


MODULE B

**COMPLYING WITH OSHA'S
BLOODBORNE PATHOGEN FINAL RULE**


Statewide Program for Infection Control and Epidemiology
(SPICE)

UNC School of Medicine



OBJECTIVES




- Provide an overview of the Bloodborne Pathogen (BBP) Standard
- Discuss bloodborne pathogen risks
- Review the Exposure Control Plan requirements
- Discuss OSHA's definition of regulated medical waste
- Discuss other measures used for control of bloodborne pathogens.



OSHA


- On December 29, 1970, President Nixon signed the *Occupational Safety and Health Act of 1970* (OSH Act) into law, establishing OSHA.
- Under the OSHA law, employers are responsible for providing a safe and healthful workplace for their workers.
- OSHA Rule is required compliance under Federal Law




OSHA AND OSHA-NC


General Duty Clause

Occupational Safety and Health Act (OSHA) -
“requires that employers provide every employee with a safe and healthful workplace”

-1970 


Occupational Safety and Health Act of North Carolina (OSHANC)

-1973  **NCDOL**
N.C. Department of Labor



OSHA's FEDERAL REGULATIONS: BLOODBORNE PATHOGENS

- December 6th, 1991 – Standard 1910.1030; Final Rule on Occupational Exposure to Bloodborne Pathogens
- January 18th, 2001 - Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule.
 - Additions to the exposure control plan
 - Sharps injury log required



OSHA's Definition - “Occupational Exposure”

Includes

- Healthcare employees whose duties involve “*reasonably anticipated contact*” with blood or other potentially infectious material
 - Contaminated sharps
 - Non-intact skin
 - Medical waste
 - Plumbing
 - Human bites that break the skin

OSHA'S DEFINITION - "OCCUPATIONAL EXPOSURE"

Does not include

- Does not include healthcare employees whose duties **do not involve** "reasonably anticipated contact"
 - Good Samaritan acts, encourages voluntarily providing follow-up
 - Receptionist/Business Managers

BBP STANDARD SCOPE AND APPLICATION

- Applies to:
 - All private sector employees
 - All public sector employees
 - Students receiving compensation (teaching/graduate assistants, internships)
- Does not include:
 - Self-employed persons (*sole practitioners/partners*)
 - Students not receiving compensation
 - Workplace hazards regulated by another federal agency (Department of Energy for example)



CONTRACT PROVIDED SERVICES

Employer **Providing** Contract Services (Contractor)

- General bloodborne pathogen training at time of hire and annually thereafter
- Offer HBV vaccination
- Follow up on occupational exposure


Employer **Paying for** Contract Services (Host)

- Site or department specific bloodborne pathogen training
- Providing department specific personal protective equipment (PPE) and training on use
- Primary responsibility for control of potential exposure conditions


KNOWLEDGE CHECK

True or False:
OSHA's rules apply to:

- All private sector employees
- Students receiving compensation
- Self employed persons



True



False

TYPES OF OCCUPATIONAL EXPOSURES TO BLOODBORNE PATHOGENS

- Percutaneous injury (PI) 
- Mucous membrane 
- Non-intact skin 




BODY FLUIDS LINKED TO TRANSMISSION OF HBV, HCV AND/OR HIV

Blood


Other Potentially Infectious Material (OPIM) includes:

• semen	• peritoneal fluid
• vaginal secretions	• amniotic fluid
• cerebrospinal fluid	• <u>saliva in dental procedures</u>
• synovial fluid	• any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
• pleural fluid	
• pericardial fluid	

BLOODBORNE PATHOGENS 1910.1030(b)




- Pathogenic organisms that are present in human blood, **and**
 - Can cause disease in humans
- **Includes but not limited to:**
 - Hepatitis B virus (HBV)
 - Hepatitis C virus (HCV)
 - Human immunodeficiency virus (HIV)



KNOWLEDGE CHECK


True or False:

Bloodborne pathogens include any pathogenic organism that is found in the human blood and is capable of causing disease in humans.





True

False




WRITTEN EXPOSURE CONTROL PLAN (ECP)

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- Must be reviewed/updated no less than annually (within 365 days of last review) *and*
- Be updated when procedures or equipment change *and*
- Must be accessible to all staff *and*
- Must contain all components of the BBP rule




EXPOSURE CONTROL PLAN


- Contains:
 - Exposure determination
 - Methods of Compliance
 - Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up
 - Communication of Hazards to Employees
 - Recordkeeping requirements
 - Procedure for evaluating circumstances surrounding exposure incidents.

EXPOSURE DETERMINATION







Physicians and surgeons




Clinical/diagnostic laboratory workers
Medical technologists



Dentists and dental workers

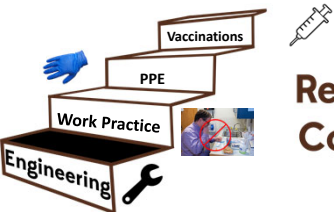


Nurses



Housekeeping workers

METHODS OF COMPLIANCE (MOC)

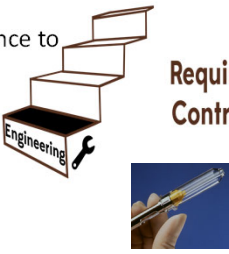


Required Controls

Specifies order of measures

ENGINEERING CONTROLS

- Remove the hazard from the employee
- Should be used in preference to other controls
- Employer must:
 - Review annually
 - Train employee on use
 - Document in ECP



Required Controls

NEEDLESTICK SAFETY AND PREVENTION ACT (2001)

- Directs OSHA to revise BBP standard to clarify requirement for employers to evaluate safer needles and involve employees in identifying and choosing devices
- Requires documentation of frontline provider (non-managerial) participation in the evaluation of safety devices and decision making in product purchasing.

OSHA ENFORCEMENT REVISION – ACTION LIST

- Collect data on device-related injuries including how exposure occurred . . .
 - type and brand of device
 - circumstances of injury
 - job category
- Use information on injuries to guide the selection and implementation of safety devices

(MOC):WORK PRACTICE CONTROLS

Alterations in the manner in which a task is performed to reduce likelihood of exposure

- Perform hand hygiene as soon as possible after glove removal or contact with body fluids
- All PPE removed as soon as possible after leaving work area and placed in designated container for storage, decontamination, or disposal
- Used needles and sharps shall not be sheared, bent, broken, recapped or resheathed by hand.



Required Controls

(MOC)WORK PRACTICE CONTROLS

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure



(MOC): PERSONAL PROTECTIVE EQUIPMENT (PPE)





Required Controls

- Gloves, masks, protective eyewear
- Puncture-resistant gloves and thimbles
- Ventilation Devices

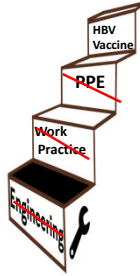
**PERSONAL PROTECTIVE EQUIPMENT:
THE RULES**

- Must be provided by the employer at no cost, in appropriate sizes and housed in accessible locations for the employee.
- Mechanism must be in place for cleaning, laundering or disposing of employees' protective clothing.
- Mechanism must be in place for replacement or washing of an employee-owned uniform or clothing if it becomes contaminated.

(OSHA required)

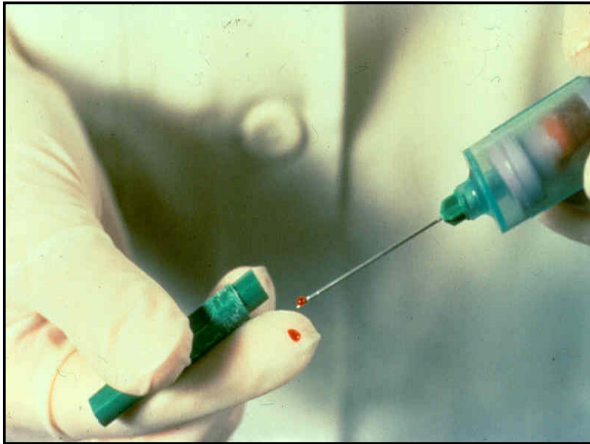



(MOC): HBV VACCINATION



Required Controls

- HBV vaccination has to be:
 - Offered at no cost
 - Offered after training
 - Within 10 days assignment
- Vaccinations given according to recommendations for standard medical practice.
- A declination form must be signed by employee who refuses the HBV vaccination (including those who do not complete the recommended series).



POST – EXPOSURE EVALUATION AND FOLLOW UP

Following a report of an exposure incident, the employer shall make, immediately available to the employee a confidential medical evaluation and follow-up including the following:

- Document the route of exposure
- Document the HIV, HBV and HCV status of source person, if known
- Notify the source person an exposure has occurred
- Test the source person for HIV, HBV and HCV (unless status known)
- Offer baseline testing to employee
- Offer counseling and post exposure prophylaxis, if indicated

POST EXPOSURE AND FOLLOW UP

- The employer must also obtain and provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation



RECORD KEEPING REQUIREMENTS

MEDICAL RECORDS

- Must maintain and keep confidential an accurate record for each employee with occupational exposure
 - Name and SS #
 - HBV status
 - Copy of results of post-exposure follow up
 - Copy of the healthcare professional's written opinion
- Must maintain for at least the duration of employment plus 30 years



REVISIONS TO OSHA'S RECORDKEEPING RULE, 2002, REQUIRES A RECORD OF ALL SHARPS INJURIES.

OSHA's Form 300 (Rev. 03/2004)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, loss of work time, or medical treatment beyond first aid. You must also record significant work-related injuries or illnesses that are diagnosed by a physician or licensed health care professional. You must also record selected cases and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Find how to use this form and for additional information, see the instructions on page 2 and OSHA's Recordkeeping Manual (OSHA-309) or equivalent form for each type of injury recorded on this form.

Identify the person		Describe the case		Classify the case
(a) Last name	(b) First name	(c) Date of injury or illness	(d) Where the event occurred or illness first manifested itself	(e) Describe injury or illness, parts of body affected, and circumstances that directly related to work activity
1	2	3	4	5

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this Summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0". Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases	Establishment
1	Name
2	City

OSHA's Form 301

Injury and Illness Incident Report

This Injury and Illness Incident Report is one of the five forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of workplace incidents.

Information about the employee	Information about the case
1) Full name	10) Date incident from the Log (Example: 01/01/01)
2) Social Security number	11) Date of injury or illness
3) Date	12) Time employee began work
4) City	13) Time of event
5) Date of birth	14) What was the employee doing just before the incident?

KNOWLEDGE CHECK

The written exposure control plan must include:

1. A list of jobs in which employees have anticipated occupational exposure to blood
2. A description of the existing engineering controls
3. Procedures for follow-up if an exposure occurs
4. A description of work practice controls



I of the above

Select the correct response



DEFINITION OF REGULATED MEDICAL WASTE:

OSHA

• Regulated Waste means:

- Liquid or semi-liquid blood or other potentially infectious materials;
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
- Contaminated sharps; and
- Pathological and microbiological wastes containing blood or other potentially infectious materials.



PACKAGING OF REGULATED MEDICAL WASTE



• Sharps containers shall be:

- Closable
- Puncture Resistant
- Leak-proof on sides and bottom
- Labeled
- Readily accessible
- Maintained in an upright position
- Replaced routinely and not allowed to overfill

• Other regulated medical waste containers shall be:


- Closable
- Constructed to contain all contents and prevent leakage
- Labeled
- Closed prior to removal
- Placed in a secondary container if outside of container becomes contaminated

COMPREHENSIVE HAZARD COMMUNICATION PROGRAM

• Warning labels shall be affixed to:

- Containers of regulated medical 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

• Labels must be:

- Fluorescent orange or orange-red
- With lettering and symbols in contrasting color
- Shall include the word biohazard or the symbol 

• Red bags or red containers may be substituted for labels

TAGS, LABELS, AND BAGS

HANDLING SPECIMENS

- Specimens collected and transported inside the facility do not need to be labeled, if employees are trained and compliant with Universal (Standard) Precautions
- Employers **MUST** label or color-code specimen containers whenever they leave the facility.

KNOWLEDGE CHECK

True or False:

OSHA's definition of regulated medical waste includes all of the following:

- Blood and other potentially infectious material
- Dressings with dried blood that can be flaked off
- Contaminated sharps

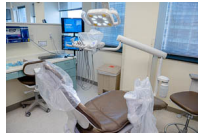
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True

False

HOUSEKEEPING PRACTICES

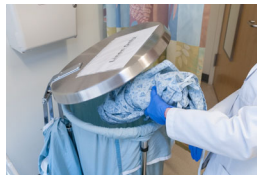
- Employer shall assure that the worksite is maintained in a clean and sanitary condition.
- Employer shall determine and implement an appropriate cleaning schedule for rooms at risk for BBP contamination, depending on the site, type of surfaces, and amount of soil present.
- Employer shall ensure that staff wear appropriate PPE including general purpose utility gloves during all cleaning of BBP and decontamination procedures.



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LAUNDRY PRACTICES

- Use of appropriate PPE during handling and sorting of contaminated linen.
- Contaminated laundry bagged at point of use
- Use standard precautions when handling all contaminated laundry



SPICI

EDUCATION AND TRAINING

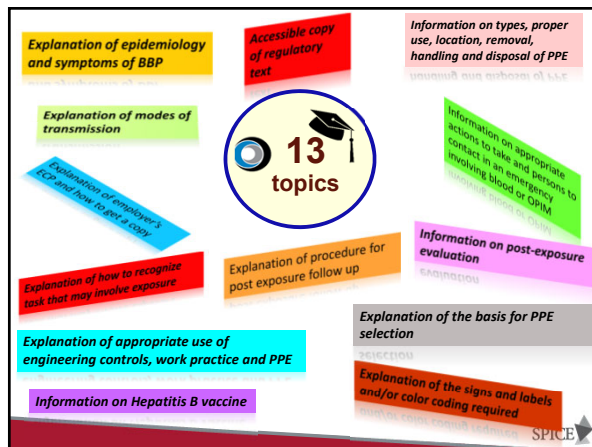
- Employers must train at-risk employees: At no cost and on paid time
 - At time of initial assignment and
 - At least annually thereafter, or
 - If new occupational exposure is recognized from the literature,
 - Or new procedure or use of a new type of equipment is introduced.



SPICI

EMPLOYEE TRAINING

- Training requirements:
 - Be conducted by someone knowledgeable in the subject matter covered and how it relates to the work place
 - Provide an opportunity for interactive questions and answers with the individual conducting the session.



RECORDKEEPING

- The employer must keep training records with the following information:
 - The dates of the training session
 - The contents or a summary of the training session
 - The names and qualifications of the persons conducting the training
 - The names and job titles of all persons attending the training sessions
- Employers must keep these records for 3 years from the date of the training session

OSHA: NORTH CAROLINA

Deputy Commissioner - (919) 707-7800

Consultative Services - (919) 707-7840

ASK OSH - (919) 707-7876

NC Department of Labor – 800-NCLABOR

QUESTIONS