



Standard Interpretations

05/19/1992 - Summer camps and conference/retreat centers and the bloodborne pathogens standard.

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• **Standard Number:** 1910.1030

May 5, 1992

Margery M. Scanlin, Ed.D.
Division Director
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Dear Dr. Scanlin:

This is in response to your inquiry of May 7, concerning the applicability of OSHA's new standard on bloodborne pathogens (29 CFR 1910.1030) to summer camps and conference/retreat centers. One of the central provisions of the standard is that employers are responsible for identifying job classifications in which there is a reasonable anticipation that workers will come in contact with blood and other potentially infectious materials in the course of accomplishing their assigned work tasks.

Because of the strenuous physical activity of campers and their youthful heedlessness, injuries, both minor and major can be expected. Employees who are expected to stabilize or treat these injuries have a distinct probability for being exposed to blood. Certainly a camp nurse, who has the task of treating even some serious injuries, can reasonably anticipate exposure to blood. But if counselors, sports coaches and other staff who work with campers are expected to render first aid, then they would also be covered by the standard. If an injury resulted in substantial bleeding, one would hardly expect a counselor to refrain from providing whatever assistance she could just because a camp nurse was available. This would be particularly true for hikes and overnights away from the main camp property. Accordingly camp nurses and those counselors, coaches and instructors who work with campers participating in physical activities, or would otherwise be expected to provide first aid, must be provided with all the protections of the standard.

In your letter, you focus on the requirement that exposed employees be offered vaccination against hepatitis b. However there are other important provisions of the standard that employees who are occupationally exposed to blood must be provided with training and protective equipment.

In your third question you ask if it would be adequate to provide only protective equipment such as gloves and masks until or unless there is an actual exposure incident. The standard is quite explicit that all employees with occupational exposure must be provided with training and be offered hepatitis b vaccination before being assigned to such jobs.

Your fifth question identifies what is probably a unique characteristic of summer camp employment. We sympathize with your concern that it would be a daunting task to comply with all the provisions of the standard to the letter where employees are engaged for such short periods of time. However I would like to point out than an employer is only obligated

to pay for hepatitis injections for persons who are currently employed. The employer could recommend that employees who have been engaged, but who have not yet reported to work, get the first injection in the series before reporting to work at the employers expense from a health facility near where the employee is living at the time. The second injection could be provided during the camp season by a different health care professional (including the camp nurse.) If the third injection would be due after the employee has ended his term of employment, the employer would not be obligated to offer it.

Many first aid courses now include material on universal precautions and procedures for minimizing exposure to blood borne pathogens. Such a course could be provided as part of the camp's orientation program or could be a required prerequisite for employment as a summer camp counselor. Training provided to a current employee must be paid for by the employer. On the other hand, training taken by a prospective employee does not have to be paid for by the employer even if the training is a required condition of employment. Employees who arrive on the job after having taken a first aid course that includes the elements of universal precautions, would have to be provided with site specific information such as the location of gloves but this could be included in the general employee orientation.

We agree that providing hepatitis vaccinations to camp counselors could be a significant expense but the immunity provided by vaccination lasts a long time, perhaps a lifetime. Accordingly, counselors who return for several summers would not have to be vaccinated again. Also the United States Public Health Service has recommended that all children be vaccinated against hepatitis b. Although the effects of such a program will not be seen for several decades, eventually all persons entering the work force will already have been vaccinated so that the costs of implementing the OSHA bloodborne pathogen standard will drop substantially.

We appreciate this opportunity to clarify our new bloodborne pathogen standard as it applies to the members of the American Camping Association. If you need further guidance on this subject, please feel free to contact us at (312) 353-2220.

Sincerely,

Patricia K. Clark, Director
Directorate of Compliance Assistance

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