



Oregon Administrative Rules  
Chapter 437

Division 2

General Occupational Safety and Health

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Toxic and Hazardous  
Substances Bloodborne  
Pathogens

Subdivision

**Z**

Administrative  
Order 3-2019



Pursuant to **Oregon Revised Statutes (ORS) 654**, The Oregon Safe Employment Act (OSEAct), the Oregon Department of Consumer and Business Services, Occupational Safety and Health Division (Oregon OSHA), adopted these rules.

The Secretary of State designated Oregon Administrative Rules Chapter 437 as the Oregon Occupational Safety and Health Division Rules. Six subject areas are designated as “Divisions” of these rules.

- **Division 1** Administration of the Oregon Safe Employment Act
- **Division 2** General Occupational Safety and Health Rules
- **Division 3** Construction
- **Division 4** Agriculture
- **Division 5** Maritime Activities
- **Division 7** Forest Activities

Oregon-initiated rules are numbered in a uniform system developed by the Secretary of State. This system does not number the rules in sequence (001, 002, 003, etc.). Omitted numbers may be assigned to new rules at the time of their adoption.

**Oregon-initiated rules** are arranged in the following codification structure prescribed by the Secretary of State for Oregon Administrative Rules (OAR):

Chapter	Division	Subdivision	Rule	Section	Paragraphs
437	002	N	0221	(1)	(a)(A)(i)(I)

Cite as 437-002-0221(1)(a)

Many of the Oregon OSHA rules are adopted by reference from the Code of Federal Regulations (CFR), and are arranged in the following federal numbering system:

Part	Subpart (Subdivision)	Section	Paragraphs
1910	N	.176	(a)(1)(i)(A)(1)(i)

Cite as 1910.176(a)(1)

The terms “subdivision” and “subpart” are synonymous within OAR 437, Oregon Occupational Safety and Health rules.

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These rules are available for viewing in the Office of the Secretary of State, Oregon State Archives Building, Salem, Oregon.

These rules are available in electronic and printable formats at [osha.oregon.gov](http://osha.oregon.gov).

Printed copies of these rules are available at:

**Department of Consumer & Business Services**  
**Oregon Occupational Safety & Health Division (Oregon OSHA)**  
350 Winter St. NE  
Salem, OR 97301-3882

Or call the Oregon OSHA Resource Library at 503-378-3272.

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**437-002-0360 Adoption by Reference**

*In addition to, and not in lieu of, any other safety and health codes contained in OAR Chapter 437, the Department adopts by reference the following federal regulations printed as part of the Code of Federal Regulations, 29 CFR 1910, in the Federal Register:*

(26) 29 CFR 1910.1030 Bloodborne pathogens, published 5/14/19, FR vol. 84, no. 93, p. 21416.

*These standards are available at the Oregon Occupational Safety and Health Division, Oregon Department of Consumer and Business Services, and the United States Government Printing Office.*

Stat. Auth.: ORS 654.025(2) and 656.726(4).

Stats. Implemented: ORS 654.001 through 654.295.

Hist: APD Admin. Order 13-1988, f. 8/2/88, ef. 8/2/88 (Benzene).  
 APD Admin. Order 14-1988, f. 9/12/88, ef. 9/12/88 (Formaldehyde).  
 APD Admin. Order 18-1988, f. 11/17/88, ef. 11/17/88 (Ethylene Oxide).  
 APD Admin. Order 4-1989, f. 3/31/89, ef. 5/1/89 (Asbestos-Temp).  
 APD Admin. Order 6-1989, f. 4/20/89, ef. 5/1/89 (Non-Asbestiforms-Temp).  
 APD Admin. Order 9-1989, f. 7/7/89, ef. 7/7/89 (Asbestos & Non-Asbestiforms-Perm).  
 APD Admin. Order 11-1989, f. 7/14/89, ef. 8/14/89 (Lead).  
 APD Admin. Order 13-1989, f. 7/17/89, ef. 7/17/89 (Air Contaminants).  
 OR-OSHA Admin. Order 1-1990, f. 1/11/90, ef. 1/11/90 (Formaldehyde-Temp).  
 OR-OSHA Admin. Order 3-1990, f. 1/19/90, ef. 1/19/90 (Asbestos & Non-Asbestiforms-Temp).  
 OR-OSHA Admin. Order 6-1990, f. 3/2/90, ef. 3/2/90 (Formaldehyde-Perm).  
 OR-OSHA Admin. Order 7-1990, f. 3/2/90, ef. 3/2/90 (Asbestos & Non-Asbestiforms-Perm).  
 OR-OSHA Admin. Order 9-1990, f. 5/8/90, ef. 8/8/90 (Labs).  
 OR-OSHA Admin. Order 11-1990, f. 6/7/90, ef. 7/1/90 (Air Contaminants).  
 OR-OSHA Admin. Order 13-1990, f. 6/28/90, ef. 8/1/90 (Asbestos-Temp).  
 OR-OSHA Admin. Order 14-1990, f. 6/28/90, ef. 8/1/90 (Lead).  
 OR-OSHA Admin. Order 19-1990, f. 8/31/90, ef. 8/31/90 (Asbestos-Perm).  
 OR-OSHA Admin. Order 20-1990, f. 9/18/90, ef. 9/18/90 (Lead).  
 OR-OSHA Admin. Order 21-1990, f. 9/18/90, ef. 9/18/90 (Air Contaminants).  
 OR-OSHA Admin. Order 7-1991, f. 4/25/91, ef. 4/25/91 (Air Contaminants, Asbestos, Formaldehyde).  
 OR-OSHA Admin. Order 13-1991, f. 10/10/91, ef. 10/10/91 (Lead, Formaldehyde).  
 OR-OSHA Admin. Order 15-1991, f. 12/13/91, ef. 12/13/91 (Asbestos).  
 OR-OSHA Admin. Order 1-1992, f. 1/22/92, ef. 1/22/92 (Formaldehyde).  
 OR-OSHA Admin. Order 4-1992, f. 4/16/92, ef. 4/16/92 (Formaldehyde).  
 OR-OSHA Admin. Order 5-1992, f. 4/24/92, ef. 7/1/92 (Bloodborne Pathogens).  
 OR-OSHA Admin. Order 6-1992, f. 5/18/92, ef. 5/18/92 (Asbestos).  
 OR-OSHA Admin. Order 10-1992, f. 9/24/92, ef. 9/24/92 (Lead-temp).  
 OR-OSHA Admin. Order 11-1992, f. 10/9/92, ef. 10/9/92 (Asbestos).  
 OR-OSHA Admin. Order 12-1992, f. 10/13/92, ef. 10/13/92 (Formaldehyde).  
 OR-OSHA Admin. Order 14-1992, f. 12/7/92, ef. 12/7/92.  
 OR-OSHA Admin. Order 15-1992, f. 12/30/92, ef. 12/30/92 (Air Contaminants, BBP, Labs).  
 OR-OSHA Admin. Order 1-1993, f. 1/22/93, ef. 1/22/93 (Cadmium, MDA).  
 OR-OSHA Admin. Order 6-1993, f. 5/17/93, ef. 5/17/93 (Air Contaminants-Temp).  
 OR-OSHA Admin. Order 12-1993, f. 8/20/93, ef. 11/1/93 (remainder of 2/Z).  
 OR-OSHA Admin. Order 17-1993, f. 11/15/93, ef. 11/15/93 (Air Contaminants-Perm).  
 OR-OSHA Admin. Order 4-1994, f. 8/4/94, ef. 8/4/94.  
 OR-OSHA Admin. Order 1-1995, f. 1/19/95, ef. 1/19/95.  
 OR-OSHA Admin. Order 4-1995, f. 3/29/95, ef. 3/29/95 (Asbestos).  
 OR-OSHA Admin. Order 5-1995, f. 4/6/95, ef. 4/6/95.  
 OR-OSHA Admin. Order 8-1995, f. 8/25/95, ef. 8/25/95 (Asbestos).  
 OR-OSHA Admin. Order 4-1996, f. 9/13/96, ef. 9/13/96 (Lead).  
 OR-OSHA Admin. Order 6-1996, f. 11/29/96, ef. 11/29/96 (Asbestos).  
 OR-OSHA Admin. Order 4-1997, f. 4/2/97, ef. 4/2/97.  
 OR-OSHA Admin. Order 6-1997, f. 5/2/97, ef. 5/2/97.

OR-OSHA Admin. Order 8-1997, f. 11/14/97, ef. 11/14/97 (Methylene Chloride).  
OR-OSHA Admin. Order 5-2009, f. 5/29/09, ef. 5/29/09.  
OR-OSHA Admin. Order 1-1998, f. 2/13/98, ef. 2/13/98 (Methylene Chloride).  
OR-OSHA Admin. Order 3-1998, f. 7/7/98, ef. 7/7/98.  
OR-OSHA Admin. Order 1-1999, f. 3/22/99, ef. 3/22/99.  
OR-OSHA Admin. Order 2-1999, f. 4/30/99, ef. 4/30/99.  
OR-OSHA Admin. Order 4-1999, f. 4/30/99, ef. 4/30/99.  
OR-OSHA Admin. Order 6-2001, f. 5/15/01, ef. 5/15/01 (Cotton Dust).  
OR-OSHA Admin. Order 10-2001, f. 9/14/01, ef. 10/18/01 (Bloodborne Pathogens).  
OR-OSHA Admin. Order 12-2001, f. 10/26/01, ef. 10/26/01 (Methylene Chloride).  
OR-OSHA Admin. Order 1-2005, f. 4/12/05, ef. 4/12/05.  
OR-OSHA Admin. Order 4-2006, f. 7/24/06, ef. 7/24/06 (Technical Amendments).  
OR-OSHA Admin. Order 6-2006, f. 8/30/06, ef. 8/30/06 (Hexavalent Chromium).  
OR-OSHA Admin. Order 5-2009, f. 5/29/09, ef. 5/29/09.  
OR-OSHA Admin. Order 4-2011, f. 12/8/11, ef. 12/8/11.  
OR-OSHA Admin. Order 5-2011, f. 12/8/11, ef. 7/1/12.  
OR-OSHA Admin. Order 1-2012, f. 4/10/12, ef. 4/10/12.  
OR-OSHA Admin. Order 5-2012, f. 9/25/12, ef. 9/25/12.  
OR-OSHA Admin. Order 3-2013, f. 7/18/13, ef. 7/18/13.  
OR-OSHA Admin. Order 4-2013, f. 7/19/13, ef. 7/19/13.  
OR-OSHA Admin. Order 3-2019, f. 10/29/19, ef. 10/29/19.

## 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 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.

(1) Exposure Control Plan.

- (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.
- (ii) The Exposure Control Plan shall contain at least the following elements:
  - (A) The exposure determination required by paragraph (c)(2),
  - (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) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.
- (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).

(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:

- (A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- (B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

**Note:** Oregon OSHA did not adopt 1910.1030(c)(1)(v). In Oregon, 437-002-1030 applies.

(vi) The exposure control plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) Exposure Determination.

(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:

- (A) A list of all job classifications in which all employees in those job classifications have occupational exposure;
- (B) A list of job classifications in which some employees have occupational exposure, and
- (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.

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

(d) Methods of Compliance.

(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.

(2) Engineering and Work Practice Controls.

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

### **437-002-1030     *Additional Oregon Rules for Bloodborne Pathogens***

*Every employer with employees that use medical sharps in direct patient care must, at least annually, identify, evaluate, and select engineering and work practice controls, including safer medical devices.*

- (1) This evaluation must involve non-managerial front-line employees responsible for direct patient care.*
- (2) This evaluation must be done on a facility-by-facility basis. When a facility has multiple departments with specific equipment and/or work practice concerns, the evaluation must involve employees from those departments.*
- (3) After a device is evaluated and selected, the employer must make a decision on implementing that device.
  - (a) If a device is not purchased because of employer or employee concerns, those concerns must be documented. However, if the employer does not purchase a device that had employee support, the employer must also document the employee support, as well as the justification for not purchasing that device.*
  - (b) If a device is purchased without the consent of the employees who evaluated it, the employer must document the employees' concerns, as well as the employers' justification for purchasing that device.*
  - (c) All documentation required by 437-002-1030(3) must be kept as part of the written Exposure Control Plan.**
- (4) The employer must ensure that all affected employees are informed on the process for selecting safer medical devices.*
- (5) Employees must be trained in the use of safer medical devices before the employees use those devices.*

Stat. Authority: ORS 654.025(2) and 656.726(4).  
Stats. Implemented: ORS 654.001 through 654.295.  
Hist: OR-OSHA Admin. Order 10-2001, f. 9/14/01, ef. 10/18/01.

- 1910.1030 (d)(2)(iii) Employers shall provide handwashing facilities which are readily accessible to employees.
- (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.
  - (v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal equipment.
  - (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.
  - (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.
    - (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.
    - (B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
  - (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:
    - (A) puncture resistant;
    - (B) labeled or color-coded in accordance with this standard;
    - (C) leakproof on the sides and bottom; and
    - (D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.
  - (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.

- (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.
- (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.
- (xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- (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.
  - (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.
  - (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.
  - (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.
- (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.
  - (A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(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.

(3) Personal Protective Equipment.

- (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.
- (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.
- (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.
- (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.
- (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.

- (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.
- (vii) All personal protective equipment shall be removed prior to leaving the work area.
- (viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- (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.
  - (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.
  - (B) Disposable (single use) gloves shall not be washed or decontaminated for re use.
  - (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) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:
    - (1) Periodically reevaluate this policy;
    - (2) Make gloves available to all employees who wish to use them for phlebotomy;
    - (3) Not discourage the use of gloves for phlebotomy; and
    - (4) Require that gloves be used for phlebotomy in the following circumstances:





- (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.
  - (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) 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 dust pan, tongs, or forceps.
  - (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.
- (iii) Regulated Waste.
- (A) Contaminated Sharps Discarding and Containment.
    - (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
      - (i) Closable;
      - (ii) Puncture resistant;
      - (iii) Leakproof on sides and bottom; and
      - (iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.
    - (2) During use, containers for contaminated sharps shall be:
      - (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);
      - (ii) Maintained upright throughout use; and
      - (iii) Replaced routinely and not be allowed to overflow.

- (3) When moving containers of contaminated sharps from the area of use, the containers shall be:
    - (i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
    - (ii) Placed in a secondary container if leakage is possible. The second container shall be:
      - (A) Closable;
      - (B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
      - (C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.
  - (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.
- (B) Other Regulated Waste Containment.
- (1) Regulated waste shall be placed in containers which are:
    - (i) Closable;
    - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
    - (iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and
    - (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - (2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
    - (i) Closable;
    - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
    - (iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and



- (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.
- (2) Research laboratories and production facilities shall meet the following criteria:
  - (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.
  - (ii) Special Practices.
    - (A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.
    - (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.
    - (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.
    - (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) 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.
    - (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.

- (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.
  - (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.
  - (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.
  - (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.
  - (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.
  - (L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
  - (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.
- (iii) Containment Equipment.

- (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.
- (B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.
- (3) HIV and HBV research laboratories shall meet the following criteria:
- (i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.
  - (ii) An autoclave for decontamination of regulated waste shall be available.
- (4) HIV and HBV production facilities shall meet the following criteria:
- (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.
  - (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.
  - (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.
  - (iv) Access doors to the work area or containment module shall be self-closing.
  - (v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

- (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).
- (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.
  - (1) General.
    - (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.
    - (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:
      - (A) Made available at no cost to the employee;
      - (B) Made available to the employee at a reasonable time and place;
      - (C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
      - (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).
    - (iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
  - (2) Hepatitis B Vaccination.
    - (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.

- (ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
  - (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.
  - (iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.
  - (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).
- (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:
- (i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
  - (ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
    - (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.
    - (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.
    - (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.
  - (iii) Collection and testing of blood for HBV and HIV serological status;
    - (A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.



- (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.
  - (iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
  - (v) Counseling; and
  - (vi) Evaluation of reported illnesses.
- (4) Information Provided to the Healthcare Professional.
- (i) The employer shall ensure that the health-care professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.
  - (ii) The employer shall ensure that the health-care professional evaluating an employee after an exposure incident is provided the following information:
    - (A) A copy of this regulation;
    - (B) A description of the exposed employee's duties as they relate to the exposure incident;
    - (C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
    - (D) Results of the source individual's blood testing, if available; and
    - (E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
- (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.
- (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.
  - (ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- (A) That the employee has been informed of the results of the evaluation;  
and
  - (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.
- (iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- (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.

(1) Labels and Signs.

(i) Labels.

- (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).
- (B) Labels required by this section shall include the following legend:



BIOHAZARD

- (C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- (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.
- (E) Red bags or red containers may be substituted for labels.

- (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) 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.
  - (H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
  - (I) Regulated waste that has been decontaminated need not be labeled or color-coded.
- (ii) Signs.
- (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:



BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

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

(2) Information and Training.

- (i) The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.
- (ii) Training shall be provided as follows:
  - (A) At the time of initial assignment to tasks where occupational exposure may take place;
  - (B) At least annually thereafter.
- (iii) Reserved.
- (iv) Annual training for all employees shall be provided within one year of their previous training.
- (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.
- (vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- (vii) The training program shall contain at a minimum the following elements:
  - (A) An accessible copy of the regulatory text of this standard and an explanation of its contents;
  - (B) A general explanation of the epidemiology and symptoms of bloodborne diseases;
  - (C) An explanation of the modes of transmission of bloodborne pathogens;
  - (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;
  - (E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
  - (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) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
  - (H) An explanation of the basis for selection of personal protective equipment;
  - (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;
  - (J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
  - (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;
  - (L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
  - (M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and
  - (N) An opportunity for interactive questions and answers with the person conducting the training session.
- (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.
- (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.
- (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.
  - (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.

(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.

(1) Medical Records.

- (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.
- (ii) This record shall include:
  - (A) The name of the employee;
  - (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);
  - (C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);
  - (D) The employer's copy of the health-care professional's written opinion as required by paragraph (f)(5); and
  - (E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B), (C) and (D).
- (iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:
  - (A) Kept confidential; and
  - (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.
- (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.

(2) Training Records.

- (i) Training records shall include the following information:
    - (A) The dates of the training sessions;
    - (B) The contents or a summary of the training sessions;
    - (C) The names and qualifications of persons conducting the training; and
    - (D) The names and job titles of all persons attending the training sessions.
  - (ii) Training records shall be maintained for 3 years from the date on which the training occurred.
- (3) Availability.
- (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.
  - (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.
  - (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.
- (4) Transfer of Records. The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).
- (5) Sharps Injury Log.
- (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:
    - (A) The type and brand of device involved in the incident,
    - (B) The department or work area where the exposure incident occurred, and
    - (C) An explanation of how the incident occurred.

**Note:** Oregon OSHA did not adopt 1910.1030(h)(5)(ii) and (iii). In Oregon, 437-002-1035 applies.

[56 FR 64175, Dec. 6, 1991, as amended at 57 FR 12717, Apr. 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5508, Feb. 13, 1996; 66 FR 5325, Jan. 18, 2001; 71 FR 16672, 16673, Apr. 3, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33608, June 8, 2011; 76 FR 80740, Dec. 27, 2011; 77 FR 19934, Apr. 3, 2012; 84 FR 21416, May 14, 2019.]

Stat. Authority: ORS 654.025(2) and 656.726(4).

Stats. Implemented: ORS 654.001 through 654.295.

Hist: OR-OSHA Admin. Order 5-1992, f. 4/24/92, ef. 7/1/92.  
OR-OSHA Admin. Order 15-1992, f. 12/30/92, ef. 12/30/92.  
OR-OSHA Admin. Order 10-2001, f. 9/14/01, ef. 10/18/01.  
OR-OSHA Admin. Order 4-2006, f. 7/24/06, ef. 7/24/06  
OR-OSHA Admin. Order 5-2009, f. 5/29/09, ef. 5/29/09.  
OR-OSHA Admin. Order 4-2011, f. 12/8/11, ef. 12/8/11.  
OR-OSHA Admin. Order 3-2019, f. 10/29/19, ef. 10/29/19.

### **437-002-1035 Oregon Rule for Sharps Injury Log**

*The requirement to establish and maintain a sharps injury log applies to any employer who is required to maintain an Exposure Control Plan. The sharps injury log must be maintained for 5 years.*

Stat. Authority: ORS 654.025(2) and 656.726(4).

Stats. Implemented: ORS 654.001 through 654.295.

Hist: OR-OSHA Admin. Order 10-2001, f. 9/14/01, ef. 10/18/01.



**Appendix A to 1910.1030 – Hepatitis B Vaccine 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.

[56 FR 64175, Dec. 6, 1991, as amended at 57 FR 12717, Apr. 13, 1992; 57 FR 29206, July 1, 1992]

Stat. Authority: ORS 654.025(2) and 656.726(4).

Stats. Implemented: ORS 654.001 through 654.295.

Hist: OR-OSHA Admin. Order 5-1992, f. 4/24/92, ef. 7/1/92.



## Historical Notes for Subdivision Z

**Note:** Federal OSHA has adopted a new standard on bloodborne pathogens. This standard was published in the Federal Register on 12/6/1991. Oregon OSHA is required by its contract with federal OSHA to adopt within 6 months rules that are as effective as the federal rules. Therefore, Oregon OSHA is now adopting by reference the new federal standard on bloodborne pathogens. The purpose of this standard is to limit and control occupational exposure to blood and other potentially infectious materials, since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death. The standard covers all employees who could reasonably be expected to come into contact with human blood and other potentially infectious materials in the course of their work.

This is Oregon OSHA Administrative Order 5-1992, adopted April 24, 1992, effective July 1, 1992.

**Note:** On July 1, 1992, federal OSHA adopted corrections to several standards in 29 CFR 1910, Subpart Z, Toxic and Hazardous Substances. Because Oregon OSHA has adopted the federal rules by reference, these corrections have now been adopted into OAR 437. Division 2/Z, toxic and hazardous substances, effective 12/30/1992. In the Bloodborne Pathogens standard, technical and typographical errors were corrected.

This is Oregon OSHA Administrative Order 15-1992, adopted and effective December 30, 1992.

**Note:** Oregon OSHA adopted federal OSHA amendments published in the January 18, 2001 Federal Register for the Occupational Exposure to Bloodborne Pathogens standard, 1910.1030 in our Division 2/Z, general industries/toxic and hazardous substances. Oregon OSHA also adopted Oregon specific provisions from comments during public hearings that were held. The two new Oregon rules are 437-002-1030, Additional Oregon Rules for Bloodborne Pathogens; and 437-002-1035, Oregon Rules for Sharps Injury Log, in Division 2/Z. Oregon OSHA also repealed 437-002-0375 which contained old start up dates for the Bloodborne Pathogen standard. The federal OSHA requirements were updated in response to the Needlestick Safety and Prevention Act, passed unanimously by congress and signed into law November 2000. The updated rules contain several new requirements for employers. Employers must ensure that exposure control plans: 1. Reflect changes in technology to reduce or eliminate bloodborne pathogen exposures, 2. Document annual consideration and implementation of commercially available safer medical devices. 3. Include provisions for employees to take part in the identification, evaluation, and selection of engineering controls (including safer medical devices) and work practice controls related to potential bloodborne pathogen exposures. In addition, employers must establish and maintain a contaminated sharps injury log. This log must contain: 1. The type and brand of device involved in the incident. 2. The department or work area where the incident occurred. 3. A description of how the incident occurred.

This is Oregon OSHA Administrative Order 10-2001, adopted September 14, 2001, effective October 18, 2001.

**Note:** Oregon OSHA adopted federal OSHA changes as they appear in the April 3, 2006 Federal Register. These revisions include updating references and removing obsolete effective dates and startup dates from existing rules in general industry, construction, and maritime activities. Two changes federal OSHA made that we do not include in this rulemaking are to remove effective dates in 1910.266 and 1926.1092, neither of which Oregon OSHA had adopted before.

This is Oregon OSHA Administrative Order 4-2006, filed and effective July 24, 2006.

**Note:** In this rulemaking, Oregon OSHA is amending its standards to add language clarifying that the personal protective equipment (PPE) and training requirements impose a compliance duty to each and every employee covered by the standards and that noncompliance may expose the employer to liability on a per-employee basis. The amendments consist of new paragraphs added to the introductory sections of the affected rules and changes to the language of some existing respirator and training requirements.

These federal OSHA changes are in general industry, construction, and maritime, and were published in the December 12, 2008 Federal Register.

This is Oregon OSHA Administrative Order 5-2009, filed and effective May 29, 2009.

**Note:** Oregon OSHA adopted changes to rules in general industry, construction, agriculture, and maritime. Federal OSHA published a number of rule changes in these industries in the June 8, 2011 Federal Register. This is Phase III of the Standards Improvement Project (SIP III), the third in a series of rulemaking by federal OSHA to improve and streamline the standards. This removes or revises individual requirements within rules that are confusing, outdated, duplicative, or inconsistent. Oregon OSHA adopted the majority of the federal changes that include: - personal protective equipment- remove requirements that employers prepare and maintain written training certification records. - Respiratory protection- revise requirements for breathing-gas containers. -Material handling/Slings- revise standards in general industry, construction, and maritime standards. - Commercial diving operations- Division 2/T, remove two obsolete recordkeeping requirements. - General industry and construction- remove requirements in numerous standards for employers to transfer specific records to the National Institute for Occupational Safety and Health (NIOSH). - Lead- amend trigger levels in general industry and construction.

In connection with rule changes in the SIP III rulemaking process, Oregon OSHA adopted additional changes to the subdivisions and rules opened during this rulemaking activity. We also made reference changes to underground installations in Division 3/P. Oregon OSHA repealed all of Division 2/I rules with the exception of 1910.134 respiratory protection, 1910.137 electrical protective equipment, 437-002-0138 additional Oregon rule for electrical protective equipment, 437-002-0139 working underway on water, and 437-002-1139, working over or in water. To replace them, we adopted new Oregon initiated rule 437-002-0134 personal protective equipment, that includes sections covering scope/application, hazard assessment, equipment, training, payment, fall protection, clothing, high visibility garments, eye, head, foot, let, hand and skin protection. The change in format simplifies the existing text while making little change to the overall rule requirements with the following exceptions: - modifies the hazard assessment requirement to clarify that employers must identify hazards to the entire body, including the torso and extremities, when performing the assessment. The assessment is currently limited to head, hands, eyes, and face and foot protection. - Change the fall protection component criteria to align with the systems criteria found in 1926.502 of the construction standards. The training requirement in this rule would also cover those parts not previously covered, such as fall protection.

As a logical extension of the federal OSHA SIP III changes to 1910.1003, we amended the Oregon rules for MOCA at Division 2/Z, 437-002-0364. The requirements for respiratory protection are updated and the requirements for transfer of records is simplified. Most transfer of medical records to NIOSH is eliminated with the SIP III rulemaking. The employer is required to follow the requirements of the respiratory protection rule and select appropriate respirators based on the selection criteria in 1910.134(d). (The type of respirator to use is no longer specified). We will also remove and reserve 437-002-0364(6)(a) which had a reporting requirement end date of December 1974.

This is Oregon OSHA Administrative Order 4-2011, filed and effective December 8, 2011.

**Note:** Oregon OSHA is adopting changes to their administrative (recordkeeping), general industry, and construction standards, and updating references in the maritime activity standards in response to federal OSHA's adoption of final rules published in the May 14, 2019 Federal Register. This is Phase IV of federal OSHA's Standards Improvement Project (SIP-IV), the fourth in a series of rulemakings to improve and streamline workplace safety and health standards. Oregon's response removes or revises rules or requirements within our corresponding rules that are outdated, duplicative, or inconsistent. This rulemaking is anticipated to reduce regulatory burden and compliance costs while maintaining or enhancing worker safety and health as well as worker privacy protections.

In Division 2Z, Bloodborne Pathogens, Oregon OSHA removed requirements for employers to keep record of employee's social security numbers while doing recordkeeping.

This is Oregon OSHA Administrative Order 3-2019, filed and effective October 29, 2019.