



SEARCH

A to Z Index | En Español | Contact Us | FAQs | About OSHA

OSHA

OSHA QuickTakes Newsletter RSS Feeds Print This Page Text Size

Occupational Safety & Health Administration We Can Help

What's New | Offices

- Home
- Workers
- Regulations
- Enforcement
- Data & Statistics
- Training
- Publications
- Newsroom
- Small Business
- OSHA



Highlights
 FDA, NIOSH and OSHA Joint Safety Communication on Blunt-Tip Surgical Suture Needles. (2012, May 30).

Most frequently asked questions concerning the bloodborne pathogens standard.

Quick Reference Guide to the Bloodborne Pathogens Standard.

- General Guidance
- Enforcement
- Hazard Recognition
- Evaluation & Controls
- Other Resources
- Standards

<< Back to Home - Bloodborne Pathogens and Needlestick Prevention

General Guidance

The following information provides discussion on the revised standard.

- [Bloodborne Pathogens - OSHA's Bloodborne Pathogens Standard](#) [63 KB PDF*, 2 pages]. OSHA Fact Sheet, (2011, January).
- [Revision to OSHA's Bloodborne Pathogens Standard - Technical Background and Summary](#). OSHA, (2001, April). Includes revised information regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices.
- [Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule](#). OSHA Federal Register Final Rules 66:5317-5325, (2001, January 18). Also available as a 450 KB PDF, 9 pages. OSHA revised the Bloodborne Pathogens standard in conformance with the requirements of the Needlestick Safety and Prevention Act.
- [Most frequently asked questions concerning the bloodborne pathogens standard](#). OSHA Standard Interpretation, (1993, February 1; corrected 2003, August 13; updated 2011, October 26). Responses to common questions about the bloodborne pathogens standard.
- [Quick Reference Guide to the Bloodborne Pathogens Standard](#). OSHA, (2011). Provides answers and additional information to frequently asked questions regarding bloodborne pathogen hazards.

What is the Bloodborne Pathogens Standard?

OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) as amended pursuant to the 2000 Needlestick Safety and Prevention Act, is a regulation that prescribes safeguards to protect workers against health hazards related to bloodborne pathogens. It has provisions dealing with exposure control plans, engineering and work practice controls, hepatitis B vaccination, hazard communication and training, and recordkeeping. The standard imposes requirements on employers of workers who may be exposed to blood or other potentially infectious materials such as certain tissues and body fluids.

[Back to Top](#)

Accessibility Assistance: Contact the OSHA Directorate of Technical Support and Emergency Management at (202) 693-2300 for assistance accessing PDF materials.

*These files are provided for downloading.

[Home](#) | [General Guidance](#) | [Enforcement](#) | [Hazard Recognition](#) | [Evaluation & Controls](#) | [Other Resources](#) | [Standards](#)

Freedom of Information Act | Privacy & Security Statement | Disclaimers | Customer Survey | Important Web Site Notices | International | Contact Us

U.S. Department of Labor | Occupational Safety & Health Administration | 200 Constitution Ave., NW, Washington, DC 20210
 Telephone: 800-321-OSHA (6742) | TTY: 877-889-5627

www.OSHA.gov

OSHA[®] FactSheet

OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational

exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

Additional Information

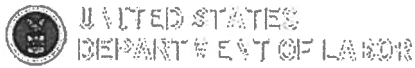
For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.

For assistance, contact us. We can help. It's confidential.





[A to Z Index](#) | [En Español](#) | [Contact Us](#) |
[FAQs](#) | [About OSHA](#)

OSHA

[OSHA QuickTakes](#) Newsletter [RSS Feeds](#) [Print This Page](#) [Text Size](#)

[Occupational Safety & Health Administration](#) [Enforcement](#) [Data & Statistics](#)

[Training](#)

What's New
 | **Offices**
OSHA

[Publications](#) [Newsroom](#) [Small Business](#)

<< [Back to Previous](#)

Quick Reference Guide to the Bloodborne Pathogens Standard

1. What is the Bloodborne Pathogens standard?

OSHA's Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) as amended pursuant to the *Needlestick Safety and Prevention Act of 2000*, prescribes safeguards to protect workers against the health hazards caused by bloodborne pathogens. Its requirements address items such as exposure control plans, universal precautions, engineering and work practice controls, personal protective equipment, housekeeping, laboratories, hepatitis B vaccination, post-exposure follow-up, hazard communication and training, and recordkeeping. The standard places requirements on employers whose workers can be reasonably anticipated to contact blood or other potentially infectious materials (OPIM), such as unfixed human tissues and certain body fluids.

2. What is the Needlestick Safety and Prevention Act?

The *Needlestick Safety and Prevention Act* (the Act) (Pub. L. 106-430) was signed into law on November 6, 2000. Because occupational exposure to bloodborne pathogens from accidental sharps injuries in healthcare and other occupational settings continues to be a serious problem, Congress required modification of OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) to set forth in greater detail (and make more specific) OSHA's requirement for employers to identify, evaluate and implement safer medical devices such as needleless systems and sharps with engineered sharps protections. The Act also mandated additional requirements for maintaining a sharps injury log and for the involvement of non-managerial healthcare workers in identifying, evaluating and choosing effective engineering and work practice controls. These are workers who are responsible for direct patient care and be potentially exposed to injuries from contaminated sharps.

3. How does the Needlestick Safety and Prevention Act apply to OSHA's Bloodborne Pathogens standard?

The Act directed OSHA to revise its Bloodborne Pathogens standard (29 CFR 1910.1030). OSHA published the revised standard in the *Federal Register* on January 18, 2001; it took effect on April 18, 2001. The requirement to implement the use of engineering controls, which includes safer medical devices, has been in effect since 1992.

4. How does the standard affect states that operate their own federally-approved occupational safety and health programs?

States and territories that operate their own OSHA-approved state programs are required to adopt a Bloodborne Pathogens standard that is at least as effective as the Federal OSHA standard.

5. Does the standard apply to public sector (state and local government) employees?

The 25 states and two territories that operate OSHA-approved state plans are required to enforce an "at least as effective" standard in the public sector. In the remaining states where Federal OSHA has jurisdiction, hospitals in the public sector are required to comply with the Bloodborne Pathogens standard with enforcement by the Centers for Medicare and Medicaid Services ([42 U.S.C. 1395cc\(a\)\(1\)\(V\) and \(b\)\(4\)](#)).

6. Do the Bloodborne Pathogens standard and the Needlestick Safety and Prevention Act apply to me?

OSHA's Bloodborne Pathogens standard, including its 2001 revisions, applies to all employers who have an employee(s) with occupational exposure (i.e., reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of the employee's duties). These employers must implement the requirements set forth in the standard. Some of the new and clarified provisions in the standard apply only to healthcare settings, but other provisions, particularly the requirements to update the Exposure Control Plan and to keep a sharps injury log, apply to non-healthcare as well as healthcare settings.

7. What does the standard say about the use of safer medical devices?

The standard states, "**engineering and work practice controls shall be used to eliminate or minimize employee**

exposure." The 2001 revision defines engineering controls as "**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.**" Employers who have employees exposed to contaminated sharps must consider and implement appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. Also, employees with occupational exposure must be trained in the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment. Therefore, training must include instruction on any new techniques and practices associated with new engineering controls.

8. If I've never had an employee experience a needlestick, do I still need to use safer devices?

Yes. OSHA standards are intended to be implemented as a means to **prevent** occupational injuries and illnesses. To most effectively avoid percutaneous injuries from contaminated sharps, employers must implement engineering controls, including safer medical devices, so that employees have them available to use.

9. How many non-managerial employees do I need to include in the process of choosing safer medical devices?

Small medical offices may want to seek input from all occupationally exposed employees when making their decisions. Larger facilities are not required to request input from all exposed employees; however, the employees selected should represent the range of exposure situations encountered in the workplace (e.g., pediatrics, emergency department, etc.). Regardless of the number chosen, in order to be included in the process the workers must be responsible for direct patient care and be potentially exposed to injuries from contaminated sharps. The solicitation of employees who have been involved in the input and evaluation process must be documented in the Exposure Control Plan.

10. Does OSHA have a list of available safer medical devices?

No. OSHA does not approve or endorse any product. It is the employer's responsibility to identify and implement appropriate, commercially available and effective safer medical devices for the specific medical procedures being conducted.

11. What if a safer option is not available for the medical device that I use?

A key element in choosing a safer medical device, other than its appropriateness to the procedure and its effectiveness, is its availability on the market. If there is no safer option to the medical device that you are using for a particular procedure, you are not required to adopt a device different from the one currently being used. During your annual review of devices, you must consider new or prospective safer options and document this fact in your written Exposure Control Plan. With advances in medical technology, more devices are becoming available for different procedures. If no engineering control is available, work practice controls shall be used and, if occupational exposure still remains, personal protective equipment must also be used.

12. Do I have to keep a sharps injury log? Does it have to be confidential?

If, as an employer, you are required to maintain a log of occupational injuries and illnesses under 29 CFR Part 1904, you must also establish and maintain a sharps injury log for recording percutaneous injuries from contaminated sharps. The sharps injury log must contain, at a minimum, the type and brand of device involved in the injury (if known), the department or work area where the exposure incident occurred, and an explanation of how the incident occurred. The log must be recorded and maintained in a manner that protects the confidentiality of the injured worker (e.g., removal of personal identifiers).

13. Does the revised Bloodborne Pathogens standard apply to medical or dental offices that have fewer than 10 employees?

OSHA's Bloodborne Pathogens standard applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials (OPIM), regardless of how many workers are employed. However, the offices and clinics of medical doctors and dentists are exempt from the requirement to keep a log of occupational injuries and illnesses and thus exempt from maintaining a sharps injury log. (See Appendix A to Subpart B of 29 CFR Part 1904.) All other applicable provisions of the Bloodborne Pathogens standard still apply.

14. What information do I need to include in my written Exposure Control Plan (ECP)? How often do I need to update it?

The required elements of an ECP are:

- The exposure determination which identifies job classifications with occupational exposure and tasks and procedures where there is occupational exposure and that are performed by employees in job classifications in which some employees have occupational exposure;
- The procedures for evaluating the circumstances surrounding exposure incidents;
- A schedule of how other provisions of the standard are implemented, including methods of compliance, HIV and HBV research laboratories and production facilities requirements, hepatitis B vaccination and post-exposure evaluation and follow-up, communication of hazards to employees, and recordkeeping;

Methods of compliance include:

- Universal Precautions;
- Engineering and work practice controls, e.g., safer medical devices, sharps disposal containers, hand hygiene;
- Personal protective equipment;

- Housekeeping, including decontamination procedures and removal of regulated waste.
- Documentation of:
 - the **annual** consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure, and
 - the solicitation of non-managerial healthcare workers (who are responsible for direct patient care and are potentially exposed to injuries from contaminated sharps) in the identification, evaluation, and selection of effective engineering and work practice controls.

The ECP must 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.

15. Are employers responsible for providing sharps containers for employees who are diabetic and need insulin shots in a non-healthcare related facility?

The employer would not be required to provide a sharps container to an employee using insulin syringes for personal therapeutic reasons. To eliminate potential exposures to other workers, however, the employer could require that the employee provide his or her own workplace sharps container.

16. What does OSHA currently accept as "appropriate" disinfectants to prevent the spread of HIV and HBV

OSHA's position is that EPA-registered tuberculocidal disinfectants, diluted bleach solutions and EPA-registered disinfectants that are labeled as effective against both HIV and HBV as well as Sterilants/High-Level Disinfectants cleared by the FDA, meet the requirement in the standard and are "appropriate" disinfectants to clean contaminated surfaces, provided that such surfaces have not become contaminated with agent(s) or volumes of or concentrations of agent(s) for which higher level disinfection is recommended.

It is important to emphasize the EPA-approved label section titled "SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV-1 AND HBV OF SURFACES\OBJECTS SOILED WITH BLOOD\BODY FLUIDS." These instructions require:

- that personal protective equipment be provided for the worker performing the task;
- that all the blood must be cleaned up thoroughly before applying the disinfectant;
- that the disposal of the infectious waste be in accordance with federal, state, or local regulations; and
- that the surface be left wet with the disinfectant for 30 seconds for HIV-1 and for 10 minutes for HBV.

17. Is a Hepatitis B (HBV) post-vaccination titer required?

29 CFR 1910.1030(f)(1)(ii)(D) takes into consideration the changing nature of medical treatment relating to hepatitis B. OSHA requires use of the U.S. Public Health Service (USPHS) guidelines current at the time of the evaluation or procedure. The most current guidelines regarding hepatitis B is the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis in MMWR, Vol. 50, No.11, June 29, 2001. The hepatitis B vaccination must be given in the standard dose and through the standard route of administration, as recommended in the guidelines. Employees who have ongoing contact with patients or blood and are at ongoing risk for percutaneous injuries must be tested for antibody to hepatitis B surface antigen, one to two months after the completion of the three-dose vaccination series. Employees who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. Non-responders to the second series must be medically evaluated.

18. Are workers who administer the vaccines in emergency situations (e.g., in a pandemic response) covered by the Bloodborne Pathogens standard

The Bloodborne Pathogens standard covers all workers in the private sector as well as civilian employees of federal entities. State and local government employees are covered if they are in one of the 25 states and two territories that operate their own OSHA-approved state plans. In the remaining jurisdictions, where Federal OSHA has authority, hospitals operated by state, territorial or local governments are required to provide the protection of the Bloodborne Pathogens standard to their employees with enforcement by the Centers for Medicare and Medicaid Services (42 U.S.C. 1395cc(a)(1)(V) and (b) (4)).

Additionally, the CDC recommends that all vaccination clinics comply with the Bloodborne Pathogens standard's provisions.

19. Where can I get information about what is expected of me?

There are several resources available for employers and employees with regard to occupational exposures to blood and OPIM. First is the OSHA Bloodborne Pathogens standard (29 CFR 1910.1030). Also available are CPL 2-2.69 (November 2001) Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, and many other related documents. This information can be found on OSHA's Bloodborne Pathogens and Needlestick Prevention web page. You may

access additional information, such as information from OSHA's Consultation and State Plan State Offices, via [OSHA's website](#) or by phone at 1-800-321-OSHA (6742). CDC and the National Institute for Occupational Safety and Health (NIOSH), a CDC agency, also have documents related to the [prevention of occupational exposure to blood and OPIM](#) available.

Accessibility Assistance: Contact the OSHA Directorate of Technical Support and Emergency Management at (202) 693-2300 for assistance accessing PDF materials.

[Freedom of Information Act](#) | [Privacy & Security Statement](#) | [Disclaimers](#) | [Customer Survey](#) | [Important Web Site Notices](#) | [International](#) | [Contact Us](#)

U.S. Department of Labor | Occupational Safety & Health Administration | 200 Constitution Ave., NW,
Washington, DC 20210
Telephone: 800-321-OSHA (6742) | TTY: 877-889-5627
www.OSHA.gov