OSHA INSTRUCTION

U.S. DEPARTMENT OF LABOR — Occupational Safety and Health Administration

DIRECTIVE NUMBER: CPL 02-02-077 | EFFECTIVE DATE: September 27, 2010

SUBJECT: Bloodborne Pathogens Exposure Control Plan and Guidance on Post-Exposure Evaluations for Federal OSHA Personnel

ABSTRACT

Purpose: This instruction provides a uniform policy and guidance for protecting Federal OSHA personnel from bloodborne pathogens or other potentially infectious materials (OPIM).

Scope: This instruction applies OSHA-wide.

References: 1. 29 CFR 1910.1030 Bloodborne pathogens.
2. 29 CFR 1910.1020 Access to employee exposure and medical records.

Cancellations: 1. Instruction CPL 02-02-060, Exposure Control Plan for OSHA Personnel with Occupational Exposure to Bloodborne Pathogens
2. Memorandum from Edwin G. Foulke, Jr. to Regional Administrators, October 2, 2007, Subject: OSHA's Bloodborne Pathogens Policy on Hepatitis B Vaccination of CSHOs

State Impact: This instruction describes a Federal Program for which state adoption is not required. (See paragraph IV)

Action Offices: OSHA Regional Offices, Area Offices and National Offices

Originating Office: Directorate of Technical Support and Emergency Management

Contact: Director of Technical Support and Emergency Management
Office of Occupational Medicine
200 Constitution Ave., NW Room N3653
Washington, DC 20210
202-693-2300

By and Under the Authority of

David Michaels, PhD, MPH
Assistant Secretary

Executive Summary

This Instruction cancels Instruction CPL 02-02-060, Exposure Control Plan for OSHA Personnel with Occupational Exposure to Bloodborne Pathogens. Instruction CPL 02-02-060 provided an Exposure Control Plan for OSHA personnel that was based on an assumption that the performance of certain duties may bring about reasonably anticipated occupational exposure to bloodborne pathogens. That Instruction became effective in 1994 and, subsequently, OSHA determined that it does not anticipate its employees will have occupational exposure to blood or other potentially infectious materials (OPIM), as defined by 29 CFR 1910.1030(b). This Instruction sets policies on universal precautions, work practices and training that support the prevention of occupational exposures to bloodborne pathogens. It also standardizes guidance for addressing any exposure incidents, occupational exposures, contamination of OSHA equipment, and the disposal of regulated waste, should any of these situations arise.

Significant Changes

This instruction sets OSHA policies and guidance for protecting Federal OSHA personnel from bloodborne pathogens or other potentially infectious materials (OPIM). It revises the cancelled instruction (Instruction CPL 02-02- 060) by clarifying that OSHA does not anticipate that its employees will have occupational exposure to blood or OPIM, as defined by 29 CFR 1910.1030(b).

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I. Purpose. This instruction provides a uniform policy and guidance for protecting Federal OSHA personnel from bloodborne pathogens or other potentially infectious materials (OPIM).

II. Scope. This instruction applies OSHA-wide.

III. Cancellation.

A. Instruction CPL 02-02-060, Exposure Control Plan for OSHA Personnel with Occupational Exposure to Bloodborne Pathogens
B. Memorandum from Edwin G. Foulke, Jr. to Regional Administrators, October 2, 2007, Subject: OSHA's Bloodborne Pathogens Policy on Hepatitis B Vaccination of CSHOs

IV. Federal Program Change. This instruction establishes an exposure control plan and guidance for bloodborne pathogens post-exposure evaluations for Federal OSHA personnel. Although this Instruction does not require state implementation, State Plan States and State Consultation Projects are encouraged to consider implementing similar policies and procedures for their field employees who might be exposed.

V. Significant Changes. This instruction sets OSHA policy and guidance for protecting Federal OSHA personnel from bloodborne pathogens or other potentially infectious materials (OPIMs). It revises the cancelled instruction (Instruction CPL 02-02- 060) by clarifying that OSHA does not anticipate that its employees will have occupational exposure to blood or other potentially infectious materials (OPIM), as defined by 29 CFR 1910.1030(b).

VI. References.

A. 29 CFR 1910.1030, Bloodborne pathogens.
B. 29 CFR 1910.1020, Access to employee exposure and medical records.

VII. Action Information.

A. Responsible Offices.

1. The Directorate of Technical Support and Emergency Management is responsible for drafting and clearing this Instruction.
2. The Regional, Area and National Offices are responsible for following all policy and guidance in this Instruction.

B. Action Offices. The Regional, Area and National Offices are responsible for following all policy and guidance in this Instruction.

C. Information Offices. State plan states and consultation project managers.

VIII. Exposure Control Plan.

A. Exposure Determination. OSHA does not anticipate that its employees will have occupational exposure to blood or other potentially infectious materials (OPIM), as defined by 29 CFR 1910.1030(b). The standard defines occupational exposure as "reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from performance of the employee's duties."

OSHA's Compliance Safety and Health Officers (CSHOs) and other personnel with field duties (e.g., Health Response Team members, other National Office and Regional and Area Office personnel) conduct investigations at sites where blood and OPIM are present. However, OSHA does not reasonably anticipate that these employees' routine tasks will result in contact with blood or OPIM.

B. Hazard Assessment. As described in OSHA's Field Operations Manual (CPL 02-00-148), Compliance Safety and Health Officers and other personnel with field duties (hereafter referred to collectively as "field personnel" shall determine potential hazards at the initiation of an onsite investigation. Determination of potential hazards will be made by reviewing the facility's written hazard assessment or through discussion with the facility/company point of contact, emergency personnel (e.g., at the scene of a workplace accident where emergency personnel have control of the site) or other person who can verify the potential hazards onsite. Selection of personal protective equipment to be worn during the inspection shall be made accordingly. If it is determined that a widespread contamination of the site with blood or OPIM makes it unlikely for an OSHA inspection to be conducted without contacting blood or OPIM, field personnel shall contact his/her Area Director for further instructions prior to preceding onto the site.

Field personnel shall take necessary precautions to avoid contact with blood and OPIM and shall not participate in activities nor enter areas that will require them to come into contact with blood or OPIM or with sharps, instruments or surfaces that are contaminated with blood or OPIM. In those exceptional circumstances in which an exposure incident does occur as part of an investigation the employee shall immediately contact a supervisor to discuss the situation and how to obtain the post-exposure evaluation. (Refer to paragraph IX.D.1.)

C. Methods of Implementation and Control.

1. Universal Precautions and Work Practices. Field personnel should consider all blood and OPIM to be infectious for human

immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens. Under circumstances where differentiation of body fluid types is difficult or impossible, all body fluids should be considered to be potentially infectious materials.

Field personnel are not to handle or touch objects that are contaminated, as defined by 29 CFR 1910.1030(b). They shall not reach into or otherwise place any parts of their bodies into a trash can or laundry bag where regulated waste or contaminated laundry as defined by 29 CFR 1910.1030(b) may be present.

2. Bloodborne Pathogens Training. Training will be given in accordance with 29 CFR 1910.1030 with one exception. OSHA field personnel will be given bloodborne pathogens training at the time of initial assignment to field duties and annually on the elements included in 29 CFR 1910.1030(g)(2) except for 29 CFR 1910.1030(g)(2)(vii)(I). The training required by 29 CFR 1910.1030(g)(2)(vii)(I) on the hepatitis B vaccine need only include information on its efficacy, safety, method of administration and the benefits of being vaccinated. The trainer must be knowledgeable in the subject matter contained in the training program as it relates to the workplace the training will address. The trainer must be familiar with the Bloodborne pathogens standard and this directive. OSHA Regional Administrators, Area Directors and National Office Directors who supervise employees with field duties are responsible for ensuring that this training is provided.

3. Post-exposure Evaluation and Follow-up. OSHA will provide post-exposure evaluation and follow-up, and post-exposure prophylaxis when medically indicated to any employee who suffers an exposure incident, as defined by 29 CFR 1910.1030(b), while performing work assignments. All medical evaluations and procedures will be made available at no cost to OSHA personnel at a reasonable time and place, and under the other conditions set forth in 29 CFR 1910.1030(f). Post-exposure evaluation and follow-up may also be offered by OSHA to employees who experience an exposure to blood or OPIM (as defined in 29 CFR 1910.1030) while on duty when acting as a Good Samaritan to others who have sustained a laceration, a nosebleed, or a similar incident.

4. Recordkeeping: Training Records. Training records are to contain all information specified in 29 CFR 1910.1030(h)(2) and will be maintained for 3 years from the date on which the training occurred. Training records will be held by the Area Office or other

OSHA location (e.g., OSHA Training Institute) at which training took place.

IX. Recommended Actions for Unforeseen Contact with Blood or Other Potentially Infectious Material (OPIM).

A. Work Practice Controls.

1. Intact skin contact with blood or OPIM. Employees are to wash their hands and any other affected skin with soap and water immediately or as soon as feasible if there has been skin contact with blood or OPIM. As soon as possible, the employee must notify his/her supervisor regarding the exposure. If the OSHA employee and supervisor are not able to determine that the exposure was definitely not an exposure incident (e.g., the employee has an open wound, chapped hands, etc.), they should consult with the Director of the Office of Occupational Medicine (OOM) in the Directorate of Technical Support and Emergency Management (DTSEM) within 30 minutes to determine if post-exposure evaluation is warranted.

   Antiseptic hand cleaner and clean cloth/paper towels or antiseptic towelettes will be provided by the Area, Regional and National Offices to field personnel. These towelettes are to be carried on inspections where soap and running water may not be immediately available and used in the unlikely event that contact of any skin surface with blood or other potentially infectious material occurs. Whenever antiseptic hand cleaner or towelettes are used, hands or other skin surfaces are to be washed as soon as feasible with soap and running water.

2. Contaminated OSHA Equipment. In the event that OSHA equipment becomes contaminated with blood or OPIM, the employee shall immediately contact a supervisor to review how to proceed in this situation. Gloves and/or other appropriate barriers shall be used if contaminated OSHA equipment must be handled or transported to the Area Office or other OSHA facility. A biohazard label is to be attached to any contaminated OSHA equipment and is to state which parts are or remain contaminated. Prior to transport, the equipment should be placed in a bag. If the biohazard label on the equipment is not visible through the bag (e.g., bag is not transparent), another biohazard label should be attached to the bag's exterior. Immediately, or as soon as feasible, after gloves are removed, the employee should wash his/her hands with soap and running water.

The contaminated OSHA equipment shall be examined at the Area Office or other OSHA facility (e.g., Salt Lake Technical Center) prior to servicing or shipping. The contaminated OSHA equipment must remain in the bag and must not be handled. Area Directors along with Regional Administrators will determine where the equipment is to be shipped for decontamination. Bagged contaminated equipment is not to be placed or stored in areas where food is kept and decontamination should be accomplished as soon as possible following the inspection or incident where contamination occurred.

The Office Director, Area Director, or Regional Administrator as appropriate shall ensure that the servicing center or manufacturer that will be receiving the contaminated equipment is notified so the receiving facility can take proper precautions. In addition, the package delivery company shall be contacted regarding appropriate packaging for the items.

B. Personal Protective Equipment. Field personnel are expected to avoid contact with blood and OPIM as well as contact with surfaces and items contaminated with such materials. For use in the unlikely event that OSHA equipment becomes contaminated, OSHA will provide appropriate gloves of proper size (see Appendix B). Field personnel will carry these gloves on inspections. Gloves are to be changed as soon as practical if they become contaminated or as soon as feasible if they are torn, punctured or whenever their ability to function as a barrier appears to be compromised. Employees must wash their hands with soap and running water as soon as feasible. These gloves are not to be washed or decontaminated for reuse.

Field personnel are to determine the extent of contamination of gloves prior to their removal. It is very unlikely that gloves worn by field personnel would be contaminated to the extent that they would be considered regulated waste, but if this should occur, the gloves are to be discarded in a regulated waste container at the inspection site.

It is not anticipated that field personnel will need personal protective equipment (PPE) other than gloves. It is expected that field personnel will avoid situations in which any other PPE would be needed.

C. Regulated Waste. OSHA does not anticipate that the duties of OSHA employees will generate regulated waste.

D. Post-exposure Evaluation and Follow-up. OSHA will provide post-exposure evaluation and follow-up and post-exposure prophylaxis, when medically indicated, to any employee who suffers an exposure incident

while performing their work assignments. As defined in 29 CFR 1910.1030(b), ***exposure incident*** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. All medical evaluations and procedures will be made available at no cost to OSHA personnel, at a reasonable time and place, and under the other conditions set forth in 29 CFR 1910.1030(f).

1. Handling an Exposure Incident. In the unlikely event of an exposure incident (as defined in 29 CFR 1910.1030 (b)), the OSHA employee is to immediately, or as soon as feasible, wash the affected skin with soap and water and flush any affected mucous membranes with water. The employee should then seek medical attention. A bloodborne pathogens exposure incident is an event for which immediate attention must be sought because the effectiveness of post-exposure prophylaxis is dependent on prompt administration (i.e., within hours of the exposure incident). An employee who has had an exposure incident is to report the incident to his or her supervisor as soon as possible and work with the supervisor to complete an Exposure Incident Report.

   The Area Director/Office Director or designee shall instruct the employee to seek medical attention from a healthcare provider capable of performing a post-exposure evaluation, and, if indicated, able to provide hepatitis B vaccination, baseline testing for hepatitis B and C and for HIV, and prophylaxis for hepatitis B and HIV and any future testing or prophylaxis as recommended by the U.S. Public Health Service. The supervisor shall instruct the employee to go to the nearest emergency room in the area. Another healthcare provider, such as an occupational medicine clinic, may be used if it can be determined that the provider is capable of giving the necessary evaluation, treatment and prophylaxis without undue delay. Not all healthcare providers are familiar with the U.S. Public Health Service Guidelines or keep hepatitis B vaccine, hepatitis B immune globulin (HBIG) or medications for HIV post-exposure prophylaxis onsite. Hospital emergency rooms are more likely than other healthcare providers to be capable of providing a post-exposure evaluation and are more likely to have hepatitis B vaccine, hepatitis B immune globulin and HIV post-exposure prophylaxis medications readily available. Please note that the Federal Occupational Health centers do not offer post-exposure evaluation.

   The supervisor will inform the Area Director/Office Director or designee of the incident who will then contact the facility where the exposure incident occurred. The Area Director/Office Director

or designee is to work together with the facility, with the assistance of the director of OOM if needed, to ascertain the source individual's identity, arrange for testing of the source individual, and communicate that information to the healthcare facility evaluating the OSHA employee.

Following an exposure incident, an Exposure Incident Report (see Appendix A) will be completed by the OSHA employee in consultation with the supervisor without delay. This report is to be given by the employee to the evaluating healthcare provider. Report information will include (a) a description of the exposed employee's duties as related to the exposure incident; and (b) documentation of route(s) of exposure and circumstances under which exposure occurred. (The supervisor may need to complete and send this form to the evaluating healthcare facility by facsimile if the employee does not have the form with him or her in the field. This will help to assure timely sharing of information and allows the employee to travel directly from the field to the healthcare facility, avoiding a delay in obtaining the post-exposure evaluation.)

2. Information Provided to the Evaluating Healthcare Provider. In accordance with 29 CFR 1910.1030, the supervisor will see that the health care facility that is performing the employee's post-exposure evaluation is provided with a copy of 29 CFR 1910.1030 and the other materials for the Evaluating Healthcare Provider included in Appendix A of this Plan. These materials may be hand-carried by the employee and/or supervisor or sent by facsimile. Alternatively, supervisors may require employees to carry these materials with them when they are in the field. (**Note:** A copy of 29 CFR 1910.1030 is not included in Appendix A but can be found at 56 Fed. Reg. 64175-64182 (Dec. 6, 1991) or online at http://www.osha.gov/ and copied or printed out by OSHA to be provided to the evaluating healthcare provider.)

The instructions for the healthcare provider describe the applicable requirements of 29 CFR 1910.1030(f) and instruct the healthcare provider to give a written opinion to the employee. The supervisor must obtain the written opinion from the employee when the employee returns to the duty station. If the employee, for whatever reason, does not bring a copy of the written opinion to the supervisor, it remains the responsibility of the employer to obtain the written opinion from the healthcare provider and to provide a copy of it to the employee within 15 days of the completion of the evaluation. A copy of the written opinion will also be maintained at the employee's assigned duty station.

While at the evaluating healthcare facility, the employee should ask to sign a medical records release form requesting that the healthcare provider send a copy of the medical record of the evaluation to OSHA's Office of Occupational Medicine. This medical documentation will become a part of the employee's confidential employee medical record maintained in the Office of Occupational Medicine.

3. Procedure for Payment of Post-exposure Evaluations. The employee will instruct the health care facility to contact his/her office director or the designee to guarantee payment for the post-exposure evaluation. The employee should NOT give their personal health insurance information to the evaluating health care facility.

   The office director will authorize payment and provide the health care facility with the office name, billing address, and the name and phone number of a contact person within the office for any questions. Upon receipt of a billing statement for the post-exposure evaluation, the office director will forward the statement to the Directorate of Administrative Programs Office of Financial Management for payment.

   In the event that the healthcare facility refuses to accept this method of payment, the office director may authorize that the cost of the post-exposure evaluation be charged to the office credit card.

   The office director will use the above procedure to authorize payment for the employee's recommended follow-up visits and/or laboratory tests recommended by the healthcare provider, as well as for any prescribed post-exposure prophylaxis whether in the form of injections or oral medications supplied to the employee by the healthcare facility or obtained from a pharmacy.

4. OSHA 300 Log. The exposure incident shall be recorded in the OSHA 300 Log if it meets 29 CFR 1904.8 *Recordkeeping criteria for needlesticks and sharps injuries*. If the employee develops a post-exposure bloodborne illness as a result of the workplace exposure, the illness shall be recorded if it meets 29 CFR 1904.7 *General recording criteria*.

   a. Where to record the exposure incident or illness. The office director shall ensure that the event is entered in the Safety and Health Information Management System

(SHIMS) so that it will be entered on the OSHA 300 Log as appropriate.

b. What to record. Enter the information into SHIMS. "Type of Injury" and its associated fields do not have obvious choices appropriate for bloodborne exposure or illness. For consistency purposes, please select "Bodily fluids" for the "Source of injury" field and "Other body parts, nec" for the "Body part" field.

c. Privacy concern. Be sure to check the box on the OSHA 301 to indicate that this is a "privacy case." When this box is checked, the name of the employee will not be entered on the OSHA 300 Log, in compliance with 29 CFR 1904.29(b)(6).

5. Payment for medical care for a bloodborne illness. If the employee develops a bloodborne illness attributable to the workplace exposure, the office director will ensure that the employee or his/her supervisor applies for workers compensation benefits under the Federal Employees Compensation Act. The employee or his/her supervisor will enter the illness (or update the previous entry for the exposure incident to add the illness) in SHIMS. When the application for workers compensation benefits is accepted, the costs of follow-up medical appointments, laboratory tests and treatment for the bloodborne illness will be paid by the Department of Labor's Office of Workers' Compensation Programs (OWCP).

E. Communication of Hazards to Employees.

1. Labels and Bags. OSHA will provide biohazard labels to be affixed to bags containing any contaminated OSHA equipment until the equipment can be returned to an OSHA office for shipment to an outside facility for decontamination (see section IX.A.2. of this Plan). Biohazard labels are to be carried by all field personnel. OSHA will provide appropriate bags for containment of any contaminated OSHA equipment. Bags are to be carried by all field personnel. In addition, a bag and biohazard labels will be provided in any First-Aid kit.

F. Post-exposure Evaluation Records.

1. Employee Medical Records. When the Office of Occupational Medicine receives a copy of the medical records of the post-exposure evaluation of an OSHA employee from the evaluating

physician, these records, as described in 29 CFR 1910.1030(h)(1)(ii)(C), will be added to the medical files of the OSHA Medical Examination Program. Such records are handled in accordance with all applicable provisions of 29 CFR 1910.1020.

2. Employee Access. Employees will be granted access to their personal medical records of post-exposure evaluations in compliance with the provisions of 29 CFR 1910.1020.

3. Transfer of Records. OSHA will comply with the requirements of 29 CFR 1910.1020(h)(3) involving any transfer of records. Exposure Incident Reports and the healthcare provider's written opinion will remain at the office where the employee was assigned when the incident occurred, with copies sent to the Office of Occupational Medicine. Employees may request and receive copies of their own Exposure Incident Reports when transferring to another assignment.

X. Recommendations for Evaluating an Exposure Incident.

A It is recommended that the Area Director or a designee from the Area Office or the Office Director to whom the affected employee is assigned evaluate the circumstances surrounding any exposure incidents. The evaluation should consist of, at least:

1. A review of the Exposure Incident Report completed by the OSHA employee;

2. Documentation regarding a plan to reduce the likelihood of a future similar exposure incident; and

3. Notification of the Office of Occupational Medicine and discussion of any similar incidents and planned precautions.

Exposure Incident Reports will be maintained at the employee's assigned duty station, and copies are to be sent to the Office of Occupational Medicine (OOM) and to the Regional Administrator or National Office Director to whom the affected employee is assigned. OOM will review these reports on a periodic basis so that this information can be considered when reviewing and updating this Plan.

XI. Responsibilities.

A. Offices (Area, Regional and National). Directors of Offices will:

1. Ensure that employees are trained (see VIII.C.2.) and that training records are maintained (see VIII.C.4).

2. Determine where to ship contaminated OSHA equipment for decontamination, ensure that the servicing center or manufacturer that will be receiving contaminated OSHA equipment is notified so the receiving facility can take proper precautions, and contact the package delivery company regarding appropriate packaging for the items. (See IX.A.2)

3. Provide gloves and supplies (bags, biohazard labels, antiseptic hand cleaner and clean cloth/paper towels or antiseptic towelettes) to field personnel.

4. Instruct employees to obtain post-exposure evaluation and locate an appropriate healthcare facility for the evaluation in the event that an exposure incident occurs.

5. Work with the employee to complete an Exposure Incident Report in the event of an exposure incident.

6. Ensure that the healthcare provider for any exposure incident is provided with a copy of 29 CFR 1910.1030 and the other materials in Appendix A of this Instruction.

7. Obtain the written opinion from the healthcare provider who performed the post-exposure evaluation on the employee and provide a copy of it to the employee within 15 days of completion of the evaluation. (See Appendix A)

8. Provide the evaluating healthcare facility with authorization for payment by the Agency. (See section IX.D.3)

9. Ensure that the exposure incident or bloodborne illness is recorded on the OSHA 300 Log, if indicated. (See section IX.D.4)

10. Evaluate the Exposure Incident Report and other reports as per Section X. Send copies of these reports to OOM.

B. Employees. Employees will:

1. Not handle or touch contaminated objects.

2. Take appropriate action if an occupational exposure occurs or if OSHA equipment becomes contaminated. (See IX.A.1 and IX.A.2)

3. Contact the supervisor immediately if an exposure incident occurs.

4. Work with the supervisor, if an exposure incident occurs, to complete an Exposure Incident Report.

5. If possible, bring a copy of the healthcare provider's written opinion back to the supervisor after having a post-exposure evaluation for an exposure incident.

C. DTSEM/OOM. The Office of Occupational Medicine will:

1. Assist supervisors if needed, in the event of an occupational exposure, to determine if the event is a true exposure incident requiring post-exposure evaluation.

2. Assist office directors if needed, in the event of an exposure incident, to ascertain the identity of the source individual, to arrange for testing of the source individual and to communicate with the healthcare facility evaluating the OSHA employee.

3. Maintain medical records and reports on post-exposure evaluations. Records will be handled in accordance with 29 CFR 1910.1020.

APPENDIX A

MATERIALS FOR THE EVALUATING HEALTHCARE PROVIDER

This OSHA employee may have suffered an exposure incident as defined in the OSHA Bloodborne pathogens standard and has presented to your facility for a post-exposure evaluation in accordance with the standard. To assist you in this evaluation, the employee and/or his supervisor should provide:

(A) A copy of OSHA standard 29 CFR 1910.1030, Bloodborne pathogens;

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

(C) Documentation of the routes of exposure and circumstances under which exposure occurred;

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

(E) All medical records relevant to this employee's appropriate treatment, including vaccination status.

After completing this evaluation, please:

(A) Inform the employee regarding the results of the evaluation and any follow-up evaluations or treatments needed;

(B) **Complete the attached written opinion form and give it to the employee.** (This form will be maintained in the office to which the employee is assigned); and

(C) Send a copy of all results and medical records from this evaluation to:

U.S. Department of Labor - OSHA
Office of Occupational Medicine, Room N3653
200 Constitution Avenue, NW, Washington, DC 20210

These copies will be maintained as part of the employee's confidential medical record in OSHA's Office of Occupational Medicine.

Should you have any questions regarding the evaluations or medical records, please contact the Director of OSHA's Office of Occupational Medicine at (202) 693-2323. Should you have any question about appropriate medical treatment for bloodborne pathogens exposure, CDC maintains a *Post-Exposure Prophylaxis Hotline, currently 888-448-4911.*

EXPOSURE INCIDENT REPORT

(Routes and Circumstances of Exposure Incident)
Please Print

Employee's Name_____Date_____

Date of Birth_____

Telephone (Business) _____ (Home) _____

Job Title_____

Date of Exposure_____ Time of Exposure _____ AM___PM_____

Hepatitis B Vaccination Status_____

Location of Incident_____

Describe the job duties you were performing when the exposure incident occurred_____

_____

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident) _____

_____

_____

To what body fluid(s) were you exposed? _____

_____

What was the route of exposure (e.g., mucosal contact, contact with non-intact skin, percutaneous)? _____

_____

Describe any personal protective equipment (PPE) in use at the time of the exposure incident_____

_____

Did PPE fail? _____If yes, how? _____

_____

Identification of source individual(s) (names) **[Unless infeasible or prohibited by state or local laws]**

_____

_____

Other pertinent information_____

_____

NOTE: A copy of 29 CFR 1910.1030 can be found at 56 Fed. Reg. 64175-64182 (Dec. 6, 1991) or online at http://www.osha.gov/ and copied or printed out by OSHA to provide to the evaluating healthcare provider.

HEALTHCARE PROVIDER'S WRITTEN OPINION
FOR POST-EXPOSURE EVALUATION

To the Evaluating Healthcare Provider:

After your evaluation of this OSHA employee, please assure that the following information has been furnished to the employee. Please initial beside the statements:

_____The employee has been informed of the results of this evaluation.
_____The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

No other findings are to be included in this report.

Please return this sheet to this employee _____

(Name of Employee)

Thank you for evaluating this employee.

_____

(Healthcare Provider's signature)

_____ _____

(Printed name of Healthcare Provider) (Date)

APPENDIX B

SUPPLIES FOR OSHA FIELD PERSONNEL

Field personnel should have the following materials to carry on inspections:

1. At least 2 **bags** (appropriate for containment of any contaminated OSHA equipment)

2. **Biohazard labels** (at least 2 for purposes above)

3. Non-sterile medical examination **gloves** cleared by the Food and Drug Administration that are of appropriate size (at least 2 pairs). (Non-latex gloves will be supplied to employees with latex allergies.)

4. **Antiseptic hand cleaner and clean cloth/paper towels or antiseptic towelettes**