

FORM D

Exposure Control and Infectious Disease Prevention

Federal Office of Occupational Safety Guidelines and Centers for Disease Control and Prevention Adherence Statement

Acupuncturist's should adhere to all requirements of Federal Office of Occupational Safety and Hazards Administration "Occupational Exposure to Bloodborne Pathogens – Final Rule" and the Centers for Disease Control and Prevention guidelines for the prevention and spread of HIV, hepatitis and other infectious diseases and guidelines provided by the National Commission for Certification of Acupuncturists, as well as all other applicable federal, state or county health laws, rules, regulations or codes.

Acupuncturist's should observe "universal precautions" for infection control. All human blood and certain human bodily fluids are to be treated as if known to be infectious for HIV, TB, HBV, HCV and other bloodborne pathogens.

Contaminated sharps, (which means any object that can penetrate the skin, including, but not limited to, needles of any type, syringes with needles attached, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires), shall not be bent or sheared and should be disposed of using a federally approved bio-hazard container that is puncture resistant, leak-proof, appropriately labeled as to its bio-hazard contents with appropriate warning labels. Contaminated sharps and needles must be disposed of in accordance with federal laws, rules and regulations.

By signing, dating and having notarized this statement, the below mentioned individual swears to the Georgia Composite Medical Board that they have read and understand the Centers for Disease Control and Prevention guidelines for the prevention and spread of infectious disease (MMWR 1991; No. RR-8, pages 1-9), and the U.S. Department of Labor's Office of Occupational Safety and Health Administration Guidelines (29 CFR Part 1910.1030) "Occupational Exposure to Bloodborne Pathogens – Final Rule."

I, _____, swear that I have read and understand the above referenced federal guidelines.

This statement was sworn before me on this _____ day of the month of _____ in the year _____.

Notary Public

My Commission Expires:

Please mail your completed form to:

Georgia Composite Medical Board
ATTN: Acupuncture Licensure
2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303