BLOODBORNE PATHOGENS

What are Bloodborne Pathogens?

Bloodborne pathogens are infectious materials in blood that can cause disease in humans, including hepatitis B and C and human immunodeficiency virus, or HIV. People exposed to these pathogens risk serious illness or death.

How do Bloodborne Pathogens Affect Me?

The full text of OSHA's Bloodborne Pathogens standard, published in Title 29 of the Code of Federal Regulations 1910.1030, details what employers must do to protect workers whose jobs put them at a reasonable risk of coming into contact with blood and other potentially infectious materials. The standard requires employers to do the following:

- Establish an exposure control plan. This is a written plan to eliminate or minimize a bloodborne exposure to employees.
- Use engineering controls. These are devices that isolate or remove the bloodborne pathogen hazard from the workplace. They include sharps disposal containers.
- Enforce safe practices and procedures. These reduce the likelihood of exposure when performing certain tasks. They include appropriate procedures for handwashing, laundry handling, and contaminated material cleaning.
- Provide personal protective equipment such as gloves, gowns, and masks.
- Use labels and signs to communicate hazards.
- Offer at no charge Hepatitis B (HBV) vaccinations to employees who have occupational exposures.
- Clean and decontaminate work surfaces to reduce the chances of exposure.
- Provide information and training to employees. Everyone should understand the dangers of bloodborne pathogens, preventative practices, and post-exposure procedures.

What are Universal Precautions?

Universal precautions means to always consider all blood and other bodily fluids as being potentially infectious. Precautions should be taken when coming into contact with blood or other bodily fluids such as using gloves, gowns, masks, and protective eyewear.
How do I know if I need an Exposure Control Plan?

- An exposure control plan applies to work activities that may result in exposure to blood or other potentially infectious materials. Teachers who are trained and required to render first aid in case of an emergency, could have these types of activities fall under the plan.

The exposure control plan must include (a) a list of tasks identified as having a potential for exposure to bloodborne pathogens; (b) methods to protect students and employees; (c) dates and procedures for providing hepatitis B vaccinations; (d) procedures for post-exposure evaluation and follow-up in case of exposure; (e) content and methods for training students and employees; and (f) procedures for maintaining records.

Bloodborne Pathogen Checklist

- Does your location have an exposure control plan currently in place?
- Does your location participate in any activities that require students, employees, or volunteers to work with specimens of blood or other potentially infectious materials on a regular basis?
- Do employees and volunteers follow universal precautions to prevent contact with blood or other potentially infectious materials?
- Do employees and volunteers know where to find gloves, masks, eye protection, and other personal protective equipment in an emergency? Ensure hypoallergenic gloves, powderless/latex-free gloves, or other similar alternatives are readily accessible to those who are allergic to the gloves normally provided.
- Are handwashing facilities readily accessible?
- Do employees and volunteers wash their hands immediately after removing gloves or other personal protective equipment?
- Does your location use any type of syringe, needle, or sharp instruments that could cause injury?
- Is blood or other potentially infectious materials placed in an appropriate container that prevents leakage during collection, handling, processing, storage, or transport?
- Is there a written method of decontamination and schedule for cleaning of all areas and surfaces that may become contaminated with blood or other potentially infectious materials?
- Is picking up broken contaminated glassware with your hands prohibited?
- Are containers used for sharps disposal closable, puncture resistant, leak-proof on sides and bottom, and labeled with a biohazard warning label or colored red?
- Are garments which have been penetrated by blood or other potentially infectious materials removed immediately or as soon as possible by the user?
- Does each classroom have first aid kits that contain gloves, compression bandages, biohazard bags for contaminated items, germ killing solution, and paper towels/towelettes?
- In addition to classroom first aid kits, is there a larger kit in your facility containing the above plus protective eyewear, masks, and a CPR micro shield?
Are individuals who are reasonably anticipated to have contact with blood or other potentially infectious materials in the course of their work provided training on bloodborne pathogens?

Is a confidential medical evaluation and follow-up made available to an exposed person following a report of an exposure incident?

**What if I get blood or other body fluids on myself?**
- Wash exposed area with soap and water (If handwashing facilities are not readily available, an appropriate antiseptic hand cleanser and clean cloth, paper towels, or antiseptic towelettes may be substituted. When antiseptic hand cleansers or towelettes are used, wash hands with soap and running water as soon as possible).
- Flush splashes to nose, mouth or skin with water.
- Irrigate eyes with water or saline.
- Report the exposure.
- Seek the assistance of a health care professional to determine what follow-up actions or treatment may be needed.

**Model Exposure Control Plan Example**

*This sample document can be used as a template for your own workplace exposure control plan, but you should tailor it to the specific requirements of your establishment. This sample plan contains elements required by the bloodborne pathogens standard, so you should not eliminate any items when converting it for your own use. Your written plan must be accessible to all employees, either online or in an area where they are available for review.*

**POLICY**

The *(Your facility name)* is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:
- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination when applicable
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents. Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.
PROGRAM ADMINISTRATION

(Name of responsible person or department/contact number) is (are) responsible for implementation, maintenance, review, and updates of the ECP.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

(Name of responsible person or department/contact number) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Adequate supplies and equipment are available in the appropriate sizes.

(Name of responsible person or department/contact number) will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

(Name of responsible person or department/contact number) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

- The following is a list of all job classifications at our facility in which all employees have occupational exposure: (as many as necessary)

  Job Title Department/Location
  1. (Example: School Coach/Physical Education Department)

- The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals: (as many as necessary)

  Job Title Department/Location Task/Procedure
  1. (Example: Housekeeper/Environmental Services/Handling contaminated waste)

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.
METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions
All employees will utilize universal precautions.

Exposure Control Plan
Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

All employees can review this plan at any time during their work shifts. If requested, we will provide an employee with a copy of the ECP within 15 days. The ECP will be reviewed annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices
Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below: (as many as necessary)

1. (Example: Sharps Disposal Container)

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department(contact number) every (list frequency), or whenever necessary to prevent overfilling.

Personal Protective Equipment (PPE)
PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Name of responsible person or department/contact number).

The types of PPE available to employees are as follows:

1. (Example: gloves, eye protection)

PPE is located (List location). All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in (List appropriate containers for storage, laundering, decontamination, or disposal).
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other body fluid, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Disposable gloves should NEVER be reused. Dispose of gloves immediately after use.
Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood pose a hazard to the eye, nose, or mouth.

Remove immediately or as soon as feasible any garment contaminated by blood or body fluid, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:
*(include how and where to discard face shields, eye protection, gowns, etc.)*

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**Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:

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The procedure for handling other regulated waste is:

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Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded.

*Sharps disposal containers are available at* (must be easily accessible and as close as feasible to the immediate area where sharps are used—list all locations).

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan. The glass should then be disposed of in a container that is puncture-proof.

All restrooms, toilets, urinals, etc. will be cleaned with a 10% bleach solution or disinfectant daily.

**Laundry**

Laundering will be performed by *(Name of responsible person or company/contact number)* at *(time and/or location)*.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use *(specify either red bags or bags marked with the biohazard symbol)* for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: *(List appropriate PPE)*.
Labels
The following labeling methods are used in this facility:

*Equipment to be Labeled Label Type (size, color)*
(Example: Contaminated laundry in a red bag)

HEPATITIS B VACCINATION
Hepatitis B vaccination is encouraged when regularly working with blood or other body fluids. This
may not be applicable at your location, but should be offered at no cost to employees who have
occupational exposures.

If the employee initially declines the Hepatitis B vaccination but at a later date while still performing
the same duties decides to accept the vaccination, the facility should make the vaccination available
at that time. (Employee form for declining vaccination is attached).

POST-EXPOSURE EVALUATION AND FOLLOW-UP
Should an exposure incident occur, contact *(Name of responsible person/contact number).*

If necessary, an immediately available confidential medical evaluation and follow-up should be
conducted.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the
following activities will be performed:
■ Document the routes of exposure, how the exposure occurred, and who was involved.
■ Obtain consent and make arrangements to have involved parties seen by a medical professional (if
  applicable). They can see their own doctor or the facility will arrange for a doctor to examine
  them. In either case, any expenses will be born by the facility.
■ Ensure the healthcare professional receives the following information:
  • Description of employee's job duties relevant to the exposure
  • Route(s) of exposure
  • Circumstances of exposure
  • Any other pertinent information

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES

SURROUNDING AN EXPOSURE INCIDENT
Review the circumstances of all exposure incidents to determine:
■ Engineering controls in use at the time
■ Work practices followed
■ A description of the device being used (including type and brand)
■ Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields)
■ Location of the incident (playground, office)
■ Action when the incident occurred
■ Employee's training
EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens should receive annual training conducted by (Name of responsible person or company/contact). Training records will be maintained and include date, content, and the names of those in attendance.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

■ Explanation of the OSHA bloodborne pathogen standard
■ Explanation of our ECP and how to obtain a copy
■ Explanation of methods to recognize tasks and other activities that may involve exposure to blood
■ Explanation of the use and limitations of engineering controls, work practices, and PPE
■ Explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
■ Explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
■ Explanation of the signs and labels and/or color coding required by the standard and used at this facility


This document is to be used as a guide and not intended to replace current standards of practice. Additional information may be needed for your location. You can access full text of standards at www.osha.gov)
Declining of Hepatitis B Vaccine (Mandatory)

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

________________________________________________________________________

Employee Signature                                           Date

________________________________________________________________________

Printed Employee’s Name

________________________________________________________________________

Witness                                              Title

________________________________________________________________________

Witness                                              Title

Updated 11/2018
# Bloodborne Pathogens

UNIVERSAL PRECAUTIONS FOR EMPLOYEES WHO ARE AT RISK OF EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

<table>
<thead>
<tr>
<th>BE AWARE</th>
<th>READ</th>
<th>KNOW</th>
<th>USE</th>
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</table>
| Treat all blood and body fluid as if they were infected with:  
1. HIV (Human Immunodeficiency Virus), which frequently leads to AIDS.  
2. HBV (Hepatitis B Virus).  
3. Other bloodborne pathogens (microorganisms found in human blood which can cause disease). | Your organization’s Exposure Control Plan. | Color Codings:  
1. Labels and signs are fluorescent orange-red with the lettering or symbol in a contrasting color.  
2. Red bags or containers don’t have to be labeled since their red color indicates they may contain biohazards. | Appropriate personal protective equipment (lab coats, aprons, gowns, gloves, splash goggles, shoe covers, face masks, and face shields). |

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<thead>
<tr>
<th>KNOW</th>
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<tbody>
<tr>
<td>Procedures, practices, vaccination requirements, and appropriate reporting for incidents of exposure.</td>
<td>All signs and labels carefully.</td>
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<thead>
<tr>
<th>ALWAYS</th>
<th>NEVER</th>
<th>DISPOSE</th>
<th>CLEAN</th>
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<tbody>
<tr>
<td>Wash hands.</td>
<td>Recap, bend, or break needles.</td>
<td>Of personal protective equipment and contaminated laundry properly in designated areas.</td>
<td>Worksite and decontaminate equipment. Follow all safe handling requirements.</td>
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<td>Dispose of needles in appropriate containers.</td>
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<tr>
<th>FOLLOW</th>
<th>REMEMBER</th>
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<tr>
<td>Safe hygiene and work practices</td>
<td>Consider all body fluids as potentially infectious.</td>
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