

## **Section One:** *A brief overview of OSHA and The Bloodborne Pathogens Standard.*

In the U.S., the Occupational Safety and Health Administration, or "OSHA", is the government agency that develops and provides guidelines to ensure that workers have a safe work environment.

Our goal of this training program is to provide you with the knowledge needed to understand OSHA's Bloodborne Pathogens Standard, otherwise known as 29 – C – F – R; 19, 10.10, 30.

The OSHA Bloodborne Pathogens Standard was issued to protect employees who can reasonably be anticipated to come into contact with blood and other potentially infectious materials as a result of doing their job. Such as:

- Physicians
- Nurses
- Emergency medical personnel
- Operating room personnel
- Law enforcement officers
- Laundry workers
- Certain custodial personnel
- Other health care personnel
- Personnel identified to provide assistance in a workplace accident





**Section One:** *A brief overview of OSHA and The Bloodborne Pathogens Standard.* **Continued**

The standard outlines what your employer must do to help protect you from occupational exposures and what must be done if you are exposed to blood or other potentially infectious materials (also called, O.P.I.M.).

**To comply with the standard, employers must:**

1. Establish an exposure control plan.
2. Update the plan annually.
3. Implement the use of universal precautions.
4. Identify and use engineering controls.
5. Identify and ensure the use of work practice controls.
6. Provide personal protective equipment (or, P.P.E.) including but not limited to: gloves, gowns, eye protection, and masks.
7. Make hepatitis B vaccinations available to all workers with an occupational exposure.
8. Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.
9. Use labels and signs to communicate hazards.
10. Provide information and training to workers.
11. Maintain worker medical and training records.

## **Section Two: *The Exposure Control Plan***

OSHA requires that a site-specific, written Exposure Control Plan be prepared for the safety and health of at-risk workers. At a minimum, the plan must include the following:

- Identification of job classifications and tasks where there is exposure to blood or other potentially infectious materials.
- An explanation of the protective measures currently in effect and methods of compliance to be implemented, including:
  - hepatitis B vaccination and post-exposure follow up procedures;
  - hazard communication with employees;
  - personal protective equipment;
  - housekeeping; and
  - record keeping.
- Procedures for evaluating the circumstances of an exposure incident.

The written Exposure Control Plan must be made available to workers and OSHA representatives, and updated at least annually. Ask your supervisor to see your site-specific plan. If one is not available please refer to the example Exposure Control Plan that is included in the Safety Manual document. This can be used as a template to establish your own exposure control.

The facility safety committee, supervisors, and front line employees, together, are responsible for recognizing any task that creates a potential for exposure. They are each to observe the worksite, review activities, and determine and continually update the worksite to guard against hazards.



### **Section Three:** *How to identify, implement and ensure universal workplace precautions and controls.*

All “at risk” workers should be aware of General Universal Precautions. A general rule requires blood, bodily fluids, and waste products to be treated as if they are infectious. In order to protect themselves, all staff members will follow these universal precautions at all times while on duty:

1. Handle blood and body substance of all people as potentially infectious.
2. Wash hands thoroughly with soap and running water before and after all person or specimen contact, even when gloves are used.
3. Wear disposable gloves for all potential contacts with blood and body substance. Discard gloves immediately after each use.
4. Wear a gown when blood or body substance splashing is reasonably expected.
5. Wear protective eyewear and mask when blood or body substance splattering is possible.
6. Treat all linen soiled with blood or body substance as infectious
7. Change gloves after each contact, as glove integrity cannot be assured with washing and repeated use.
8. Wear a waterproof dressing and gloves if you have cuts, abrasions, or other lesions.
9. Clean up and disinfect all spills or contamination immediately using the established procedure.



*Section Three: How to identify, implement and ensure universal workplace precautions and controls. Continued*

10. Discard disposable items including tampons, used bandages, and dressings in plastic containers lined with non-reusable bags. Close and discard bags daily using an appropriate disposal procedure.
11. Use disposable or utility gloves for general cleaning.
12. Use disposable gloves for all housekeeping chores involving potential contact with body fluids.
13. Use protective airway mask when performing CPR.

All practices, equipment, and supplies will be examined, maintained, and updated as needed on a regular schedule. Information on the use of these procedures will be provided to all employees.

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## Disposal Procedures

1. Sharps will be placed in an approved sharps container. When moderately full, the container will be placed in the central double bag/box system for appropriate disposal. Sharps will not be reused, recapped, bent, or removed.
2. Other contaminated, disposable items or materials will be placed in the central double bag/box system for appropriate disposal on a regular basis. Bio-hazard disposal bags/boxes will be used.
3. All central bags/boxes used for disposal will be color-coded and marked with the appropriate bio-hazard symbol. Collection points will be in areas not generally accessible to all building occupants.



**Section Three:** *How to identify, implement and ensure universal workplace precautions and controls.* **Continued**

## **Handwashing Facilities**

1. Each site at which exposure can reasonably be expected will have hand washing facilities with soap and running water within easy access.
2. At sites without hand washing facilities, antiseptic towelettes or alcohol gel will be available where a slight potential for contamination exists. Disinfectant, gloves, first aid supplies, and similar items will also be available
3. Signs will be posted to remind employees to wash hands after each procedure, whether gloved or not.

## **Another Universal Precaution is the need for Cleanup Kits for Removing Blood and Bodily Fluids**

- When contamination occurs from larger amounts of bodily fluids such as vomitus and blood, kits will be provided for clean up by designated trained personnel.
- Custodians and any other personnel designated as responsible for cleanup will receive training in the proper use of the clean up kits.
- Other personnel will be instructed not to clean up any blood or body fluids unless designated as part of this plan.

**While it seems like common sense, it must be made clear that Eating and Food Storage cannot occur in areas where contamination exists.**

- No eating, drinking, cosmetics application, food storage, or similar activities will be allowed in areas where contamination or contaminated fluids are present. Additionally, no food will be stored in refrigerators that also contain contaminated products.

**It is important to be sure that there is Marking Of Areas With Contaminated Products.**

- All areas and containers with contaminated products will be marked by labels, colors, and signs.

## **Section Four:** *Personal Protective Equipment*

### **Personal Protective Equipment**

- The plan requires all personnel to use gloves when handling any potentially infectious materials, objects, or surfaces.
- All staff identified as "at-risk of exposure" must be provided ample supplies of gloves at no cost to the employee.
- Hypoallergenic gloves or liners are available upon request.
- Contaminated laundry and clothing will be cleaned either on-site (using procedures described in this training program) or will be double bagged in marked containers and sent out for professional cleaning.
- Roll paper and disposable pillowcases that are impervious to fluid will be used to cover furniture which is not easily disinfected and in areas with high potential for exposure.
- Additional PPE is available as needed, including eyewear, masks, gowns and other items.







## **Section Five:** *Covered Pathogens and Vaccination Requirements*

To understand the standard you need to know about the covered pathogens: Hepatitis B and HIV.

**HEPATITIS B** - Hepatitis is a liver disease, initially resulting in possible inflammation of the liver, and frequently leading to more serious conditions including cirrhosis and liver cancer. In the United States each year, there are approximately 300,000 new cases of Hepatitis B Virus (HBV), the most prevalent form of Hepatitis.

Healthcare workers are 20 times more likely to contract Hepatitis B than the general population.

- It is estimated that there are as many as 18,000 new cases of HBV each year among healthcare workers, resulting in 200 to 300 deaths.
- While there is no cure for Hepatitis B, a vaccine does exist that can prevent infection.
- In healthcare settings HBV is most often transmitted through breaks in the skin or mucous membranes.
- This usually occurs through needle sticks, human bites, or having infectious material (such as blood or other body fluids) get into existing cuts or abrasions.

The symptoms of HBV infection are very much like a mild "flu." Initially, there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, darkened urine and jaundice (or, distinct yellowing of the skin) will often occur. However, people who are infected with HBV will often show no symptoms for some time.

After exposure it can take two to six months for Hepatitis B to develop. This is extremely important, since vaccinations begun immediately after exposure to the virus can often prevent infection.

The Hepatitis B vaccine will be made available within ten days of assignment at no cost to all employees in primary jobs.

**Section Five: Covered Pathogens and  
Vaccination Requirements Continued**

Following the Bloodborne Pathogens training, employees will be given a full description of the vaccination series and side effects, as well as sign a Consent/Refusal form. The form is included in the Safety Training Manual.

Those who consent will be scheduled and given time off for the vaccination series. Records of the vaccination will be maintained and appropriate follow-up boosters will be scheduled as medically prescribed.

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**Human Immunodeficiency Virus (HIV)** - HIV is spreading rapidly. Healthcare workers appear to have a slightly higher risk of contracting the virus than the general population.

The transmission of these pathogens occurs through the contact of Blood or Other Potentially Infectious Materials with the eyes, mouth, other mucous membranes, or parenteral (or, non intact) skin.

Many people with the HIV virus can show no apparent symptoms for years after infection.

In most cases, contracting the HIV virus ultimately leads to the development of Acquired Immunodeficiency Syndrome (or, AIDS).

This results in the breakdown of the immune system, so the body does not have the ability to fight off other diseases.

Currently no vaccination exists to prevent infection of HIV, and there is no known cure.

**Symptoms of HIV infection can vary, but often include:**

- Weakness
- Headaches
- Fever
- Diarrhea
- Sore Throat
- Nausea
- Other flu-like symptoms



**Section Five:** *Covered Pathogens and  
Vaccination Requirements* **Continued**

HBV, HIV and other Bloodborne pathogens may be present in Blood or OPIM including:

- Semen
- Vaginal secretions
- Cerebro-spinal fluid
- Synovial fluid
- Any unfixed tissue or organ
- HIV or HBV cultures
- Tissue from experimental animals contaminated with HBV or HIV.
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva in dental procedures
- All body fluids where it is difficult to determine if blood is present



## **Section Six: Post Exposure Evaluation & Follow Up**

All employees, whether under the plan or not, are required to report ALL exposures to bodily fluids to their supervisor immediately, using Communicable Disease Risk Exposure Report. An example of this report is available in the Safety Training Manual.

All reports will be held as confidential.

All exposed employees, both under and not under the plan, will receive full follow up.

### **Follow up to a report of exposure**

Following a report of exposure, the employee will be immediately referred to the designated facility healthcare professional for confidential medical evaluation and follow up. The physician will be provided a copy of this plan.

The healthcare professional will inform the employee and facility within five days whether the incident is defined as an exposure under the standard.

If the incident is not defined as an exposure, the employee will be counseled and no further action will be taken. The reporting form with the physician's determination will be placed in the employee's supplemental file.

If there is a defined exposure, the physician will immediately provide follow up activities at no cost to the employee, including:

- Documentation of the circumstances and routes of exposure;
- Identification and documentation of the source individual;
- Collection and testing of the source individual's blood with consent; or establishment that legally required consent cannot be obtained.
- Test results will be made available to the employee.
- Ongoing testing of the employee's blood will be performed per U. S. Public Health Services protocol, including immediate, 3-month, 6-month, and 1-year tests.



#### **Section Six: Post Exposure Evaluation & Follow Up Continued**

- With employee permission, the Hepatitis B vaccination series will be started immediately, and, within twenty-four (24) hours the HBIG inoculation will be administered.
- Post-exposure prevention treatment and an evaluation of reported illnesses will be completed.
- Appropriate counseling and any other directed actions, as determined by the healthcare professional, will be carried out.

With the exception of the initial determination, no reports will be made by the physician to the facility. The physician will maintain records for the appropriate time.

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### **Section Seven: Labels & Signs**

Biohazard labels must be utilized where blood and/or other potentially infectious material may be present.

1. Labels should be fluorescent orange, orange-red, or predominantly comprised of those colors, with lettering and symbols in a contrasting color.
2. Red bags or red containers may be substituted.

## **Section Eight: Information and Clean Up Procedures**

Training is required for new workers at the time of their initial assignment, PRIOR to completing tasks with occupational exposure. Training is also required when job tasks change, causing occupational exposure risk, and annually thereafter.

In the Safety Training Manual, you will find a current copy of the Bloodborne Pathogens Standard for your review. This document was obtained online from the OSHA website address shown here.

This copy was used with permission from:

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

### **Clean Up Procedures**

#### **Housekeeping**



When performing general cleaning after contamination with blood or body fluids, all employees must wear disposable gloves and proper protection equipment prior to making any contact with blood or body fluids. This includes, but is not limited to, care and first aid treatment of a person as well as cleaning procedures for objects contaminated with body fluids.



Employees should use only disposable items provided.



When the procedure is completed, discard disposable articles from each contact or cleanup into plastic trash bags that are marked for placement into the bio-medical waste bags.



## Section Eight: Information and Clean Up Procedures **Continued** **Handwashing**



Use soap and running water. Soap helps remove dirt and bacteria. Rub hands together for fifteen seconds to work up a lather.



Be sure to scrub between fingers, knuckles, back of hands, and around nails. Then rinse your hands under running water.



Dry hands with paper towel. Use your paper towel to turn off water. Then discard it in the trash. (If you are in an area where water is not available, use the available antiseptic towelettes or alcohol gel until you get to running water.)

## **Kit Instructions**

Use clean-up kits on floors and all washable surfaces. Be sure to follow the kit instructions. There are some variations in brands, but basic principles and steps are the same as listed here:



First, put on disposable gloves and proper protection equipment.



Next, cover the fluid (including vomitus, blood, or other body fluid) with the absorbent powder. This will absorb 80-90 times its own weight. Allow it to congeal and then pick up the congealed waste matter with the cardboard scoops.



Finally put the congealed matter and scoops into the plastic bag. Wait an appropriate amount of time, wipe the disinfectant from the spill area with the absorbent towel and place the towel and empty bottles into the biohazard bag.

*Section Eight: Information and  
Clean Up Procedures* **Continued**



Next, remove gloves and place into the plastic bag.



Wash hands using antiseptic towelette or alcohol gel. Place the towelette into biohazard bag and re-apply gloves.



Apply appropriate disinfectant solution evenly over the spill area, but do not spray, allow to air dry.



If a disposable apron was used, fold it so that the outside is rolled together.



Place in in the bio-hazard bag and twist tie the bag. Place into the biohazard waste bag. Remove gloves and discard them in the biohazard container.



Wash hands with soap and running water.

# **Suggested Procedures for Removal of Blood Spills and Potentially Infectious Materials**

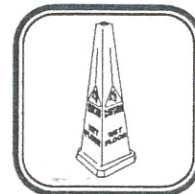
**NOTE:** Review with your local OSHA Inspector prior to implementing.



## MINOR OR SMALL BLOOD SPOTS — UP TO 2" DIAMETER

### Utilizing a Tuberculocidal Disinfectant - END BAC II (Pressurized Spray)

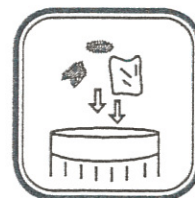
1. Wear protective equipment as specified - gloves are mandatory. Post wet floor signs.



2. Apply a tuberculocidal disinfectant (END-BAC II) over blood or potentially infectious material in accordance with label directed use.



3. Clean-up contaminated material with disposable paper towels and dispose of per your written program.



4. Apply appropriate disinfectant cleaner to decontaminated spot or continue cleaning remainder of room with disinfectant cleaner of choice (ENVY, FORWARD DC, TRIAD II, BLUE CHIP, EXPOSE or VIREX products).



5. Wash hands thoroughly. Dispose of gloves per your written program.

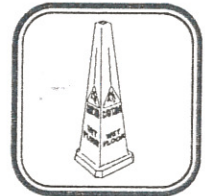


## MINOR OR SMALL BLOOD SPOTS — UP TO 2" DIAMETER

### Utilizing a Tuberculocidal Disinfectant through Trigger Spray Bottle — EXPOSE (1:128 dilution)

*(If bleach is used, dilute fresh at 1:10 before using. Contents should be removed from trigger spray when decontamination has been completed.)*

1. Wear protective equipment as specified - gloves are mandatory. Post wet floor signs.



2. Apply a tuberculocidal disinfectant (EXPOSE 1:128 or diluted bleach) over blood or potentially infectious material using coarse spray or flip top bottle. Product to be used in accordance with label directed use.



3. Clean-up contaminated material with disposable paper towels and dispose of per your written program.



4. Apply appropriate disinfectant cleaner to decontaminated spot or continue cleaning remainder of room with disinfectant cleaner of choice (CREW NA, ENVY products, FORWARD DC, TRIAD II, BLUE CHIP, EXPOSE or VIREX products).



5. Wash hands thoroughly. Dispose of gloves per your written program.





# MAJOR BLOOD SPILLS

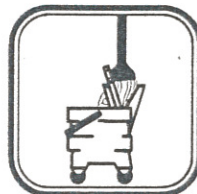
1. Wear protective equipment as specified - gloves are mandatory. Post wet floor signs.



2. Dilute EXPOSE - 1 ounce per gallon (1:128) or bleach (1:10) according to the written program.



3. Place clean mop in diluted disinfectant cleaner - lift mop from solution (do not wring or tamp).



4. Allow mop to drain around blood spill or infectious material and on spill (do not allow mop to touch blood spill or infectious material). **NOTE:** It is important to completely cover the spill with the disinfectant.



5. Return mop to solution - wring out - pick up diluted blood or infectious material spills. Return mop to bucket often to rewet - wring out mop head.



6. Disposal of used/soiled disinfectant cleaner can be handled through normal procedures — per your written program.



7. Apply appropriate fresh disinfectant cleaner to decontaminated spot and continue cleaning remainder of room with disinfectant cleaner of choice (FORWARD DC, TRIAD II, BLUE CHIP, EXPOSE or VIREX products).



8. Wash hands thoroughly. Dispose of gloves - per your written program. Do not remove wet floor sign until floor completely dries.

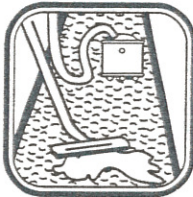
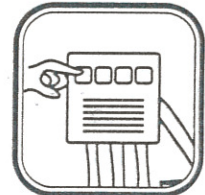




# CARPET AREA - MAJOR BLOOD SPILLS

**Test carpet with diluted bleach (1:10) and/or EXPOSE prior to its use.**

1. Wear protective equipment as specified per in house written procedures - gloves are mandatory.
2. Mix EXPOSE - 1 ounce per gallon (1:128) or diluted bleach (1:10).
3. Place clean mop in diluted disinfectant solution - lift mop from solution (do not wring or tamp).
4. Allow mop to drain around blood spill or infectious material spill. Completely cover spill area with disinfectant cleaner.
5. Pick up decontaminated spill with wet dry vac or extraction equipment.
6. Apply appropriate disinfectant cleaner to decontaminated spot. Pick up flooded area with wet/dry vacuum or extraction equipment. It is important to remove as much moisture as possible.
7. Empty bucket, wet/dry vac or extractor. Disposal of used/soiled disinfectant cleaner can be handled through normal procedures - per your written program. Rinse equipment.
8. Wash hands thoroughly. Dispose of gloves - per your written program.



**NOTE:** Use of disinfectant products will leave a residue that will resoil - at earliest convenience, extract carpet.