

BLOODBORNE PATHOGENS (1910.1030) - COMPLIANCE CHECKLIST

- Does the employer have employees with reasonably anticipated occupational exposure to blood or other potentially infectious materials (OPIM)?
- Does the employer have a written exposure control plan that identifies workers with occupational exposure and specifies the methods of protecting and training employees? Is the plan reviewed at least annually? Is it accessible to all employees? Does the plan document the employer's consideration and implementation of effective engineering controls? Are affected, non-managerial employees responsible for direct patient care involved in the identification, selection and evaluation of engineering controls?
- Does the employer mandate the practice of universal precautions, standard precautions, or body substance isolation (BSI)?
- Has the employer provided the appropriate personal protective equipment? Ensured its use? Made it accessible?
- Has the employer instituted engineering controls (i.e., sharps containers)? Are these controls examined, maintained, or replaced on a regular schedule to ensure effectiveness?
- Has the employer made employees aware of workplace practices (i.e., handwashing, no eating/drinking in areas of potential exposure, proper handling/disposal of sharps, handling of contaminated laundry)?
- Has the employer provided facilities/equipment to comply with workplace practices, such as handwashing sinks (antiseptic wipes if soap/water infeasible), biohazard labeling, sharps containers, bleach or an EPA registered disinfectant that is labeled as effective against HIV and HBV, provided such surfaces have not become contaminated with agents or volumes or concentrations of agents for which higher level disinfection is recommended, to clean blood spills?
- Does the employer have a written schedule for decontaminating areas, items or surfaces?
- Has the employer provided red bags/biohazard labeled bags for items considered regulated (infectious) waste? Are sharps containers puncture-resistant, red in color, or labeled with the biohazard sign?
- Has the employer offered (free of charge) the Hepatitis B vaccination series to employees with occupational exposure? Signed declination forms? Was antibody testing done one to two months after the completion of the three-dose vaccination series for healthcare workers who have ongoing contact with patients or blood and are at ongoing risk for percutaneous injuries with sharp instruments or needlesticks be tested for antibody to Hepatitis B surface antigen?

- Did the employer choose to follow the July 1992 revised interpretation allowing the employer to offer the Hepatitis B vaccination series after first aid providers have rendered first aid involving blood or OPIM? Is a first aid log maintained? *[Does not apply to healthcare employers.]*
- Does the employer have a post-exposure follow-up program for those employees experiencing an exposure incident?
- Does the employer provide a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood upon consent, post-exposure prophylaxis, counseling, and evaluation of reported illnesses? Health care professional's written opinion as per the standard?
- Has the employer established a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps? *[Does not apply to employers with fewer than 10 employees.]* Does the log include at least the minimum information required; i.e., type/brand of device involved in the incident, the department/work area where the incident occurred, and an explanation of how the incident occurred?
- Does the employer keep medical records confidential? Maintained for duration of employment plus 30 years?
- Does the employer record all injuries from contaminated sharps on the OSHA 300 Log? Are the privacy provisions of 1910.1030 observed; i.e., is the employee's name not recorded on the OSHA-300 log and a separate confidential list of case numbers and employee names maintained.)?
- Has the employer conducted initial and annual training per the standard requirements [(1910.1030(g)(2)(ii)]? Was there opportunity for questions/answers (interaction) during training? Training records maintained for 3 years?

The Bloodborne Pathogens Standard, 1910.1030, is quite extensive. This checklist is by no means all-inclusive. Always consult the standard for 100% compliance.