If consent is not obtained, the employer must show that legally required consent could not be obtained. Where consent is not required by law, the source individual's blood, if available, should be tested and the results documented. ([Back to Text](#))

Footnote(*) 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. ([Back to Text](#))

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