

OSHA Interpretation-HBV titer required for those who have percutaneous exposure

March 21, 2001

Peter E. Amato, MD
Occupational Health Plus
175 Sherman Avenue
New Haven, CT 06511

Dear Dr. Amato:

Thank you for your November 7, 2000 letter to the Occupational Safety and Health Administration's (OSHA's) [Directorate of Enforcement Programs]. You had questions regarding the applicability of the Bloodborne Pathogens Standard (29 CFR 1910.1030) to public service officers (police and fire/rescue) in the state of Connecticut. We appreciated the opportunity to speak to you on the phone and hope that this letter serves your needs. Your specific question is outlined below followed by OSHA's response. This letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any question not delineated within your original correspondence.

"(Please) clarify if public service (police and firefighters) are considered at high risk (per [CPL 02-02-069, formerly CPL 2-2.69]) such that they should have anti-HBs titers drawn at the appropriate time post-vaccination."

Answer: First, employees of state and local governments, such as police and firefighters, are not covered by Federal OSHA standards [see 29 USC 652 (5) and (6)]. However, employees of such governments in states with state occupational safety and health enforcement programs approved by Federal OSHA, like Connecticut, are protected by state standards "at least as effective as" the Federal OSHA standards [29 USC 667(c)(6)]. Therefore, the information supplied in this letter applies only to public safety officers employed by the federal government or by state or local governments in states with approved state plans, and the private sector. For specific OSHA regulatory information for public employees in Connecticut, please feel free to contact:

Commissioner, Connecticut Department of Labor
200 Folly Brook Boulevard
Wethersfield, Connecticut 06109
Phone: (860) 566-5123
Fax: (860) 566-1520

As you requested we are also providing guidance with regard to compliance with the federal Bloodborne Pathogens Standard. Paragraph 1910.1030(f)(1)(ii)(D) requires that all medical evaluations and procedures, including the hepatitis B virus (HBV) vaccination series, among other things, must be provided in accordance with the recommendations of the U.S. Public Health Service (PHS). The Centers for Disease Control and Prevention (CDC) along with the PHS are part of the U.S. Department of Health and Human Services (DHHS). The CDC publishes the PHS recommendations, which state that testing must be performed for the hepatitis B surface antigen (anti-HBs) in **"healthcare workers (HCWs) who have blood or patient contact and are at ongoing risk for injuries with sharp instruments or needles"** as presented in CDC's **Morbidity and Mortality Weekly Report (MMWR) Immunization of Health-Care Workers**, December 1997 (Appendix [E] of the current Bloodborne Pathogens directive, [CPL 02-02-069]).

(Correction 3/15/2002)

The CDC Guidelines define healthcare workers (HCWs) as **"[p]ersons who provide health care to patients or work in institutions that provide patient care, e.g., physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, hospital volunteers, and administrative support staff in healthcare institutions."** Not only are those HCWs in hospitals and health departments included, but also initial responders and those in private physician's offices, nursing homes, schools, and laboratories.

Police and firefighters often serve as emergency medical personnel and thus are **"healthcare workers... who have blood or patient contact"** within the meaning of the CDC guidelines. However, in order to qualify under the same guidelines, they must also have an **"ongoing risk for injuries with sharp instruments or needles."** Thus, the anti-HBs testing would not currently be required, unless in a particular situation police and firefighters meet **both** defining CDC criteria. As you have indicated in your letter, the titer would be appropriate for emergency medical technicians (EMTs),

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paramedics, and similar workers as it is likely that they have both an ongoing exposure to blood and sharps or sharp instruments.

If workers do meet the CDC criteria for anti-HBs testing, we would make the following comments about the timing of the test: As you know, the CDC recommends anti-HBs testing at approximately one to two months after the completion of the vaccination series for a proper indication of vaccine efficacy, as anti-HBs levels are most accurately detectable during this period. Antibody testing performed after this time period may not produce accurate results.

Currently, anti-HBs testing would not be required following the HBV vaccination series for employees who do **not** fall within the CDC criteria for anti-HBs testing and who have **not** had an exposure incident. However, maintaining a policy that antibody testing be done for all occupationally exposed employees within a period of one to two months following the vaccination provides the employer with an indication of the effectiveness of the vaccination series. It also provides guidance for the timely administration of post-exposure prophylaxis after an exposure incident. Ultimately, whether to perform anti-HBs testing for all occupationally exposed workers is a matter of professional judgment made by the health practitioner for your facility.

Thank you for your interest in occupational safety and health. We hope you find this information helpful. OSHA requirements are set by statute, standards and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at <http://www.osha.gov>. If you have any further questions, please feel free to contact the [Office of Health Enforcement] at (202) 693-2148.

Sincerely,

Richard E. Fairfax, Director
[Directorate of Enforcement Programs]

[Corrected 5/28/2004]