



**U.S. Department of Labor**  
Occupational Safety & Health Administration



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**Standard Interpretations**

**01/08/2007 - Use of rapid HIV antibody testing on a source individual after an exposure incident.**

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• **Standard Number:** [1910.1030](#); [1910.1030\(f\)\(3\)\(ii\)\(A\)](#)

January 8, 2007

Ms. Katherine West, BSN, MEd, CIC  
Infection Control Consultant  
Infection Control/Emergency Concepts, Inc.  
7715 Knightshayes Drive  
Manassas, VA 20111

Dear Ms. West:

Thank you for your February 13, 2006 letter to the Occupational Safety and Health Administration's (OSHA's) Directorate of Enforcement Programs (DEP). This letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any question(s) not delineated within your original correspondence. You had specific questions regarding OSHA's enforcement of the bloodborne pathogens standard, 29 CFR 1910.1030. For clarification, your question has been rephrased below followed by OSHA's response.

**Question:** Is it a violation of 29 CFR 1910.1030 for a medical facility subject to OSHA authority not to perform "rapid HIV antibody testing" on a source individual after an exposure incident?

**Reply:** As you may know, the bloodborne pathogens standard provides that "the source individual's blood shall be tested as soon as feasible" after an exposure incident and after consent is obtained [29 CFR 1910.1030(f)(3)(ii)(A)]. At the current time there are at least four FDA-approved tests available for "rapid HIV antibody testing," which usually can confirm negative HIV status in less than an hour after blood is drawn from a source individual. They are widely available, easy to use, and inexpensive. Standard enzyme immunoassay (EIA) testing can take a much longer time, especially if facilities to perform the tests are not available locally. Therefore, an employer's failure to use rapid HIV antibody testing when testing as required by paragraph 1910.1030(f)(3)(ii)(A) would usually be considered a violation of that provision. The use of rapid HIV antibody testing is supported by the current CDC recommendations for HIV post-exposure prophylaxis (PEP) in the *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis*, published on September 30, 2005. The CDC states on page 7 that having a "rapid HIV test could result in decreased use of PEP and spare personnel both undue anxiety and adverse effects of antiretroviral PEP." The document goes on to note on page 8 that "rapid HIV testing of source patients can facilitate making timely decisions regarding use of HIV PEP after occupational exposures to sources of unknown HIV status." Current guidance on the management of HBV and HCV exposure and PEP, as well as guidance for evaluation of the

exposure source, is also contained in the [\*Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis\*](#) (June 29, 2001),

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) 693-2190.

Sincerely,

Richard E. Fairfax, Director  
Directorate of Enforcement Programs

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