

**Bloodborne Pathogens**

**FAQs**

**Are employers responsible for providing sharps containers for employees who are diabetic and need insulin shots in a non-health care related facility?**  
  
The Bloodborne Pathogens Standard only applies to occupational exposure to blood. The employer would not be required to provide a sharps container to an employee using insulin syringes for personal therapeutic reasons. In order to eliminate potential exposures to other workers, the employer should strongly insist that the employee have his or her own sharps container and bring that with them to the workplace.  
  
**Reference Interpretation and Compliance Letters:**

* [Coverage of the BBP standard for Good Samaritan acts and personal medical conditions.](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=24011) [3/23/01]

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

A review of the initial intent of the Bloodborne Pathogens Standard that specifically deals with the cleaning of contaminated work surfaces, i.e., 1910.1030(d)(4)(ii)(A), reveals that OSHA intended to provide a performance-based provision that would allow for future development of "appropriate disinfectant" products. OSHA has reviewed the information on the disinfectants and has reconsidered its position on EPA-registered disinfectants that are labeled as effective against HBV and HIV. OSHA's current stance is that EPA-registered disinfectants for HIV and HBV meet the requirement in the standard and are "appropriate" disinfectants to clean contaminated surfaces, provided 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." On the labels that OSHA has seen, these instructions require:

1. personal protection devices for the worker performing the task;
2. that all the blood must be cleaned thoroughly before applying the disinfectant;
3. that the disposal of the infectious waste is in accordance with federal, state, or local regulations; and
4. that the surface is left wet with the disinfectant for 30 seconds for HIV-1 and 10 minutes for HBV."

**Reference Interpretation and Compliance Letters:**

* [OSHA's policy regarding the use of EPA-registered disinfectants.](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=22767) [7/15/99]
* [Disinfectants claiming efficacy against the Hepatitis B virus.](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=22378) [4/1/97]
* [EPA-Registered disinfectants for HIV/HBV.](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=22364) [2/28/97]
* See Also: [*lists of EPA-registered products*](http://www.epa.gov/oppad001/chemregindex.htm)*and*[*FDA-Cleared Sterilants and High Level Disinfectants*](http://www.fda.gov/cdrh/ode/germlab.html)

**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. The CDC is the U.S. Public Health Service (USPHS) agency responsible for issuing guidelines and making recommendations regarding infectious agents. OSHA requires use of the CDC guidelines current at the time of the evaluation or procedure. Copies of the current guidelines and other CDC documents can be obtained on CDC's web site, [http://www.cdc.gov](http://www.cdc.gov/). The hepatitis B vaccination must be given in the standard dose and through the standard route of administration as recommended in the USPHS/CDC guidelines. The most current CDC guideline 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](http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf) in Vol 50, No. RR-11, published in the June 29, 2001 MMWR. It recommends that employees who have ongoing contact with patients or blood and are at on going risk for injuries with sharp instruments or needlesticks 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 must be medically evaluated.

**Reference Interpretation and Compliance Letters:**

* See: [OSHA Instruction CPL 2-2.69](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=2570), Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens. [11/27/01]