Bloodborne Pathogen Training

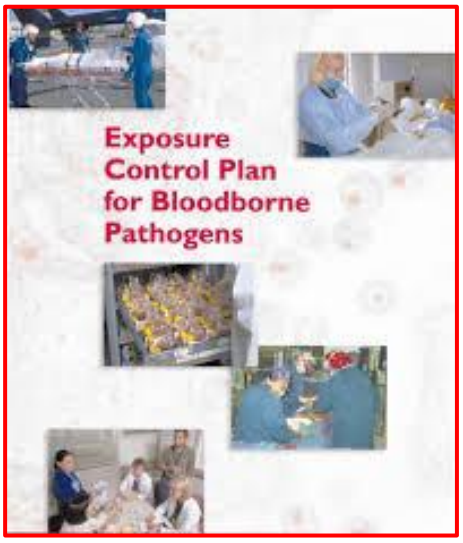
Bloodborne pathogens are infectious microorganisms present in blood or potentially other bodily fluids that can cause disease/s in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). These pathogens can expose workers to serious or life-threatening illnesses. This session will address the knowledge needed to recognize, evaluate, and control the potential exposures to bloodborne pathogens.

TOPICS of DISCUSSION

- Bloodborne pathogen vocabulary
- Elements of a BBP Exposure Control Plan
- Types of bloodborne pathogens
- Potential modes of transmission
- Risks of exposure to BBP exposure
- OSHA regulations
- Knowledge check
- Q and A

Bloodborne Pathogens
Exposure Control Plan Requirements

- Exposure determination
    - List of jobs and tasks
- Methods of compliance
    - Engineering
    - Work practice controls
    - Universal precautions
- Personal protective equipment
- Housekeeping
    - Decontamination procedures
    - Removal of regulated waste
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards
    - Labels and signs
    - Information and training
- Documentation
    - Annual review and update of program and implementation
    - Include changes and revisions
    - New and modified tasks
    - Exposures



BLOODBORNE PATHOGENS

UNIVERSAL PRECAUTIONS FOR THOSE EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS IN THEIR OCCUPATION

PROTECT YOURSELF

ALL BLOOD AND BODILY FLUID MUST BE TREATED AS IF THEY WERE INFECTED WITH:

- HUMAN IMMUNODEFICIENCY VIRUS (HIV) WHICH FREQUENTLY LEADS TO AIDS.
- HEPATITIS B VIRUS (HBV).
- OTHER BLOODBORNE PATHOGENS (MICROORGANISMS FOUND IN HUMAN BLOOD WHICH CAN CAUSE DISEASE).

KNOW THE RULES

BE FAMILIAR WITH YOUR ORGANIZATION'S EXPOSURE CONTROL PLAN.

MAKE SURE YOU KNOW:

- VACCINATION REQUIREMENTS
- PROCEDURES
- PRACTICES
- PROPER REPORTING REQUIREMENTS FOR INCIDENTS OF EXPOSURE.

KNOW YOUR COLORS

- RED BAGS OR CONTAINERS DON'T NEED TO BE LABELED - THEIR COLOR INDICATES THEY MAY CONTAIN BIOHAZARDS.
- FLUORESCENT ORANGE-RED LABELS AND SIGNS WITH CONTRASTING LETTERING OR SYMBOLS ARE APPROPRIATE

READ ALL LABELS AND SIGNS

WEAR THE RIGHT EQUIPMENT

PROPER PROCEDURE CAN REDUCE YOUR RISK OF INFECTION TO ZERO

WASH HANDS

AND FOLLOW SAFE HYGIENE AND WORK PRACTICES.

DISPOSE OF NEEDLES IN APPROPRIATE CONTAINERS.

NEVER

RECAP, BEND, OR BREAK NEEDLES.

FOLLOW PROPER DISPOSAL PROCEDURES.

CONTAMINATED LAUNDRY AND PERSONAL PROTECTIVE EQUIPMENT SHOULD BE DISPOSED OF IN PROPERLY DESIGNATED AREAS.

KEEP IT CLEAN

CLEAN WORKSITE AND DECONTAMINATE EQUIPMENT. FOLLOW ALL SAFE HANDLING PROCEDURES.

DON'T FORGET

ALL BODY FLUIDS SHOULD BE HANDLED AS IF POTENTIALLY INFECTIOUS.

OSHA® FactSheet

Personal Protective Equipment (PPE) Reduces Exposure to Bloodborne Pathogens

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) requires employers to protect workers who are occupationally exposed to blood and other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

One way the employer can protect workers against exposure to bloodborne pathogens, such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS, is by providing and ensuring they use personal protective equipment, or PPE. Wearing appropriate PPE can significantly reduce risk, since it acts as a barrier against exposure. Employers are required to provide, clean, repair, and replace this equipment as needed, and at no cost to workers.

Selecting Personal Protective Equipment

Personal protective equipment may include gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear. The PPE selected must be appropriate for the task. This means the level and type of protection must fit the expected exposure. For example, gloves may be the only PPE needed for a laboratory technician who is drawing blood. However, a pathologist conducting an autopsy would need much more protective clothing because of the different types of exposure (e.g., splashes, sprays) and the increased amount of blood and OPIM that are encountered. PPE must be readily accessible to workers and available in appropriate sizes.

If it can be reasonably expected that a worker could have hand contact with blood, OPIM, or contaminated surfaces or items, the employer must ensure that the worker wears gloves. Single-use gloves cannot be washed or decontaminated for reuse. Utility gloves may be decontaminated if their ability to provide an effective barrier is not compromised. They should be replaced when they show signs of cracking, peeling, tearing, puncturing, or deteriorating. Non-latex gloves, glove liners, powderless gloves or similar alternatives must be provided if workers are allergic to the gloves normally provided.

Gloves are required for all phlebotomies outside of volunteer blood donation centers. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary, then the employer is required to periodically re-evaluate this policy; make gloves available for workers who want to use them; and cannot discourage their use. In addition, employers must ensure that workers in volunteer blood donation centers use gloves (1) when they have cuts, scratches or other breaks in their skin, (2) while they are in training, or (3) when the worker believes that hand contamination might occur.

When splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eyes, nose or mouth, then masks in conjunction with eye protection (such as goggles or glasses with solid side shields) or chin-length face shields must be worn. Protection against exposure to the body is provided by protective clothing, such as gowns, aprons, lab coats, and similar garments. Surgical caps or hoods, and shoe covers or boots are needed when gross contamination is expected, such as during orthopedic surgery or autopsies.

In HIV and HBV research laboratories and production facilities, laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing must be used in work areas and animal rooms. Also, protective clothing must not be worn outside of the work area and must be decontaminated before being laundered.

Exception to Use of Personal Protective Equipment

A worker may choose, temporarily and briefly, **under rare and extraordinary circumstances**, to forego use of personal protective equipment. It must be the worker's professional judgment that using the personal protective equipment would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or coworker. When such a situation occurs, the employer is required to investigate and document the circumstances to determine if there is a way to avoid it from happening again in the future. Employers and workers should be aware that this is not a blanket exemption to the requirement to use PPE. OSHA expects that this will be an extremely rare occurrence.

Decontaminating and Disposing of Personal Protective Equipment

Employers must ensure that workers remove personal protective equipment before leaving the work area. If a garment is penetrated by blood or OPIM, it must be removed immediately or as soon as feasible. Once PPE is removed, it must be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. In addition, employers must ensure that workers wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: https://www.osha.gov/SLTC/bloodbornepathogens/index.html.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For assistance, contact us. We can help. It's confidential.

DSG 1/2011

OSHA® FactSheet

Hepatitis B Vaccination Protection

Hepatitis B virus (HBV) is a pathogenic microorganism that can cause potentially life-threatening disease in humans. HBV infection is transmitted through exposure to blood and other potentially infectious materials (OPIM), as defined in the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030.

Any workers who have reasonably anticipated contact with blood or OPIM during performance of their jobs are considered to have occupational exposure and to be at risk of being infected. Workers infected with HBV face a risk for liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer. A small percentage of adults who get hepatitis B never fully recover and remain chronically infected. In addition, infected individuals can spread the virus to others through contact with their blood and other body fluids.

An employer must develop an exposure control plan and implement use of universal precautions and control measures, such as engineering controls, work practice controls, and personal protective equipment to protect all workers with occupational exposure. In addition, employers must make hepatitis B vaccination available to these workers. Hepatitis B vaccination is recognized as an effective defense against HBV infection.

HBV Vaccination

The standard requires employers to offer the vaccination series to all workers who have occupational exposure. Examples of workers who may have occupational exposure include, but are not limited to, healthcare workers, emergency responders, morticians, first-aid personnel, correctional officers and laundry workers in hospitals and commercial laundries that service healthcare or public safety institutions. The vaccine and vaccination must be offered at no cost to the worker and at a reasonable time and place.

The hepatitis B vaccination is a non-infectious, vaccine prepared from recombinant yeast cultures, rather than human blood or plasma. There is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

The vaccine must be administered according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedure takes place. To ensure immunity, it is important for individuals to complete the entire course of vaccination contained in the USPHS recommendations.

The great majority of those vaccinated will develop immunity to the hepatitis B virus. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although workers may desire to have their blood tested for antibodies to see if vaccination is needed, employers cannot make such screening a condition of receiving vaccination and employers are not required to provide prescreening.

Employers must ensure that all occupationally exposed workers are trained about the vaccine and vaccination, including efficacy, safety, method of administration, and the benefits of vaccination. They also must be informed that the vaccine and vaccination are offered at no cost to the worker. The vaccination must be offered after the worker is trained and within 10 days of initial assignment to a job where there is occupational exposure, unless the worker has previously received the vaccine series, antibody testing has revealed that the worker is immune, or the vaccine is contraindicated for medical reasons. The employer must obtain a written opinion from the licensed healthcare professional within 15 days of the completion of the evaluation for vaccination. This written opinion is limited to whether hepatitis B vaccination is indicated for the worker and if the worker has received the vaccination.

Declining the Vaccination

Employers must ensure that workers who decline vaccination sign a declination form. The purpose of this is to encourage greater participation in the vaccination program by stating that a worker declining the vaccination remains at risk of acquiring hepatitis B. The form also states that if a worker initially declines to receive the vaccine, but at a later date decides to accept it, the employer is required to make it available, at no cost, provided the worker is still occupationally exposed.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: https://www.osha.gov/SLTC/bloodbornepathogens/index.html.

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Cleanup and Personal Protective Equipment