ALASKA DEPARTMENT OF LABOR

DIVISION OF LABOR STANDARDS AND SAFETY

DOSH Program Directive 90-9

Date: October 8, 1990

To: All OSH Personnel

From: Tom Stuart, Director

Subject: Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV), and Human Immuno-deficiency Virus (HIV).

A. Purpose. This DOSH Program Directive (PD) provides uniform inspection procedures and guidelines to follow when conducting inspections and issuing citations under AS 18.60.075(4), General Duty Clause, and pertinent standards for health care workers and emergency response workers potentially exposed to HBV and HIV.

B. Cancellation. The Program Directive cancels DOSH PD 88-4, June 15, 1989.

C. Definitions.

1. Health Care Facility. Those establishments listed under the Standard Industrial Classification (SIC) codes 80** and 7261: and clinics, health units, and nurses' stations at the industrial work sites.

2. Health Care Workers. This includes, but is not limited to, nurses, physicians, dentists and other dental workers, optometrists, podiatrists, chiropractors, laboratory and blood bank technologists and technicians, phlebotomists, dialysis personnel, paramedics, emergency medical technicians, medical examiners, morticians, housekeepers, laundry workers, janitors and others whose work involves contact with body fluids, as defined below, from living individuals or corpses.

3. Universal Precautions. The term "universal precautions" refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were HBV - or HIV- infected. Therefore, universal precautions are intended to prevent health care workers from a parenteral, mucous membrane, and nonintact

skin exposures to blood-borne pathogens.

4. Body Fluids. Fluids that have been recognized by CDC as directly linked to the transmission of HIV and/or HBV and/or to which universal precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses.

5. Phlebotomist. A phlebotomist is any health care worker who draws blood samples.

6. Infection Control (IC) Program. An IC program is the establishment's oral or written policy and implementation of procedures relating to the control of infectious disease hazards in a health care setting. An IC Program must address all of the areas outlined in this Program Directive.

7. Joint Advisory Notice. U.S. Department of Labor U.S. Department of Health and Human Services-Joint Advisory Notice (Federal Register, Vol. 52. No. 210: October 30, 1987) is a list of recommendations developed to assist employers in implementing the Centers for Disease Control (CDC) guidelines.

D. Background: In September 1986, Federal OSHA was petitioned by various unions representing health care employees to develop a standard to protect workers from occupational exposure to blood-borne diseases. Although OSHA has decided to pursue development of such a standard, as a result of recent rulemaking petitions and OSHA's evaluation of those petitions and OSHA's evaluation of those petitions, the Agency has concluded that the risk of contracting Hepatitis B, AIDS and other blood-borne infectious diseases among members of various occupations within the health care system requires an immediate response through a variety of existing mechanisms. As the State covers public sector employees, some of these procedures also cover local and state government workers, such as policemen, firefighter, ambulance and other emergency response workers.

1. Occupational exposure may occur in many ways, including needlestick and cut injuries. Health care workers employed in certain occupations are assumed to be at high risk for blood-borne infections due to their routinely increased exposure to body fluids from potentially infected patients. These high risk occupations include but are not limited to physicians, pathologists, dentists and dental technicians, x-ray technicians, phlebotomists, emergency room, intensive care and operating room nurses

and technicians, laboratory and blood bank technologists and technicians. Other health care workers who may be directly exposed to such body fluids depending on their exact work assignments include such occupations as housekeeping personnel, laundry workers, orderlies, morticians, research laboratory workers, paramedics, medical examiners. Employees in any occupation where they are directly exposed to body fluids are considered to be at substantial risk of occupational exposure to HIV and/or HBV.

2. Ward clerks and administrators have virtually no increased risk of contact with body fluids as a result of their employment; they are thus at no greater occupational risk of contracting blood-borne diseases than other members of the general population.

3. Neither HBV nor HIV is transmitted by casual contact in the workplace.

4. The employer's obligations are those set forth in AS 18.60.075. However, the CDC has published guidelines to protect workers from HBV and HIV (see Appendices A & B). Alaska OSH is relying on these guidelines as reflecting an appropriate and widely recognized and accepted standard of protection to be followed by health care employers in carrying out their responsibilities under the Alaska OSH Act.

5. The same personal protective equipment and work practices used to prevent occupational transmission of HBV are effective in preventing occupational transmission of HIV. The CDC has called for use of "universal precautions" when working with blood and/or body fluid from any patient.

6. One difference between the two viruses is that there is currently a vaccine to prevent HBV infection, which the CDC has recommended for persons at substantial risk of occupational exposure, but there is no vaccine for HIV.

7. This Program Directive applies to both the private and public sector health care facilities and to other public agencies such as fire and police departments where there may be a possibility of exposure to the HBV and HIV viruses. However, since public agencies in Alaska receive advice and follow the recommendations of the Alaska Division of Public Health of the Department of Health and Social Services on precautions for the prevention of transmission of HBV and HIV viruses, it will be Alaska OSH's policy not to conduct scheduled (programmed) inspection of state and local government

health care facilities or emergency response agencies. Alaska OSH will cooperate with the Division of Public Health to assist state and local health care facilities and emergency response agencies to comply with the occupational safety and health standards set out in this PD. It will, however, respond to all complaints from state and local government employees who work in such work places. If there is a violation of one of the standards set out in this PD as a result of a complaint inspection, a citation will be issued.

E. Inspection Scheduling, Goal, Scope.

1. Inspection scheduling shall be conducted in accordance with the procedures outlined in the Compliance Manual, Chapter II, except as modified in the following sections.

2. The Chief shall develop a list of health care establishments and State and local government emergency response agencies using information available from the Department.

   a. This list shall be randomly selected from among all establishments identified as being within the health care industries, viz., those industries having primary Standard Industrial Classification (SIC) codes 80** (Health Services) and 7261 (Funeral Service and Crematories).

   b. All establishments listed as having less than 11 employees shall be excluded from the list.

3. The State will conduct three inspections of private health care facilities FY 1991. The objective for FY 1992 will depend on the results of these inspections. If serious hazards are observed during these inspections, the number of inspections planned for FY 1992 will be increased.

4. Any establishment deleted shall be replaced by another establishment selected according to E.2.

5. All inspections, programmed or unprogrammed, conducted at health care facilities or at other facilities (such as manufacturing plants) which support an onsite health care unit shall be directed to all areas involving the hazard of direct exposure to body fluids potentially contaminated with HBV or HIV.

   a. Primary areas of concern are emergency rooms, operating rooms, direct patient care areas,

laboratories, and x-ray. Secondary areas of concern are laundry and housekeeping.

b. Records review procedures for the purpose of conducting a records only inspection do not apply.

c. Expansion to additional units may be appropriate when:

(1) The IC Program shows significant deficiencies in complying with OSHA requirements, as set forth in this instruction, that may indicate the existence of more widespread problems.

(2) Relevant complaints are received from employees which are specifically related to direct exposures to body fluids.

6. If a health care employer refuses entry to a compliance officer, the procedures set out in Chapter III, Paragraph D.1.d. of the Compliance Manual will be followed. If the State Courts (there has not been a case where this has occurred) uphold the employer's right to refuse entry, then the procedure set out in E.4. will be used to replace this establishment with another establishment.

F. Inspection Procedures. The procedures given in Chapter III of the Compliance Manual shall be followed except as modified in the following section.

1. When entering a hospital or health care facility, the IH shall attempt to locate the Hospital Administrator, the Medical Director or the person in charge and present credentials. At a state or local governmental agency, the IH will contact the Police Department or Fire Department Chief, or appropriate individual in charge.

2. Health care facilities generally administer internal IC programs. This function may be performed by a committee or an individual. Upon entry the CO or IH shall request the presence of the infection control nurses and/or other individuals who will be responsible for providing records pertinent to the inspection.

3. Careful examination of the facility's IC program is the core element of these inspections. Occupational injury and illness records shall be carefully scrutinized, and employees selected from all appropriate areas of the facility shall be interviewed to verify both the accuracy of the DOSH-200 records and the effectiveness of the IC program.

4. Needlesticks, like any other puncture wound, are considered injuries for recordkeeping purposes due to the instantaneous nature of the event. Only those work-related injuries that involve loss of consciousness, transfer to another job, restriction of work or motion, or medical treatment are required to be on the DOSH 200 form. Use of prescription medication (beyond a single dose for a minor injury or discomfort) is considered medical treatment. Therefore, any needlestick requiring medical treatment (e.g., gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) shall be recorded. In addition, since this type of treatment is considered absolutely necessary, and must be administered by a physician or licensed medical personnel, such an injury cannot be considered minor.

5. In the event the facility being inspected does not have a formal IC Program, employee interviews, combined with an inspection of appropriate areas of the facility shall be used to determine the effectiveness of the establishment's efforts to protect employees from exposure to potential infectious disease sources.

6. COs and IHs shall use appropriate caution when entering patient care areas of the facility. When such visits are judged necessary for determining actual conditions in the facility, the privacy of patients shall be respected. Photographs of patients will not normally be necessary and in no event shall identifiable photographs be taken without their consent.

7. The walkaround portion of the inspection shall consist of a spot-check approach. The CO or IH shall identify on the basis of professional judgement what areas should be physically checked out and to what extent. It is not expected that a comprehensive walkaround inspection of the workplace will be necessary. The IH or CO is to be satisfied that an IC Program is in place and judged to be effective.

8. If an inspection is conducted in an establishment outside of SIC codes 80** and 7261, and a health care unit is on site, the provisions of Sections E through P apply and shall be enforced.

G. Citation Policy. The provisions of the Compliance Manual, Chapters IV and V, shall be followed when issuing citations for blood-borne infectious diseases.

1. The following requirements apply when citing hazards found in health care facilities. Employers must comply with the provisions of these requirements whenever an employee may reasonably be expected to have direct contact with body fluids regardless of whether the patient is known to have been infected with HBV and HIV. This policy is based on the widespread nature of HBV and the consequent risk to health care workers described above. It is also based on the need to maintain patient confidentiality and HBV and HIV testing limitations.

   a. Article 4. General Safety Code--Personal protective equipment.

   b. 02.104(a). Occupational and Industrial Structures Code--General Requirements, Housekeeping.

   c. 02.106(a)(1) and (2), Sanitation, Waste disposal.

   d. 01.1202, General Safety Code--Specifications For Accident Prevention Signs and Tags.

   e. AS 18.60.075(4)--General Duty Clause.

2. Whenever a hazardous condition exists that is not covered by one of the standards listed above, and the decision is made not to cite the condition under the general duty clause, the appropriate letter shall be sent advising the employer of the hazardous conditions and suggesting corrective action.

3. Such recommendations made to employers shall be noted in the case file for special attention in subsequent inspections.

4. Multi-Employer Work Site. The following citation guidelines apply in multi-employer worksites.

   a. Health care facilities shall be cited for standards and AS 18.60.075(4) violations to which their own employees are exposed.

   b. They shall also be cited for standards (but not AS 18.60.075(4)) violations to which employees of other employers on their premises are exposed to the extent that they control the hazard. For example, they shall be cited for not providing personal protective equipment to unprotected employees of other employers on their premises.

   c. Physicians who are members of professional corporations are generally considered to be

employees of that corporation. Therefore, the corporation may be cited for all violations affecting those physicians. Hospitals where they work may also be cited for standards violations (but not AS 18.60.075(4)) to which they are exposed.

d. No citation shall be issued where the only persons exposed are physicians who are sole practitioners or partners, and thus not employees under the Alaska Occupational Safety and Health statutes.

H. Violations. The IC Program shall be carefully evaluated to determine compliance with Alaska OSH requirements, as clarified by those CDC guidelines relating to health care worker safety and health. The description of the OSH requirements in this section is based upon those guidelines. Violations of OSH requirements will normally be classified as serious.

1. 01.0401(a) and (c). The standard provides in pertinent part:

"(a) Application. Protective equipment, including personal protective equipment for eyes, face, hands, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment....encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.

(c) Design. All personal protective equipment shall be of safe design and construction for work to be performed.

The following personal protective measures shall have been addressed by the IC Program and verified by interviews and walkaround.

(a) Gloves. The use of gloves will vary according to health care worker judgment and the procedure involved. The use of disposable gloves is indicated when appropriate for procedures where body fluids are handled.

(1) The use of gloves is particularly important in the following circumstances:

(a) If the health care worker has cuts, abraded skin, chapped hands, dermatitis or the like.

(b) During instrumental examination of otopharynx, gastrointestinal tract and genitourinary tract.

(c) When examining abraded or non-intact skin or patients with active bleeding.

(d) During invasive procedures.

(e) During all cleaning of body fluids and decontaminating procedures.

(2) Gloves must be of appropriate material, usually intact latex or intact vinyl, of appropriate quality for the procedures performed, and of appropriate size for each health care worker. Where gloves do not meet these requirements 01.0401(c) shall be cited.

(3) Employers shall not wash or disinfect surgical or examination gloves for reuse.

(4) General purpose utility (rubber) gloves worn by maintenance, housekeeping, laundry or other nonmedical personnel may be decontaminated and reused.

(5) No gloves shall be used if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration. Failure to meet these requirements shall be cited under 01.0401(c).

b. Gowns. The use of gowns, aprons, or lab coats shall be mandatory when splashes to skin or clothing with body fluids are likely to occur. Gowns, including surgical gowns, shall be made of or lined with impervious material and shall protect all areas of exposed skin.

c. Masks and Eye Protectors. The use of masks and protective eyewear or face shields shall be mandatory when contamination of mucosal membranes (eyes, mouth or nose) with body fluids such as splashes or aerosolization of such material (e.g., during surgical or dental procedures), is likely to occur. They are not required for routine care.

d. Resuscitation Equipment. Pocket masks, resuscitation bags, or other ventilation devices shall be provided in strategic locations as well as

to key personal (e.g., paramedics) where the need for resuscitation is likely. This will minimize the need for emergency mouth-to-mouth resuscitation.

e. Invasive Procedures. Personal protective equipment as described above shall be used when performing invasive procedures to avoid exposure. When a health care worker's skin or mucous membranes may come in contact with body fluids, gowns, masks, and eye protection shall be worn, as noted above.

f. Phlebotomy. Gloves shall be made available to phlebotomists. Employers who do not make them available shall be cited for failure to provide under 01.0401(a). Employers who make gloves available, but discourage or prohibit their use shall be cited for failure to use under 01.0401(a), if in fact the gloves are not being used. However, no citation for failure to use shall be issued where the phlebotomist voluntarily and without the encouragement of the employer does not wear gloves. Gloves shall be worn when the following circumstances exist:

(1) For performing phlebotomy when the health care worker has cuts, scratches, or other breaks in his/her skin.

(2) In situations where the IH or CO and/or health care worker judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative patient.

(3) For performing finger and/or heel sticks in infants and children.

(4) When persons are receiving training in phlebotomy.

g. Dentistry. Gloves shall be worn for contact with oral mucous membranes. Surgical mask and protective eyewear or chin-length plastic face shields shall be used during dental procedures in which splashing, spattering or aerosolization of blood, saliva or gingival fluids is likely. (Saliva and gingival fluids are included because of the likelihood that they contain blood in their setting).

h. Laboratories. The use of gloves are required for processing body fluid specimens. Masks and protective eyewear shall be worn when the worker's mucosal membranes may come in contact with body

fluids.

i. Postmortem Procedures. Persons performing or assisting in postmortem procedures shall wear personal protective equipment as noted above to avoid exposure to body fluids.

2. 02.104(a), Occupational and Industrial Structure Code.

The standard provides in pertinent parts:

(a) Housekeeping. (1) All places of employment, shall be kept clean to the extent that the nature of the work allows.

(2) The floor of every workroom shall be maintained in a clean and, so far as possible, a dry condition....."

The IC program shall have identified housekeeping operations involving substantial risk of direct exposure to body fluids and shall have addressed the proper precautions to be taken while cleaning rooms and blood spills. The application of these procedures shall be verified by employee interviews and the walkaround.

a. Room Cleaning Where Body Fluids Are Present. Schedules shall be as frequent as necessary according to the area of the institution, type of surface to be cleaned, and the amount and type of soil present.

b. Disinfectants. Following the initial cleanup, one of the following shall be used for cleaning blood and/or body fluids:

(1) Chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions.

(2) Products registered by the Environmental Protection Agency as being effective against HIV with an accepted "HIV (AIDS virus)" label.

(3) A solution of 5.25 percent sodium hypocholorite (household bleach) diluted between 1:10 and 1:100 with water.

3. 02.106, Occupational and Industrial Structures Code. The standard provides in pertinent part:

"(a) Waste disposal. (1) Any receptacle used for decavable solid or liquid waste or refuse shall be so constructed that it does not leak and may be thoroughly cleaned and/or maintained in a sanitary condition. Such a receptacle shall be equipped with a solid, tight-fitting cover, unless it can be maintained in a sanitary condition without a cover.

(2) All sweepings, solid or liquid wastes, refuse, and garbage shall be removed in such a manner as to avoid creating a menace to health and as often as necessary or appropriate (at least daily) to maintain the place of employment in a sanitary condition."

The IC Program shall have addressed the handling and disposal of the following potentially contaminated items. The effectiveness of the program in this regard shall be verified through employee interviews and the walkaround.

a. Sharp Instruments and Disposable Items. Needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Resheathing instruments, self-sheathing needles, or forceps shall be used to prevent recapping needles by hand.

(1) After they are used, disposable syringes and needles, scalpel blades, and other sharp items shall be placed in puncture-resistant containers for disposal.

(2) Such containers shall be easily accessible to personnel needing them and located in all areas where needles are commonly used, including emergency rooms, intensive care units, and surgical suites and shall be so constructed that they will not spill their contents if knocked over and will not themselves allow injuries when handled.

(3) These containers shall also be located on patient floors and any other setting where blood is drawn and needles are used.

b. Lab Specimens. All specimens of body fluids shall be put in a well constructed container with a secure lid to prevent leaking during transport and shall be disposed of in an approved manner. Contaminated materials used in laboratory tests should be decontaminated before reprocessing or be placed in bags and disposed of in accordance with institutional policies for disposal of infectious waste.

4. 01.1202, General Safety Code. The standard provides in pertinent part:

(f)(3) Use. Tags must be used as means to prevent accidental injury or illness to employees who are exposed to hazardous or potentially hazardous conditions, equipment or operations which are out of the ordinary, unexpected or not readily apparent. Tags must be used until the identified hazard is eliminated or the hazardous operation is completed. Tags need not be used where signs, guarding or other positive means of protection are being used.

(4) General tag criteria. All required tags must meet the following criteria:

(A) Tags shall contain a signal word and a major message.

(i) The signal word must be ... "BIOHAZARD," or the biological hazard symbol.

(ii) The major message must indicate the specific hazardous condition or the instruction to be communicated to the employee.

(B) The signal word must be readable at minimum distance of five feet (1.52m) or such greater distance as warranted by the hazard.

(C) The tag's major message must be presented in either pictographs, written text or both.

(D) The signal word and the major message must be understandable to all employees who may be exposed to the identified hazard.

(E) All employees shall be informed as to the meaning of the various tags used throughout the workplace and what special precautions are necessary.

(F) Tags must be affixed as close as safely possible to their respective hazards by a positive means such as string, wire, or adhesive that prevents their loss or intentional removal.

(f)(8) Biological Hazard Tags. Biological hazard tags shall be used to identify the actual or potential

presence of a biological hazard and to identify equipment, containers, rooms, experimental animals, or combinations thereof, that contain or are contaminated with hazardous biological agents.

The IC Program shall have addressed the labeling procedures to be followed in the facility. That these procedures are followed shall be confirmed by employee interviews and the walkaround.

(a) Bags or other receptacles containing articles contaminated with potentially infectious material, including contaminated disposable items, must be tagged or otherwise identified. The Tag shall have the signal work **"BIOHAZARD"** or the biological hazard symbol. The tag shall indicate that the bag could contain infectious wastes and give any additional instructions; e.g., if the outside of the bag is contaminated with body fluids, a second outer bag should be used.

b. If tags are not used, other equally effective means of identification shall be used (e.g., red bagging).

c. Employees shall be informed of the meaning of tags. With respect to tagged material, they shall also be instructed to use double bagging where puncture or outside contamination is likely.

5. Alaska Statutes (AS) 18.60.075(4). AS 18.60.075(4) provides:

An employer shall do everything necessary to protect the life, health and safety of employees including furnishing to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;

a. AS 18.60.075(4) citations must meet the requirements outlined in the Compliance Manual, Chapter IV, and can be issued only where there is a hazard which can not be abated by implementing an abatement method required by the standards above. All applicable abatement methods identified as correcting the same hazard shall be issued under a single AS 18.60.075(4) citation.

b. If a citation under AS 18.60.075(4) is justified, the citation, after setting forth the description for AS 18.60.075(4) citation, shall state:

Health care workers (specify categories, such as doctors, nurses, etc.) (specify location) were exposed to the hazard of being infected by HBV and/or HIV through possible direct contact with blood or other body fluids. Feasible and useful abatement methods for reducing this hazard, among others, are: (List abatement methods not required by the standards which employer is not implementing.)

c. Recognition for purposes of citing section AS 18.60.075(4) is recognition of the hazard of being infected with HBV and/or HIV through possible direct contact with blood or certain body fluids. The health care industry generally accepts and, therefore, recognizes the determination of this hazard by the CDC, which is the acknowledged authority in this area. The employer's IC Program can also constitute evidence of recognition.

d. The following are examples of feasible and useful abatement methods. The non-use of any of these methods is likely to result in the continued existence of a serious hazard and, may, therefore, allow citation under AS 18.60.075(4). Consequently, all of these methods shall have been implemented. To determine whether they are being implemented, the CO or IH shall evaluate the IC Program and verify with employee interviews and the walkaround.

(1) Hepatitis B Vaccination. The facility's IC policy regarding Hepatitis B vaccinations shall address all circumstances warranting such vaccinations and shall identify employees at substantial risk of occupational exposure. All such employees shall be offered Hepatitis B vaccinations in amounts and at times prescribed by standard medical practice.

(2) Linen. The IC Program shall have identified all laundry operations involving substantial risk of direct exposure to body fluids. Linen soiled with body fluids shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linen. All soiled linen shall be bagged at the location where it was used; it shall not be sorted or rinsed in patient-care areas. Soiled linen shall be placed and transported in bags that prevent leakage.

(3) Reusable Equipment. Standard sterilization and

disinfection procedures currently recommended for Hepatitis B in a variety of health care settings are adequate to sterilize or disinfect instruments, devices, or other items contaminated with body fluids. A recommended source of information is the CDC's Guidelines for Hospital Environmental Control: Cleaning, Disinfection and Sterilization of Hospital Equipment.

(4) Bagging of Articles. Objects that are contaminated with potentially infectious materials shall be placed in an impervious bag. If outside contamination of the bag is likely, a second bag shall be added.

(5) Handwashing. After removing gloves, hands or other skin surfaces shall be washed thoroughly and immediately after contact with body fluids.

(6) Follow-up Procedures After Possible Exposure to HIV/HBV.

(a) If a health care worker has a percutaneous (needlestick or cut) or mucous membrane (splash to eye, nasal mucosa, or mouth) exposure to body fluids or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise nonintact, the source patient shall be informed of the incident and tested for HIV and HBV infections, after consent is obtained.

(b) If patient consent is refused or if the source patient tests positive, the health care worker shall be evaluated clinically and by HIV antibody testing as soon as possible and advised to report and seek medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure. HIV seronegative workers shall be retested 6 weeks post-exposure and on a periodic basis thereafter (12 weeks and 6 months after exposure).

(c) Follow up procedures shall be taken for health care workers exposed or potentially exposed to HBV. The types of procedures depends on the immunization status of the worker (i.e., whether HBV vaccination has been received and antibody response is

adequate) and the HBV serologic status of the source patient. The CDC Immunization Practices Advisory Committee has published its recommendations regarding HBV postexposure prophylaxis in table format in the June 7, 1985 Morbidity and Mortality Weekly Report.

(d) If an employee refuses to submit to the procedures in (b) or (c) above when such procedures are medically indicated, no adverse action can be taken on that ground alone since the procedures are designed for the benefit of the exposed employee.

(7) Training and Education of Health Care Workers. The employer's training program shall be evaluated in accordance with Appendix C.

(a) All health care workers such as those listed in c.1. shall receive education on precautionary measures, epidemiology, modes of transmission and prevention of HIV/HBV. Health care workers shall be counseled regarding possible risks to the fetus from HIV/HBV and other associated infectious agents.

(b) In addition, such workers must receive training regarding the location and proper use of personal protective equipment. They shall be trained concerning proper work practices and, if the facility has implemented them, shall understand the concept of "universal precautions" as it applies to their work practices. They shall be trained about the meaning of color coding or other methods (except tags) used to designate contaminated articles or infectious waste. Where tags are used, training about tags and precautions to be used in handling contaminated articles or infectious waste is governed by 01.1202 General Safety Code. (See section H.4.) Workers shall receive training about procedures to be used if they are exposed to needlestick or to body fluids.

I. Other Standards.

1. The hazard communication standard, Subchapter 15, only

applies to hazardous chemicals or physical hazards in the workplace and thus does not apply to biological hazards such as blood-borne diseases.

2. A record concerning employee exposure to HIV and/or HBV is an employee exposure record within the meaning of 8 AAC 61.260. A record about HIV and/or HBV status is also an employee medical record within the meaning of 8 AAC 61.260. Therefore, under 8 AAC 61.270, the CO or IH may obtain these records for purposes of determining compliance with 8 AAC 61.260.

3. Generally, 01.0403 does not apply since there are no respirators approved for biohazards. However, placing respirators in areas where they could be contaminated by body fluids constitutes a violation of 01.0403(b)(6).

J. Expert Witnesses. The OSHA Directorate of Technical Support will assist States in locating expert witnesses.

1. In the event that an AS 18.60.074(4) citation is contested, proper expert witness support shall be immediately obtained. Issues which the expert must be prepared to address include:

   (a) The risk to workers associated with the exposure circumstances.

   (b) Existence, feasibility and utility of abatement measures.

   (c) Recognition of the hazard in the industry, by the employer.

2. Expert witnesses may also be necessary in other cases, particularly those involving 01.0401(a).

K. Recording in the IMIS. Current instructions for completing the appropriate inspection classification boxes (Items 24 and 25) on the AK DOSH-1, Inspection Report, as found in the IMIS Manual shall be applied when recording inspections conducted at the health care facilities:

1. Inspections conducted in health care facilities or emergency response agencies shall be coded as "Comprehensive" or "Partial" in Item 35 of the AK DOSH-1, as appropriate. Such inspections shall not be coded as records only inspections.

2. The AK DOSH-1 for health care facility or unit inspections scheduled as a result of a complaint shall be marked as "Safety" or "Health" as appropriate (Item

21.), "Complaint" (Item 24.), and "National Emphasis Program" (Item 25d.). Record "BLOOD" in the space in Item 25d.

3. The AK DOSH-1 for health care facility or unit inspections scheduled from the Safety or the Health Establishment List or from the Health Care Establishment List shall be marked as "Safety" or "Health," as appropriate (Item 21.), "Planned" (Item 24h.), "Safety" or "Health Planning Guide" as appropriate (Item 25b.), "National Emphasis Program" (Item 25d.). Record "BLOOD" recorded in the space in Item 25d.

4. The AK DOSH-1 for any unprogrammed safety or health inspection conducted in a health care facility or unit shall be marked "Unprogrammed" (Item 24 a. through g., as appropriate), "National Emphasis Program" (Item 25d.) and "BLOOD" recorded in the space in Item 25d.

L. Referrals. When a complaint or inquiry is received from a health care facility owned by a federal agency, the Chief IH shall refer it to the OSHA Area Office in Anchorage.

M. Personal Protective Equipment for COs or IHs.

1. COs and IHs shall not participate in activities that will require them to come into contact with body fluids, needles or other sharp instruments contaminated with blood. To evaluate such activities, COs and IHs normally shall establish the existence of hazards and adequacy of work practices through employee interviews and shall observe them at a safe distance.

2. COs and IHs shall take necessary precautions to avoid direct contact with body fluids. It will not normally be necessary for COs or IHs actually to enter hazardous areas and, therefore, to use personal protective equipment. On the rare occasions when entry into potentially hazardous areas is judged necessary, the CO or IH shall be properly equipped as required by the health care facility as well as by his/her own professional judgment, after consultation with the supervisor (see Compliance Manual, Chapter III).