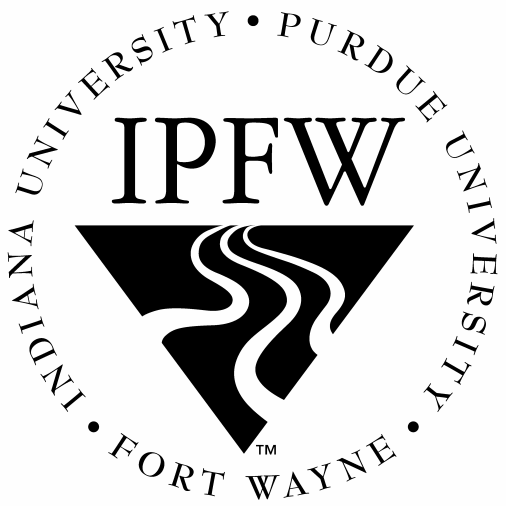

Indiana University-Purdue University Fort Wayne Athletics, Recreation and Intramural Sports Bloodborne Pathogens Exposure Control Plan

Revised August 2003

Table of Contents

The OSHA Bloodborne Pathogens Standard
(29 CFR 1910.1030)

The Occupational Safety and Health Administration promulgated the Bloodborne Pathogens Standard to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens. Based on a review of the information in the rule making record, OSHA has made a determination that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens, including hepatitis B virus which causes Hepatitis B, a serious liver disease, and human immunodeficiency virus, which causes Acquired Immunodeficiency Syndrome (AIDS). The Agency further concludes that these exposures can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and a labels, and other provisions.

Compliance Dates: The Exposure Control Plan shall be completed on or before May 5, 1992. Information and training and record keeping requirements shall take effect on or before June 4, 1992. Engineering and work practice controls, persona] protective equipment, housekeeping, HIV and HBV research and production facilities, hepatitis B vaccinations and post-exposure evaluation and follow-up, and labels and signs requirements shall take effect on July 6, 1992.

Employee Rights And Responsibilities

Employees have the right to be informed about the bloodborne pathogen hazards in their work areas and to be properly trained to work safely with these agents.

Employees have the right to file a complaint with the Indiana Department of Labor if they feel they are being exposed to unsafe or unhealthful working conditions. Employees cannot be discharged, suspended, or otherwise discriminated against because of filing a complaint or exercising their right under the law.

Employees have the responsibility to attend training programs concerning bloodborne pathogens and to stay informed about biohazardous agents in their work areas. They have the responsibility to use engineering and work practice controls and protective equipment required for the safe performance of their jobs. Finally, they have the responsibility to inform their supervisors of accidents and conditions or work practices they believe to be a hazard to their health or to the health of others.

I. General Considerations

A. Scope and Application

The scope and application of the exposure control plan (ECP) at Indiana University-Purdue University Fort Wayne Athletics is to protect patients, students, staff and faculty who have the potential for exposure to bloodborne pathogens and infectious disease. The methods involved include the continuous development and review of procedures designed to prevent the spread of disease agents.

B. Exposure Control Plan-Hazardous Materials Committee (ECP-HM)

The ECP-HM Committee is an ad-hoc committee that reports directly to the Athletic Director. The Athletic Director appoints all members. The charge of the Committee is to establish, maintain and monitor the exposure and hazardous materials control programs.

Present Committee members are:

Mark Pope Director of Athletics Gates Sports Center (219) 481-5443	Tim Heffron Associate Athletic Director Gates Sports Center (219) 481- 6645	Kelley Hartley Senior Women's Administrator Gates Sport Center (219) 481- 6021
Judy Tillapaugh Fitness / Wellness Director Gates Sport Center (219) 481- 6647	Dan Fox A.T., C. \ L, EMT-B Head Athletic Trainer Gates Sport Center (219) 481-6656	Ron Clark Facility Manager Gates Sport Center (219) 481- 6617

C. Establishment of the Exposure Control Plan

The ECP-HM Committee has the authority to institute appropriate control measures or studies when there is felt to be potential exposure of patients, students, staff or faculty. Instituted control measures are designed to comply with Federal OSHA's Standard for Occupational Exposure to Bloodborne Pathogens; Title 29 Code of Federal Regulations (CFR) 1910.1030 and Indiana Public Law - 123- 1988. The generation, implementation, review and monitoring compliance of the exposure control plan are major function; of the Committee. The Committee will, on an annual basis, review all exposure control protocols. Students, staff and faculty are encouraged to submit suggestions and/or concerns to the Committee. Annual retraining for all affected employees will be provided.

D. Monitoring Exposure Control Plan

It is hoped that each individual in the Athletic Department will become an advocate for exposure control. This means that everyone will perform his/her activities using the best possible aseptic technique. Each person has a responsibility to report breaches of asepsis to the ECP-HM Committee. Failure to comply with the Athletic Department Exposure Control Plan may result in disciplinary action.

E. Definitions

1. Blood
   Human blood, human blood components, and products made from human blood.

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

3. Clinical Laboratory
   A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

5. Contaminated Laundry
   Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

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

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

8. Engineering Controls
   Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

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

12. HBV
    Hepatitis B virus.

13. HIV
    Human immunodeficiency virus.

14. Needleless Systems
    Device that does not use needles for
    a. The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
    b. The administration of medication or fluids; or
    c. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

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

17. Parenteral
    Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

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

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

20. Sharps with Engineered Sharps Injury Protections
    A nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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

22. Sterilize
    The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

23. Universal Precautions
    An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

24. Work Practice Controls
    Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

F. Exposure Determination

1. Job Classification 1
   All employees in this job classification have occupational exposure to human blood or other potentially infectious materials.
   a. Athletic Trainer
   b. Team Physician
   c. Fitness / Wellness Director
   d. Intramural Director
   e. Fitness / Wellness Supervisors
   f. Intramural Supervisors
   g. Laundry Personnel

2. Job Classification 2
   Some employees in this job classification have occupational exposure to human blood or other potentially infectious materials.
   a. Coaches
   b. Intramural Referees
   c. Team Managers

3. Job Classification 3
   No employee in this job classification has occupational exposure to human blood or other potentially infectious materials.
   a. Athletic Director
   b. Associate Athletic Director
   c. Senior Women's Administrator
   d. Sports Information Director
   e. Director of Promotions
   f. NCAA Compliance Officer
   g. Director of Royal Don's Club
   h. Secretaries
   i. Facility Manager
   j. Home Event Personnel

4. **Student Classification**
   While the Athletic Department students are not legally employees of the university, ethically the Athletic Department has chosen to protect the students in situations virtually the same as Department Faculty.

G. Chemical Hygiene Plan - Bloodborne Pathogen Exposure Determination Form

General Information: The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1919.1310) requires each employer to identify all job classifications in which all or some employees have occupational exposure to human blood or other potentially infectious materials.

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

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

Other Potentially Infectious Materials means:

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

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

Examples of occupational exposure: The employer would reasonably anticipate that contact with blood or other potentially infectious materials could occur when an employee is performing certain surgical, medical, dental, or laboratory procedures. On the other hand, contact would not be reasonable anticipated when an employee is driving a bus or is processing forms in an office setting. It is reasonable to anticipate that when a custodian decontaminates a human blood spill that some of the blood may contact the gloved or ungloved fingers of the custodian. Concerning minor first aid, an employee (e.g., teaching assistant) may not be a "Good Samaritan" if the employers "expectations" or "instructions" constitute a job assignment.

Instructions: For each job classification in your department, mark the appropriate exposure category (Part 1). List all tasks and procedures or groups of closely related tasks and procedures for each Exposure Category 2 job classification (Part 2). Provide the requested information for each Exposure Category 1 or 2 Employee (Part 3).

Identification

Please Print or Type	Daniel	W		Fox
Department Contact	Judy	A		Tillapaugh
	First Name	***MI***		***Last Name***
				481- 6656
Mailing Address	Athletics	GSC	RM 12	481- 6647
	Department	***Bldg.***	***Room***	***Tel. Number***

Return Completed Forms to:
Indiana University-Purdue University Fort Wayne
Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

Bloodborne Pathogen Exposure Determination Form - Part1

Department Name and Number: Athletics 7831

		Exposure Category		
General Job Classification Title		1	2	3
1	Athletic Trainer	X		
2	Team Physician	X		
3	Fitness / Wellness Director	X		
4	Intramural Director	X		
5	Fitness / Wellness Supervisors	X		
6	Intramural Supervisors	X		
7	Laundry Personal	X		
8	Coaches			X
9	Intramural Referees			X
10	Team Managers			X
11	Athletic Director, Associate Athletic Director, Senior Women's Administrator			X
12	Sports Information Director			X
13	Director of Promotions, Royal Don's Club or NCAA Compliance Officer			X
14	Secretaries			X
15	Home Event Personal (Announcers, Ball Persons, Hosts)			X

Instructions: For each general job classification in your department, mark the appropriate exposure category.

1. All employees in this job classification have occupational exposure human blood or other potentially infectious materials.

2. Some employees in this job classification have occupational exposure human blood or other potentially infectious materials.

3. No employees in this job classification have occupational exposure human blood or other potentially infectious materials.

This exposure determination shall be made without regard to the use of personal protective equipment.

Return Completed Forms to:
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Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

Bloodborne Pathogen Exposure Determination Form - Part 2

Job Title	Cat	Tasks / Procedures Related to Exposure Category
Athletic Trainer	1	Responds to accidents, injuries and illnesses that may involve contact with human blood or other body fluids. May be needed to assist in containing and cleaning of small spills. Disinfecting equipment and handling of soiled laundry containing infectious material.
Team Physician	1	Responds to accidents, injuries and illnesses that may involve contact with human blood or other body fluids.
Fitness / Wellness Director	1	Responds to accidents, injuries and illnesses that may involve contact with human blood or other body fluids. May be needed to assist in containing and cleaning of small spills. Disinfecting equipment and handling of soiled laundry containing infectious material.
Intramural Director	1	Responds to accidents, injuries and illnesses that may involve contact with human blood or other body fluids. May be needed to assist in containing and cleaning of small spills.
Fitness / Wellness Supervisors	1	Responds to accidents, injuries and illnesses that may involve contact with human blood or other body fluids. May be needed to assist in containing and cleaning of small spills. Disinfecting equipment and handling of soiled laundry containing infectious material.
Laundry Personal	1	May be needed to assist in containing and cleaning of small spills. Disinfecting work area and handling of soiled laundry containing infectious material.
Coaches	3	Responds to accidents, injuries and illnesses that may involve contact with human blood or other body fluids.
Intramural Referees	3	Responds to accidents, injuries and illnesses that may involve contact with human blood or other body fluids.
Team Managers	3	May be needed to assist in containing and cleaning of small spills. Disinfecting equipment and handling of soiled laundry containing infectious material.

Return Completed Forms to:
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Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

II. Exposure Control Plan And Procedures

A. Immunization

1. Hepatitis B Vaccination

a. **Athletic Department Employees**

Hepatitis B vaccination is available within 10 working days of initial assignment to every IPFW Athletic Department employee use job classification or tasks result in occupational exposure. The hepatitis B vaccination and vaccine is available without cost to the employee at a reasonable time and place for the employee and by a licensed health care professional. Immunizations may be obtained through Parkview Occupational Medical Services or the Parkview Student Health Care Facility.

IPFW will provide the health care professional with a copy of the bloodborne pathogens standard. The health care professional will provide IPFW with a written opinion stating whether hepatitis B vaccination is indicated for the employee, or if the employee has received such vaccination.

IPFW is not required to offer hepatitis B vaccination:

i. To employees, who have previously completed the hepatitis B vaccination series,
ii. When immunity is confirmed through antibody testing, or c) if the vaccine is contraindicated for medical reasons.

IPFW Athletic Department employees may decline antibody testing and still be vaccinated. Employees who decline the vaccination must sign a statement to that effect. (Declination Statement-Appendix C).

IPFW 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 will be administered according to the current guidelines of the U.S. Public Health Service, including recommendations made in the future for routine booster doses.

b. **Athletic Department Students**

The OSHA standard for Occupational Exposure to Bloodborne Pathogens, title 29 CRF 1910.1030 protects employees who have occupational exposure to bloodborne pathogens. Students are not employees of the university.

The vaccine may be administered by the student's family physician or by a local clinic arranged by the. ECP-HM Committee. The cost of the Athletic Department student hepatitis B vaccination is the student's responsibility. (See hepatitis B vaccine status form).

c. **Student-Athletes**

The incidence of HBV in student-athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population. The vaccine may be administered by the student's family physician or by a local clinic arranged by the. ECP-HM Committee. The cost of the student-athlete hepatitis B vaccination is the student-athlete's responsibility. (See NCAA Medical Handbook Guideline 2h: Bloodborne Pathogens and Intercollegiate Athletics)

B. Bloodborne Pathogens Exposure And Sharps Incident Reporting Procedures

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

1. Meet with the affected individual as soon as possible. Be supportive and not critical of the accident.

2. Make sure proper protocol for immediate care of the wound was completed. If not, send the individual to the Training Room or Student Health Clinic to care for the wound before proceeding with the report.

3. If the injury is a needle stick or puncture wound, ask the individual if he/she was able to squeeze blood from the wound. Parkview Occupational Health Services (POHS) states there is no need to do any testing if there was not blood-to-blood contact. Disinfection procedures will be adequate if skin remained intact but was slightly punctured without blood.

4. If blood was noticed from the wound, complete the Exposure Incident Form (Appendix F). Make two additional copies of the report. One copy goes to the affected individual, one copy goes with the individual to POHS, and the final copy goes to Renee Eshcoff the Environmental Health and Safety Manager.

5. Explain the minimal chance of acquiring an infectious disease from the exposure.

6. Inform the individual that he/she will need to begin blood testing at POHS today. (They are open most evenings.) This is the only facility where we have made arrangements for billing. All affected persons must go here for testing so we can be assured that OSHA procedures are followed properly and results remain confidential. POHS will council all parties as to the importance of testing.

7. All affected individuals will be given an opportunity to choose an Identification Card with a specific card number (See Appendix G). Each card has been sealed in an envelope to ensure total confidentiality. The affected parties will be given an envelope and will refer to this code for all procedures. No names, recognizable signs or symbols are to be used. Once testing has begun, it is the responsibility of the individual to contact Renee Eshcoff the Environmental Health and Safety Manager for test results.

8. The department contact person will call POHS to inform them of the incident and say that we are sending individuals exposed to bloodborne pathogens for the appropriate testing. Names of the individuals will not be given, but POHS will be notified that the department will be sending ID cards with them. Tell the individuals that POHS asks everyone to call before going there.

9. Explain to the individual that POHS will give him/her the information about the testing procedures and their results. We never receive information about test results but it may be sent to Renee Eshcoff. Explain to the student that POHS will probably ask them to ask their partner to use a condom during sexual encounters for at least six months. This is just a routine precaution to protect both people until tests results are verified.

10. Important considerations
    a. Ask the affected individuals if they were informed about the incident.
    b. If all parties were informed, did they agree to testing?
    c. Explain that this testing is a routine requirement of OSHA and the CDC whenever a health care worker is involved in a contaminated instrument stick or exposure.

d. Assure them that we are not implying that they have any contagious or infectious disease.
e. Explain that this testing is confidential and will be paid by the university when they go to POHS. Ask all individuals to go the POHS ASAP or at least within the next week, if possible.
f. Explain that test results are given to them, not to us. We just pay the bill.
g. Record individuals compliance or noncompliance on Exposure Incident Report Form.
h. E-mail Renee Eschoff, the Department Contact regarding the incident. Explain that the proper procedures were followed. Make sure the parties give the ID numbers used to Renee Eshcoff. State whether or not the patient has agreed to testing.

11. Seal the envelope containing the Incident Reporting Form. Label the outside of the envelope:

CONFIDENTIAL REPORT for Athletic Department
Keep for 30 years from (today's date)

C. Post-exposure Evaluation and Follow-up

Although students and student-athletes are not employees of the university, the Athletic Department of IPFW is committed to providing, at no cost, the same post-exposure evaluation and follow-up procedures for faculty, staff, and students. When evaluating an exposure incident, thorough assessment and confidentiality are critical issues.

Faculty, staff, student-athlete and students should IMMEDIATELY report exposure incidents to the Chair of their Department to initiate a timely follow-up process by a health care professional. Such a report will initiate the procedure for a prompt request for evaluation of the source individuals HBV and HIV status.

The Athletic Department employee or student who has had an exposure incident will be directed to an appropriate health care professional.

The IPFW Athletic Department will provide the health care professional with:

i. Copy of the OSHA Bloodborne Pathogen Standard;
ii. Description of the employee's/student's duties as related to the exposure Incident;
iii. A report of the specific exposure incident;
iv. A result of the source individual's blood tests, if available;
v. Previous written opinions from a physician about the employee's/student's hepatitis B vaccination status and about previous post-exposure evaluations.

At that time, a baseline blood test to establish the employee's/student's HIV and HBV status will be drawn, if the employee/ student consents. The employee/student 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/student's blood sample.

The source individual is any person whose blood or body fluids is the source of an exposure incident to the employee/student. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, IPFW shall establish that legally required consent cannot be obtained. The results of the source Individual's blood tests are confidential and will 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/student through consultation with the health care professional.

Following the post-exposure evaluation, the health care professional will provide a written opinion to the IPFW Athletic Department. 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 employee's/student's blood will be tested at the time of the incident, at three months, at six months, or at intervals suggested by the health care professional.

The IPFW Athletic Department will provide a copy of the written opinion to the employee/student within 15 days of the evaluation(s).

D. Communication of Hazards to Employees

1. Labels
   a. Warning labels will be affixed to containers of regulated waste, refrigerator and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in Paragraphs (E), (1), (e) of the CFR 1910.1030 Standards.

   b. Labels required by this plan will include the following legend (figure 1):

Figure 1

c. These labels are fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

d. Labels will be affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

e. Red bags or red containers may be substituted for labels.

f. Labels required for contaminated equipment will be in accordance with this section and shall also state which portions of the equipment remain contaminated.

g. Regulated waste (infectious waste) that has been decontaminated need not be labeled or color-coded.

E. Information and Training

The IPFW Athletic Department will ensure that all employees with occupational exposure participate in a training program that will be provided at no cost to the employee.

Training will be provided as follows:

a. At the time of initial assignment to tasks where occupational exposure may take place; and
b. At least annually thereafter

Annual training for all employees will be provided within one year of their previous training.

Additional training will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training will be limited to addressing the new exposures created.

The training program will cover, at a minimum, the categories of information listed in section (g) (2) (vii) of the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

The person conducting the training for the Athletic Department employees will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Students will be provided training addressing the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 in coordination with their respective curriculum. The training will be provided in a timely manner to avoid any possible exposure incident from occurring.

F. Record Keeping

2. Medical Records
   a. The ECP-HM Committee shall coordinate the establishment and maintenance of an accurate record for each Athletic Department employee/student with occupational exposure, in accordance with 29 CFR 191 0.1020.
   b. This record shall include:
      i) The name and social security of number of the employee/student.
      ii) A copy of the employee's/student's hepatitis B vaccination status including, the dates of all the hepatitis B vaccination; and any medical records relative to the employee's/student's ability to receive the vaccination.
      iii) A copy of all results of examinations, medical testing, and follow-up procedures.
      iv) The employer's copy of the health care professional's written opinion.
      v) A copy of the information provided to the health care professional.
   c. Confidentiality The ECP-HM committee shall ensure the employee/student medical records are:
      vi) Kept confidential; and
      vii) Are not discussed or reported without the employee's/student' s express written consent to any person within or outside of the workplace except as required by this Plan or as may be required by law.
   d. The IPFW Athletic Department shall maintain the required records for at least the duration of employment.
   e. A 30 year record keeping requirement will be kept at the West Lafayette campus in accordance with 29 CFR 1910.1020.

3. Training Records
   a. Training records shall include the following information:
      viii) The dates of the training sessions;
      ix) The contents or a summary of the training sessions;
      x) The names and qualifications of persons conducting the training;
      xi) The names and job titles of all persons attending the training sessions;
      xii) Training records shall be maintained for 3 years from the date on which the training occurred;
      xiii) Each employee who receives training shall complete a Training and Information Certification form; (See Appendix E).
      xiv) Departments shall maintain an accurate record of all training activities and shall forward a copy of all training activities to the Head of REM.

III. Clinical Control Policies

A. Patient Screening

Since it is impossible to detect the infectious disease status of athletes/visitors it is important to follow proper exposure control procedures with ALL athletes/visitors. Blood, saliva, and body fluids of all patients must be considered potentially infectious.

1. Policy for Care of Athletes with Known Infectious Disease
   a. Students, staff, and faculty must participate in the care of all patients within their realm of competence without exceptions. Treatment shall not be based solely upon a patient's potentially infectious nature.

   b. Students, staff, and faculty must respect the right of privacy and confidentiality of patients. (See appendix H)

   c. The charts of such patients will not be labeled or identified any differently than the charts of other patients who require medical or physical considerations.

B. Barrier Protection

Personal protective equipment provides a physical barrier between the body and a source of contamination. Personal protective equipment includes gloves, masks, eye protection, and gowns. The following procedures must be followed.

1. Hand washing and Gloving Policy
   a. Hand washing is mandatory:
      i. Before and after gloving (using an antimicrobial soap)
      ii. Before disinfecting the operatory
      iii. During patient wound care and palpating mucous membranes
      iv. When hands are obviously soiled
      v. Before and after leaving the work-site for any reason

   b. Hands should be rinsed in hot water and thoroughly dried before gloving.

   c. All students and faculty must wear gloves during all procedures involving potentially infectious bodily fluids. Gloves must also be worn when touching instruments, surfaces or items contaminated with bodily fluids.

   d. Gloves must be replaced immediately if torn.

   e. NEVER greet a patient wearing gloves: Always wash hands and then glove after seating the patient so that the patient is certain you are wearing clean gloves.

   f. Gloves must be considered a single use item and must not be re-used on another patient by either students or faculty.

   g. Remove gloves and wash hands before leaving the work-site. Gloves are NOT to be worn outside the work-site for ANY REASON.

   h. Latex or vinyl gloves are suitable for all procedures that are potentially infectious. Puncture-resistant utility gloves should be used for operatory clean up especially when handling contaminated instruments. Plastic over gloves may be used for disinfecting procedures or whenever you must touch an object with contaminated gloves. IPFW will provide gloves for all students and faculty.

2. Mask Policy
   a. Students and faculty must wear disposable masks and protective eyewear whenever an aerosol spray or splatter is generated.
   b. Masks must cover the nose and mouth.
   c. Masks are to be worn for one clinic session only.
   d. Ear loop and cone facemasks are provided by IPFW.

C. Disinfection Policy

1. Decontamination of Non-sterilizable items and surfaces
   Non-sterilizable items and surfaces must be properly cleaned and disinfected with an EPA-registered, ADA-accepted detergent disinfectant (Biocide, COE Foam or Aspeti-IDC) (wear food handler gloves).
   a. Surfaces that may be contaminated but will not be covered during patient treatment should be saturated with a disinfecting solution for 10 minutes before each patient and at the end of each working day.

Disinfect the following surfaces:
a. Chairs/stools
b. All modalities
c. X-ray view boxes
d. Treatment and taping tables

2. Decontamination of Whirlpool Equipment
   a. To prevent whirlpool related nosocomial contamination the following procedure should be followed before and after patient use:
   b. Fill whirlpool tank with warm water and add a sufficient quantity of a suitable non-foaming detergent. Note: read the product label and use appropriate personal protective equipment, i.e., gloves and goggles.
   c. Re-circulate the detergent solution for five (5) minutes to remove body oils, lotions, and other foreign material from the pump and tank surfaces.
   d. Scrub the areas of the tank above the water line with the detergent solution.
   e. Drain the whirlpool and rinse the contact surfaces with clean water.
   f. Re-fill the whirlpool tank with warm water and add enough household bleach (sodium hypochlorite containing *5.25%* available chlorine) to reach 100-ppm chlorine.
   g. The 25-gallon tank requires six (6) ounces of bleach.
   h. The 110-gallon tank requires twenty-six (26) ounces of bleach.
   i. Re-circulate the chlorine solution for five (5) minutes and then allow to stand for an additional five (5) minutes.
   j. Swab the areas of the tank above the water line with the chlorine solution.
   k. Drain the tank and rinse with clean water.

3. Decontamination of Athletic Water Coolers and Water Bottles
   a. Wash the water cooler / bottles with soapy water being careful to remove any soiled deposits both inside and out.
   b. Thoroughly rinse with clean potable hot water.
   c. Prepare a dilute bleach and water solution (two-table spoons household bleach per quart of water).
   d. Pour a suitable amount into the water cooler / bottles. Close the container and vigorously agitate the bleach solution by shaking. Drain through the spout.
   e. Rinse with potable hot water and air dry.
   f. Coolers will be sprayed with isopropyl alcohol and dried with a clean towel to prevent mold and mildew growth.
   g. Protect the cleaned coolers / bottles from contamination by storing them covered and inverted on racks off the floor.
   h. Rinse with potable water prior to use.

4. Decontamination of used Medical Instruments
   a. While wear protective gloves, all sterilized medical equipment which has been opened or exposed will be scrubbed using with an EPA-registered, ADA-accepted detergent disinfectant (Biocide, COE Foam or Aspeti-IDC).
   b. Items will be rinsed with hot water and will be dry with a sterile material.
   c. Items will be placed directly into bags that may be autoclaved and taken for sterilization.
   d. An expiration date of 180 days from the day of sterilization will be noted on the outside of each separate bag of the sterilization procedure.
   e. If the date has expired, the items will be removed and decontamination and sterilization will be preformed again.
   f. If items are not to be sterilized immediately, they will be decontaminated and placed in a holding receptacle filled with an approved solution for disinfections.
   g. Items cannot be used in surgical procedures until sterilized, however, they may be used in minor procedures that do not cause infiltration into the tissues or structures under the skin (ex. Callus shaver; nail clipper, forceps or tweezers).

5. Decontamination of Fluid Spills on Floors, Walls and Fixtures
    a. While wearing proper protective equipment, contain the spill using disposable items such as paper towels or other fluid absorbent material.
    b. If spill cannot be contained or is difficult to control, contact Building Services for assistance
    c. Try to absorb as much fluid as possible with the material.
    d. Place all materials in a biohazrdous material container or bag – contact Renee Eshcoff for proper disposal.
    e. Surfaces must be properly cleaned and disinfected with an EPA-registered, ADA-accepted detergent disinfectant (Biocide, COE Foam or Aspeti-IDC). A 10% Bleach solution is also acceptable for disinfecting.
    f. If the area cannot be thoroughly cleansed, close the particular area off from use until Building Services can perform a proper cleaning.

6. Decontamination of Fitness Equipment
    a. All equipment should be properly cleaned and disinfected prior and after use with an EPA-registered, ADA-accepted detergent disinfectant (Biocide, COE Foam or Aspeti-IDC). A 10% Bleach solution is also acceptable for disinfecting.
    b. Fitness / Wellness Supervisors should disinfect each piece of equipment prior to opening and after closing the center each day.
    c. All patrons should have cleaning materials available at each area of the Fitness / Wellness Center.
    d. All rags used for cleaning should be used once for each piece of equipment to prevent transmission of disease

D. Decontamination Materials

1. Red Hazardous Material receptacles are located at the following locations:
    e. Training Room
    f. Behind Wellness / Fitness Supervisor Desk
    g. Laundry Room
    h. On each bench during athletic contests

2. Each specific area in the Gates Sport Center will have a hazardous materials spill kit available for small occurrences. After each time the kit has been used, it will be returned to the Training Room for refurbishment and sealed for the next occurance.

3. Decontamination supplies will be located at the following locations:
    a. Training Room
    b. Behind Wellness / Fitness Supervisor Desk
    c. Laundry Room
    d. On each bench
    e. Wellness / Fitness Director’s office
    f. Intramural Director’s office

E. Aseptic Techniques

1. Contaminated items should be cleaned, disinfected or sterilized before leaving the work-site.

2. Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in the work-site area.

3. During patient treatment, bloody gauze and surgical materials should be thrown into biohazardous waste 'trash box" that is lined with red plastic biohazard bag.

4. After patient treatment (while still wearing gloves) any item that is visibly contaminated by blood should be disinfected immediately before being re-used or returned to storage.

F. Sharps Policy

Avoid injuries with sharps instruments and needles.

1. Handle instruments and needles carefully.

2. Never bend or break needles.

3. Needles used during patient treatment may be recapped only by laying cap on tray and guiding needle into cap (scoop method).

4. Discard needles and anesthetic cartridges in the red, biohazardous sharps containers. Notify a Committee member when sharps container is approximately 3/4 full.

G. Laundry Policy

1. All used laundry will be handled as if contaminated once bagged and in laundry area.

2. Towels that are used during games/contests will be considered uncontaminated unless visible blood, blood products, or other virus carrying bodily fluids are present.

3. If a game/contest towel has become visibly contaminated, this towel will be handled by a gloved individual and placed into a red plastic biohazard bag and disinfected after the game/contest.

4. All contaminated items will be laundered separately four times to ensure all contaminates have been eliminated.

IV. Appendix

A. State Standard on Consent, Conditions for Test, Disclosure and Confidentiality (Excerpted from Indiana Code 16)

16-1-9.5-2.5 Human immunodeficiency virus screening; consent; conditions for test. Sec. 2.5.

(a) Except as provided in subsection (b), a person may not perform a screening or confirmatory test for the antibody or antigen to the human immunodeficiency virus (HIV) without the consent of the individual to be tested or a representative as authorized under IC 16-8-12. A physician ordering the test or the physicians authorize .1 representative shall document whether or not the individual has consented.

(b) The test for the antibody or antigen to HIV may be performed if one (1) of the following conditions exist:

(1) If ordered by a physician who has obtained a health care consent under IC 16-8-12 or an implied consent under emergency circumstances and the test is medically necessary to diagnose or treat the patients condition.

(2) Under a court order based on clear and convincing evidence of a serious and resent health threat to others posed by an individual. Any hearing held under this subsection shall be held in camera at the request of the individual.

(3) If the test is done on blood collected or tested anonymously as part of an epidemiologic survey under IC 16-1-9.5-2(c) or IC 16-8-6-8(a)(5).

(c) A court may order a person to undergo testing for HIV under IC 35-38-1.10.5(a) or IC 35-38-2.2.3(a)(15).

16-1-9.5.7 Confidentiality of collected medical or epidemiological information; exceptions; violations; penalties.

Sec. 7.

(a) Except as provided in subsection (d) and (e), a person may not disclose or be compelled to disclose medical or epidemiological information involving a communicable disease or other disease that is a danger to health as defined under rules adopted under section 1 of this chapter. This information may not he released or made pubic upon subpoena or otherwise, except under the following circumstances:

(1) Release may be made of medical or epidemiologic information for statistical purposes if done in a manner that does not identify any individual.

(2) Release may be made of medical or epidemiological information with the written consent of all individuals identified in the information released.

(3) Release may be made of medical or epidemiological information to the extent necessary to enforce public health laws, laws described in IC 35-38.1-7.1 and IC 35-42-1-7, or to protect the health or life of a named party.

(b) Except as provided in subsection (a), a person responsible for recording, reporting, or maintaining information required to be reported under this chapter who recklessly, knowing, or intentionally discloses or fails to protect medical or epidemiological information classified as confidential under this section commits a Class A misdemeanor.

(c) In addition to subsection (b), a public employee who violates this section is subject to discharge or other disciplinary action under the personnel rules of the agency that employs the employee.

(d) Release shall be made of the medical records concerning an individual to that individual or to a person authorized in writing by that individual to receive the medical records.

(e) An individual may voluntarily disclose information about that individual's communicable disease.

B. Chemical Hygiene Plan - Bloodborne Pathogen Exposure Determination Form

General Information: The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1919.1310) requires each employer to identify all job classifications in which all or some employees have occupational exposure to human blood or other potentially infectious materials.

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

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

Other Potentially Infectious Materials means:

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

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

Examples of occupational exposure: The employer would reasonably anticipate that contact with blood or other potentially infectious materials could occur when an employee is performing certain surgical, medical, dental, or laboratory procedures. On the other hand, contact would not be reasonable anticipated when an employee is driving a bus or is processing forms in an office setting. It is reasonable to anticipate that when a custodian decontaminates a human blood spill that some of the blood may contact the gloved or ungloved fingers of the custodian. Concerning minor first aid, an employee (e.g., teaching assistant) may not be a "Good Samaritan" if the employers "expectations" or "instructions" constitute a job assignment.

Instructions: For each job classification in your department, mark the appropriate exposure category (Part 1). List all tasks and procedures or groups of closely related tasks and procedures for each Exposure Category 2 job classification (Part 2). Provide the requested information for each Exposure Category 1 or 2 Employee (Part 3).

Identification

Please Print or Type

Department Contact _____
First Name MI Last Name

Mailing Address _____
Department Bldg. Room Tel. Number

Bloodborne Pathogen Exposure Determination Form
Part1

Department Name and Number: _____

		Exposure Category		
	General Job Classification Title	1	2	3
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Instructions: For each general job classification in your department, mark the appropriate exposure category.

4. All employees in this job classification have occupational exposure human blood or other potentially infectious materials.

5. Some employees in this job classification have occupational exposure human blood or other potentially infectious materials.

6. No employees in this job classification have occupational exposure human blood or other potentially infectious materials.

This exposure determination shall be made without regard to the use of personal protective equipment.

Return Completed Forms to:
Indiana University-Purdue University Fort Wayne
Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

Bloodborne Pathogen Exposure Determination Form
Part 2

Job Title	Cat	Tasks / Procedures Related to Exposure Category

Return Completed Forms to:
Indiana University-Purdue University Fort Wayne
Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

C. Bloodborne Pathogens Exposure Control Program Hepatitis B Vaccine Declination Title 29 CFR 1910.1030

In 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 the 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.

Type or print employee

Last name	First Name	Middle Initial

Employee Social Security Number (optional)

Job Classification	Department

Employee Signature	Date

Supervisor Signature	Date

Return Completed Forms to:
Indiana University-Purdue University Fort Wayne
Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

D. Hepatitis B Vaccination Registration Slip

Part A - Please Print

Date		Dept.	
Name	Birth date	SSN	Gender
Address		City	Zip

Information and Consent
Hepatitis B vaccine (Recombinant) is indicated for immunization against infection caused by all known subtypes of hepatitis B virus.

This immunization is recommended in all persons of all ages, especially those who are, or will be, at increased risk of exposure to Hepatitis B Virus. For example: health care personnel, trainers, custodians, etc.

The regimen consists of 3 doses of vaccine given according to the following schedule:
1st dose: At elected date
2nd dose: One month later
3rd dose: Six months after first dose

Contraindications:
Hypersensitivity to yeast
Febrile illness or active infection
Pregnant women or nursing mothers

Females:
I have not missed any periods and do not think I am pregnant
I have read the above information and hereby give my consent to receive the Hepatitis B vaccine.

Part B - The following is to be completed at the time of service:

1st Dose	Signature
Date:	Witness
2nd Dose	Signature
Date:	Witness
3rd Dose	Signature
Date:	Witness

Return Completed Forms to:
Indiana University-Purdue University Fort Wayne
Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

E. Bloodborne Pathogens Exposure Control Program Training And Information Certification

The Occupational Safety and Health Administration (OSHA) require all employees with occupational exposure to bloodborne pathogens to participate in an annual training program (29 CFR 1910.1030).

By signing below you acknowledge that you have received training and information concerning the OSHA Bloodborne Pathogens Standard and the policies and procedures applicable to your work. This training program contained at a minimum the following elements:

1. An accessible copy of the regulatory text of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) and an explanation of its contents;
2. A general explanation of how widespread bloodborne diseases are among the general population and what the symptoms of bloodborne diseases are:
3. Explanations of the ways bloodborne diseases are transmitted;
4. An explanation of the Purdue University Exposure Control Plan and the means by which you can obtain a copy;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of person protective equipment;
8. An explanation of how personal protective equipment is selected for particular jobs;
9. Information on the hepatitis B vaccine, including information on how well it works, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
12. Information on the post—exposure evaluation and follow—up that IPFW is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding required by the Exposure Control Plan; and
14. An opportunity for interactive questions and answers with the person conducting the training session.

Indiana University-Purdue University Fort Wayne
Bloodborne Pathogens Exposure Control Program Training
And Information Certification

Your Name	Social Security Number
Signature	Date
Trainer Sign	Date

EMPLOYEES ONLY

Department	Job Classification
Building	Supervisor's Name

STUDENTS ONLY

Course No.

Return Completed Forms to:
Indiana University-Purdue University Fort Wayne
Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

F. Exposure Incident Form

BLOODBORNE PATHOGENS
EXPOSURE INCIDENT FORM

In the event of an exposure incident, two forms must be completed:

1. The Employer's First Report of Injury worksheet for worker's compensation
2. This form as required by OSHA.

This form is intended to evaluate the control methods used to prevent employee exposure.

Name of Person Exposed _____ Department _____

Incident Date _____ Time _____

Exposure Type Sharps injury Splash to mucous membranes
Needle Stick Broken Skin Contact
Other _____

Identification of Potentially Infectious Material(s)

Description of Incident

Witnesses to Incident

Describe engineering and work practice controls in use.

Describe protective equipment in use.

What is responsible for the failure of these controls?

What changes need to be made to prevent reoccurrence?

Report prepared by: _____

Position _____

Return Completed Forms to:
Indiana University-Purdue University Fort Wayne
Renee Eshcoff
Radiological and Environmental Management
Science Building, G50

G. Athletic Department Identification Card

Athletic Department
Faculty / Student Identification Card

Code Number _____ Account# CF05388

Authorization for:

_____ HIV Testing Other _____

_____ HBC Testing _____

_____ HCV Testing

Send Bill To: Renee Eshcoff
P.P. Admisitration, SB G50
IPFW
2101 E. Coliseum Blvd. E
Fort Wayne, IN 46805-1499

H. CFR 1910.1030 Bloodborne Pathogens

(a) **Scope and Application**. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

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

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

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

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

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

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

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

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

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

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

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

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

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless Systems means a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

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

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

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

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

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

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

Sharps with Engineered Sharps Injury Protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) **Exposure Control -**

(c)(1) **Exposure Control Plan**.

(c)(1)(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(c)(1)(ii) The Exposure Control Plan shall contain at least the following elements:

(c)(1)(ii)(A) The exposure determination required by paragraph (c)(2),

(c)(1)(ii)(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(c)(1)(ii)(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(c)(1)(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(c)(1)(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(c)(1)(iv)(A) reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(c)(1)(iv)(B) document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(c)(1)(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(c)(1)(vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(c)(2) **Exposure Determination**.

(c)(2)(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(c)(2)(i)(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(c)(2)(i)(B) A list of job classifications in which some employees have occupational exposure, and

(c)(2)(i)(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(c)(2)(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) **Methods of Compliance -**

(d)(1) **General**. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(d)(2) **Engineering and Work Practice Controls**

(d)(2)(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(d)(2)(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(d)(2)(iii) Employers shall provide handwashing facilities, which are readily accessible to employees.

(d)(2)(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(d)(2)(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(d)(2)(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(d)(2)(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(d)(2)(vii)(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(d)(2)(vii)(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(d)(2)(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(d)(2)(viii)(A) puncture resistant;

(d)(2)(viii)(B) labeled or color-coded in accordance with this standard;

(d)(2)(viii)(C) leakproof on the sides and bottom; and

(d)(2)(viii)(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(d)(2)(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(d)(2)(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(d)(2)(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

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

(d)(2)(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(d)(2)(xiii)(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(d)(2)(xiii)(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(d)(2)(xiii)(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.

(d)(2)(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(d)(2)(xiv)(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(d)(2)(xiv)(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(d)(3) **Personal Protective Equipment -**

(d)(3)(i) **Provision**. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(d)(3)(ii) **Use**. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(d)(3)(iii) **Accessibility**. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(d)(3)(iv) **Cleaning, Laundering, and Disposal**. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(d)(3)(v) **Repair and Replacement**. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(d)(3)(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

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

(d)(3)(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(d)(3)(ix) **Gloves**. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(d)(3)(ix)(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

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

(d)(3)(ix)(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(d)(3)(ix)(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

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

(d)(3)(ix)(D)(**2**) Make gloves available to all employees who wish to use them for phlebotomy;

(d)(3)(ix)(D)(**3**) Not discourage the use of gloves for phlebotomy; and

(d)(3)(ix)(D)(**4**) Require that gloves be used for phlebotomy in the following circumstances:

(d)(3)(ix)(D)(**4**)(**i**) When the employee has cuts, scratches, or other breaks in his or her skin;

(d)(3)(ix)(D)(**4**)(**ii**) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(d)(3)(ix)(D)(**4**)(**iii**) When the employee is receiving training in phlebotomy.

(d)(3)(x) **Masks, Eye Protection, and Face Shields**. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(d)(3)(xi) **Gowns, Aprons, and Other Protective Body Clothing**. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(d)(3)(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(d)(4) **Housekeeping -**

(d)(4)(i) **General**. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(d)(4)(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(d)(4)(ii)(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(d)(4)(ii)(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(d)(4)(ii)(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(d)(4)(ii)(D) Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

(d)(4)(ii)(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(d)(4)(iii) **Regulated Waste---**

(d)(4)(iii)(A) **Contaminated Sharps Discarding and Containment**.

(d)(4)(iii)(A)(**1**) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(d)(4)(iii)(A)(**1**)(**i**) Closable;

(d)(4)(iii)(A)(**1**)(**ii**) Puncture resistant;

(d)(4)(iii)(A)(**1**)(**iii**) Leakproof on sides and bottom; and

(d)(4)(iii)(A)(**1**)(**iv**) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(**2**) During use, containers for contaminated sharps shall be:

(d)(4)(iii)(A)(**2**)(**i**) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(d)(4)(iii)(A)(**2**)(**ii**) Maintained upright throughout use; and

(d)(4)(iii)(A)(**2**)(**iii**) Replaced routinely and not be allowed to overfill.

(d)(4)(iii)(A)(**3**) When moving containers of contaminated sharps from the area of use, the containers shall be:

(d)(4)(iii)(A)(**3**)(**i**) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(d)(4)(iii)(A)(**3**)(**ii**) Placed in a secondary container if leakage is possible. The second container shall be:

(d)(4)(iii)(A)(**3**)(**ii**)(**A**) Closable;

(d)(4)(iii)(A)(**3**)(**ii**)(**B**) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(d)(4)(iii)(A)(**3**)(**ii**)(**C**) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(**4**) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

(d)(4)(iii)(B) **Other Regulated Waste Containment -**

(d)(4)(iii)(B)(1) Regulated waste shall be placed in containers which are:

(d)(4)(iii)(B)(1)(**i**) Closable;

(d)(4)(iii)(B)(1)(**ii**) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(d)(4)(iii)(B)(1)(**iii**) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(d)(4)(iii)(B)(1)(**iv**) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(B)(**2**) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(d)(4)(iii)(B)(**2**)(**i**) Closable;

(d)(4)(iii)(B)(**2**)(**ii**) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(d)(4)(iii)(B)(**2**)(**iii**) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(d)(4)(iii)(B)(**2**)(**iv**) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(d)(4)(iv) **Laundry**.

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

(d)(4)(iv)(A)(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(d)(4)(iv)(A)(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(d)(4)(iv)(A)(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(d)(4)(iv)(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(d)(4)(iv)(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

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

(e)(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

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

(e)(2)(i) **Standard Microbiological Practices**. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii) **Special Practices**.

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

(e)(2)(ii)(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(e)(2)(ii)(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(e)(2)(ii)(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(e)(2)(ii)(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(e)(2)(ii)(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(e)(2)(ii)(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(e)(2)(ii)(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(e)(2)(ii)(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(e)(2)(ii)(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(e)(2)(ii)(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(e)(2)(ii)(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

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

(e)(2)(iii)(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

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

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

(e)(3)(i) Each laboratory shall contain a facility for hand washing and an eye wash facility, which is readily available within the work area.

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

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

(e)(4)(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(e)(4)(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(e)(4)(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

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

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

(e)(4)(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(e)(5) **Training Requirements**. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

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

(f)(1) **General**.

(f)(1)(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(f)(1)(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

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

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

(f)(1)(ii)(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(f)(1)(ii)(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

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

(f)(2) **Hepatitis B Vaccination**.

(f)(2)(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B

vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

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

(f)(2)(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(f)(2)(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(f)(2)(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(f)(3) **Post-exposure Evaluation and Follow-up**. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(f)(3)(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(f)(3)(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(f)(3)(ii)(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(f)(3)(ii)(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(f)(3)(ii)(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(f)(3)(iii) Collection and testing of blood for HBV and HIV serological status;

(f)(3)(iii)(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(f)(3)(iii)(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(f)(3)(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(f)(3)(v) Counseling; and

(f)(3)(vi) Evaluation of reported illnesses.

(f)(4) **Information Provided to the Healthcare Professional**.

(f)(4)(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(f)(4)(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(f)(4)(ii)(A) A copy of this regulation;

(f)(4)(ii)(B) A description of the exposed employee's duties as they relate to the exposure incident;

(f)(4)(ii)(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(f)(4)(ii)(D) Results of the source individual's blood testing, if available; and

(f)(4)(ii)(E) All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the employer's responsibility to maintain.

(f)(5) **Healthcare Professional's Written Opinion**. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(f)(5)(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(f)(5)(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(f)(5)(ii)(A) That the employee has been informed of the results of the evaluation; and

(f)(5)(ii)(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(f)(5)(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(f)(6) **Medical Recordkeeping**. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) **Communication of Hazards to Employees -**

(g)(1) **Labels and Signs -**

(g)(1)(i) **Labels**.

(g)(1)(i)(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(g)(1)(i)(B) Labels required by this section shall include the following legend:

(g)(1)(i)(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(1)(i)(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(g)(1)(i)(E) Red bags or red containers may be substituted for labels.

(g)(1)(i)(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(g)(1)(i)(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(g)(1)(i)(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(g)(1)(i)(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(g)(1)(ii) **Signs**.

(g)(1)(ii)(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

(g)(1)(ii)(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(2) **Information and Training**.

(g)(2)(i) Employers shall ensure that all employees with occupational exposure participate in a training program, which must be provided at no cost to the employee and during working hours.

(g)(2)(ii) Training shall be provided as follows:

(g)(2)(ii)(A) At the time of initial assignment to tasks where occupational exposure may take place;

(g)(2)(ii)(B) Within 90 days after the effective date of the standard; and

(g)(2)(ii)(C) At least annually thereafter.

(g)(2)(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(g)(2)(iv) Annual training for all employees shall be provided within one year of their previous training.

(g)(2)(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(g)(2)(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(g)(2)(vii) The training program shall contain at a minimum the following elements:

(g)(2)(vii)(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C) An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(g)(2)(vii)(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(g)(2)(vii)(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(g)(2)(vii)(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(g)(2)(vii)(H) An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(g)(2)(vii)(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(g)(2)(vii)(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(g)(2)(vii)(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(g)(2)(vii)(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(g)(2)(vii)(N) An opportunity for interactive questions and answers with the person conducting the training session.

(g)(2)(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(g)(2)(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(g)(2)(ix)(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(g)(2)(ix)(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(g)(2)(ix)(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed.

The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) **Recordkeeping -**

(h)(1) **Medical Records**.

(h)(1)(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

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

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

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

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

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

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

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

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

(h)(1)(iii)(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(h)(1)(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(h)(2) **Training Records**.

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

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

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

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

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

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

(h)(3) **Availability**.

(h)(3)(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(h)(3)(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(h)(3)(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(h)(4) **Transfer of Records**.

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

(h)(4)(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(h)(5) **Sharps Injury Log**.

(h)(5)(i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(h)(5)(i)(A) the type and brand of device involved in the incident,

(h)(5)(i)(B) the department or work area where the exposure incident occurred, and

(h)(5)(i)(C) an explanation of how the incident occurred.

(h)(5)(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(h)(5)(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

(i) **Dates -**

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

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

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

(i)(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

APPENDIX A TO SECTION 1910.1030 - HEPATITIS B DECLINATION (MANDATORY)

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

I. NCAA Guideline 2h - Blood-Borne Pathogens and Intercollegiate Athletics

April 1988 • Revised August 2000

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV or Hepatitis C.

The emphasis for the student-athlete and the athletics health-care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

Hepatitis B Virus (HBV)

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of one percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults.

Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States there are approximately one million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer.

Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure.

The incidence of HBV in student-athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

HIV (AIDS Virus)

The Acquired Immunodeficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). Some experts believe virtually all persons infected with HIV eventually will develop AIDS and that AIDS is uniformly fatal. In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately, 14% of all new HIV infections occur in persons aged between 12-24 years. The risk of infection is increased by having unprotected sexual intercourse, as well as the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts. Similar to HBV, these rare instances probably occurred through unrecognized wound or mucous membrane exposure.

Comparison of HBV/HIV

Hepatitis B is a much more "sturdy/durable" virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood; particularly parenteral (needle-stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting, among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern for transmission in sports with sustained close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

Testing of Student-Athletes
Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials.

Student-athletes who engage in high-risk behavior are encouraged to seek counseling and testing. Knowledge of one's HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, as well as modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

Participation by the Student-Athlete with Hepatitis B (HBV) Infection
Individual's Health – In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment. Therefore, the simple presence of HBV infection does not mandate removal from play.

Disease Transmission - The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained close body contact. Within the NCAA, wrestling is the sport that best fits this description.

The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following recommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student-athletes in such sports who develop chronic HBV infections (especially those who are e37 antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

Participation of the Student-Athlete with HIV

Individual's Health - In general, the decision to allow an HIV positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual 's health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play.

The team physician must be knowledgeable in the issues surrounding the management of HIV-infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of excellent health and productive life during its natural history. During this period of preserved health, the team physician may be involved in a series of complex issues surrounding the advisability of continued exercise and athletics competition.

The decision to advise continued athletics competition should involve the student-athlete, the student-athlete's personal physician and the team physician. Variables to be considered in reaching the decision include the student-athlete's current state of health and the status of his/her HIV infection, the nature and intensity of his/her training, and potential contribution of stress from athletics competition to deterioration of his/her health status.

There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV-infected individuals. What little data that exists on the effects of intense training on the HIV- infected individual demonstrates no evidence of health risk. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student-athlete.

Disease Transmission - Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting. Therefore, there is no recommended restriction of student-athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.

Administrative Issues

The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected student chooses to confide have a right to know about this aspect of the student's medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student chooses to make the fact public.

Athletics Health-Care Responsibilities

The following recommendations are designed to further minimize risk of blood-borne pathogen transmission in the context of athletics events and to provide treatment guidelines for caregivers. These are sometimes referred to as "universal precautions," but some additions and modifications have been made as relevant to the athletics arena.

1. Pre-event preparation includes proper care for wounds, abrasions, cuts or weeping wounds that may serve as a source of bleeding or as a port of entry for blood-borne pathogens. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.

2. The necessary equipment and/or supplies important for compliance with universal precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings and a container for appropriate disposal of needles, syringes or scalpels.

3. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel. Any participant whose uniform is saturated with blood, regardless of the source, must have that uniform evaluated by appropriate medical personnel for potential infectivity and changed if necessary before return to participation.

4. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.

5. Personnel managing an acute blood exposure must follow the guidelines for universal precaution. Sterile latex gloves should be worn for direct contact with blood or body fluids containing blood. Gloves should be changed after treating each individual participant and after glove removal, hands should be washed.

6. Any surface contaminated with spilled blood should be cleaned in accordance with the following procedures: With gloves on, the spill should be contained in as small an area as possible. After the blood is removed, the surface area of concern should be cleaned with an appropriate decontaminate.

7. Proper disposal procedures should be practiced to prevent injuries caused by needles, scalpels and other sharp instruments or devices.

8. After each practice or game, any equipment or uniforms soiled with blood should be handled and laundered in accordance with hygienic methods normally used for treatment of any soiled equipment or clothing before subsequent use. This includes provisions for bagging the soiled items in a manner to prevent secondary contamination of other items or personnel.

9. Finally, all personnel involved with sports should be trained in basic first aid and infection control, including the preventive measures outlined previously.

Member institutions should ensure that policies exist for orientation and education of all health-care workers on the prevention and transmission of blood-borne pathogens. Additionally, in 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to eliminating or minimizing occupational exposure to blood-borne pathogens. Many of the recommendations included in this guideline are part of the standard. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.

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