Bloodborne Pathogens Standard

Overview
The Bloodborne Pathogens Act became effective in its entirety on July 6, 1992. This OSHA Standard will affect more than 5.6 million workers. OSHA estimates this standard will prevent more than 200 deaths and over 9,000 bloodborne infections each year.

Covered Facilities
The Standard covers all employees who may be reasonably anticipated to come in contact with human blood or other potentially infectious body fluids. This can include persons who have first-aid as part of their job responsibilities, as well as workers in the healthcare industry; funeral services, linen services, emergency response, medical equipment repair, correctional facilities and law enforcement.

Scope
The purpose of this standard is to limit exposure to infectious materials such as blood, semen, saliva, or any body fluid that can contain blood. This can include any object that has been infected with the HIV (human immunodeficiency virus) or HBV (hepatitis B virus). Other bloodborne microorganisms include: malaria, syphilis, brucellosis and roughly a dozen other diseases.

Program Elements
The standard requires employers to establish the following:

- Written exposure control plan and exposure determination;
- Methods of compliance;
- Post exposure evaluation and follow-up;
- Communication of hazards to employees.

Written exposure plan: This indicates the tasks, procedures and job classifications where occupational exposure to a potentially infectious material occurs. It will also indicate the schedule for complying with the other components of the standard and to specify the procedures required following an exposure incident. The plan must be accessible to all employees and OSHA. An employer must review and update the plan at least annually or if necessary due to workplace changes.

Methods of compliance: This mandates the universal precaution approach; i.e., all body fluids or materials are treated as if they were infectious. Engineering and work practice controls are to be used to eliminate or minimize employee exposure. The following are some of the controls specified in the standard.

- Hand washing facilities readily accessible to all employees or an antiseptic hand cleanser and clean cloth or paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- Employers will ensure that employees wash their hands immediately or as soon as possible after contact with any potentially infectious materials or after removing gloves.
- Detailed procedures to deal with needles and other contaminated sharps. Reusable sharps shall be placed in containers that are puncture resistant, labeled or color-coded, leakproof, and locked to prevent access.
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm or handling contact lenses in work areas where there is a reasonable likelihood of exposure to infectious materials.
- Food or drink should not be kept in refrigerators, freezers, shelves, cabinets or on countertops where potentially infectious materials are present.
- Procedures involving potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- Mouth suctioning of any potentially infectious materials is prohibited.
• Potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping.
• Personal protective equipment shall include moisture proof items such as gloves, gowns, face shields or masks, eye protection, mouthpieces, resuscitation bags or other protective clothing to protect the employees’ work clothes, undergarments, skin, eyes, mouth or other mucous membranes.
• All personal protective equipment shall be removed prior to leaving the work area and shall be placed in an appropriately designated area or container for washing, decontamination or disposal.
• Masks, eye protection and face shields shall be worn whenever splashes, spray, spatter or droplets of potentially infectious materials can be reasonably anticipated.
• Written procedures for the cleaning and sanitizing of the workplace. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant as soon as possible after completion of the procedure.

**Post exposure evaluation and follow-up:** The employer will make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure and follow-up to all employees who have had an exposure incident. An employee declining to accept the vaccine shall sign a declination statement. This statement shall be maintained in the employee’s confidential medical file. The employee may later obtain the vaccination series even if initially declining.
Following a report of an exposure incident, the employer shall make available immediately to the exposed employee, a confidential medical evaluation identifying the source individual (if not prohibited by local law), the results of the source individual’s blood test (also if not prohibited by local law) and discuss testing and treatment alternatives as well as psychological support.

**Communication of hazard to employee:** Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.
These labels shall be fluorescent orange or orange-red with lettering or symbols of a contrasting color. The labels should be affixed to the container by a method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels.
Comprehensive training for employees shall be provided at the time of initial assignment to tasks where occupational exposure may take place, within 90 days after the effective date of the standard, and at least annually thereafter.

**Recordkeeping:** Training records are required to be kept for 3 years. If the employer ceases to do business, the medical and training records must be transferred to the successor employer.
Medical records are to be kept for any employee who may have occupational exposure. These records are confidential and are not available to the employer unless they have the written consent of the employee.
Medical records are to be kept for the duration of employment plus 30 years.

**Summary**
A comprehensive Bloodborne Pathogens program can help to protect employees from an actual exposure to numerous microorganisms that can cause disease. It will also help to alleviate the fears and stress, which can accompany an exposure to suspected or known infectious materials.

**References**
1. OSHA Bloodborne Pathogens Standard .1910.1030
2. Occupational Exposure to Bloodborne Pathogens .OSHA 3127
3. Bloodborne Pathogens and Acute Care Facilities—OSHA 3128
4. United States Department of Labor—News Release 91 —618