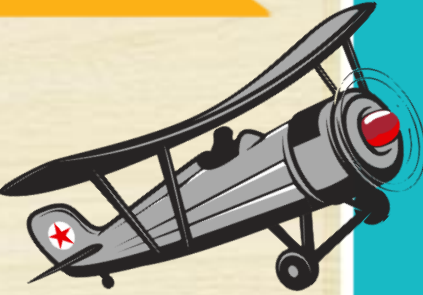




# Module B

**Complying with the  
OSHA Bloodborne  
Pathogen Final Rule**

MODULE B





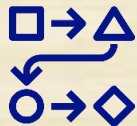
# Objectives



- 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 pathogen



# OSHA

Rules



- 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

Rules

1970



- Occupational Safety and Health Act (OSHA) General Duty Clause

“requires that employers provide every employee with a safe and healthful workplace”

1973



- Occupational Safety and Health Act of North Carolina (OSHANC)



# OSHA's Federal Regulations: Bloodborne Pathogens

Rules

- 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"

Rules

## 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"

Rules

## 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 & Application

Rules

- 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)

Employee



Self-employed





# Contract Provided Services

Rules

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

Employer **Providing** for Contract  
Services  
(Contractor)

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



## 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



## Other Potentially Infectious Material (OPIM) includes:

### Blood



- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- saliva in dental procedures
- 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



# Bloodborne Pathogens

1910.1030(b)



Pathogenic organisms that are present in human blood  
*and*

Can cause disease in humans

***Includes but is not limited to:***

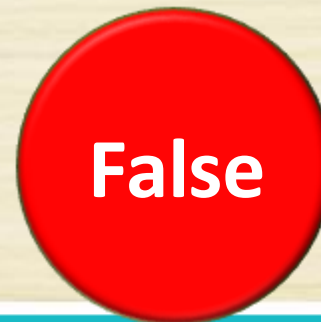
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human immunodeficiency virus (HIV)



## Knowledge Check

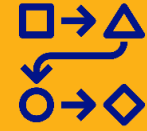
### True or False:

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



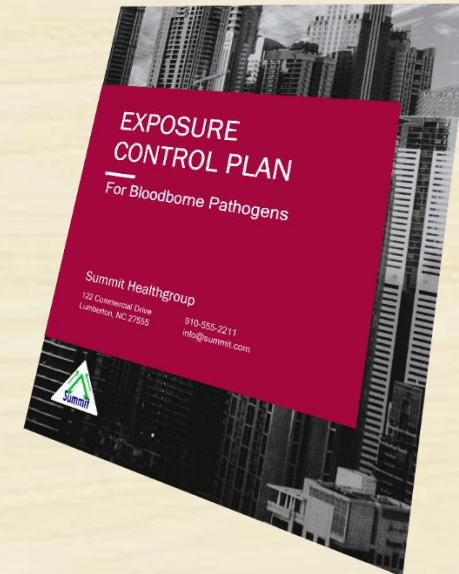


# Written Exposure Control Plan (ECP)



## Bloodborne Pathogen Exposure Plan MUST:

- Be reviewed/updated annually
- Be updated when procedures or equipment change
- Be made accessible to all staff
- Contain all components of BBP rule





# Exposure Control Plan

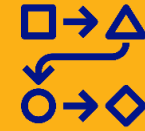


## Contains:

- 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**



**Housekeeping workers**



**Clinical/diagnostic  
laboratory workers  
Medical technologists**



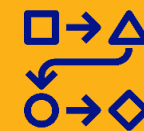
**Dentists and dental workers**



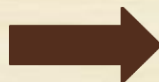
**Nurses**



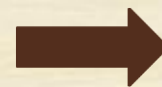
# Methods of Compliance (MOC)



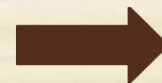
**ID**



**OSHA**



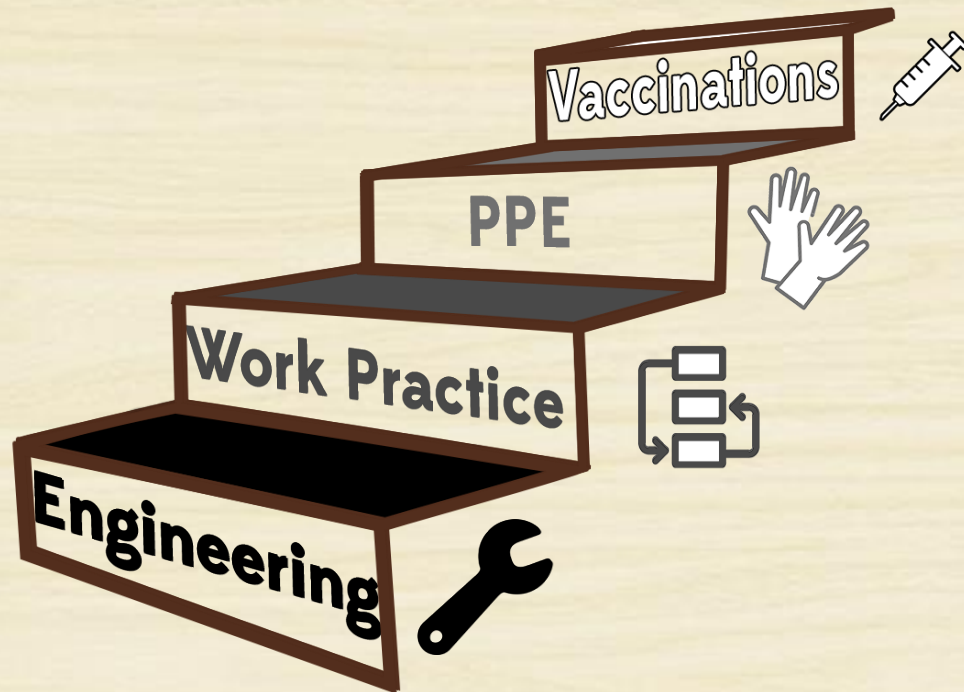
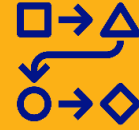
Requires  
implementation of  
specific measures



Specifies order  
of measures



# Methods of Compliance (MOC)



## Required Controls



# Engineering Controls



- Remove the hazard from the employee
- Should be used in preference to other controls



Safety  
needles



Safety  
sharps



Sharps  
containers

Needless  
devices

Required  
by OSHA





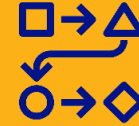
# Engineering Controls

- Employer must:
  - Review annually
  - Train employee on use
  - Document in ECP

Required  
by OSHA



# Needlestick Safety and Prevention Act (2001)

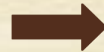


2001

Requires documentation of frontline provider (non-managerial) participation in the evaluation of safety devices and decision making in product purchasing.

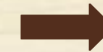


Act



Revised BBP standard

Directs OSHA to revise BBP standard to clarify requirement for employers to evaluate safer needles and involve employees in identifying and choosing devices.





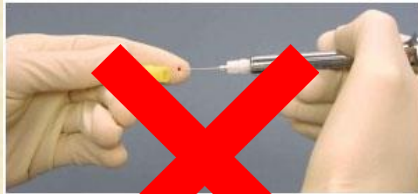
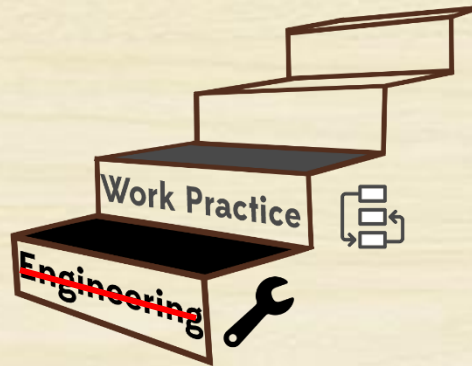
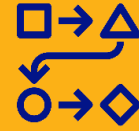
## OSHA Enforcement Revision – Action List



- 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



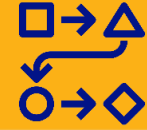
Alterations in the manner in which a task is performed to reduce likelihood of exposure

- 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.





## (MOC): Work Practice Controls

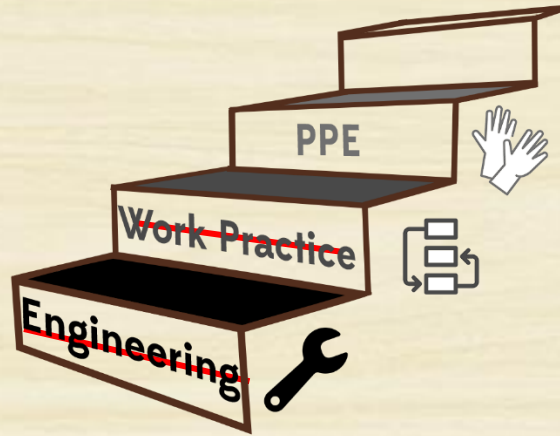


Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.





# (MOC): Personal Protective Equipment (PPE)



**Employers must provide  
and assure use**

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





# Personal Protective Equipment: *The Rules*



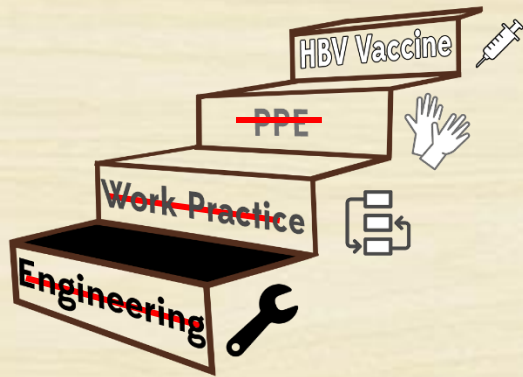
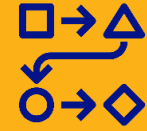
- Mechanism must be in place for cleaning, laundering or disposing of employees' protective clothing.
- Must be provided by the employer at no cost, in appropriate sizes and housed in accessible locations for the employee.
- Mechanism must be in place for replacement or washing of an employee-owned uniform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

(OSHA required)





# (MOC): HBV Vaccination



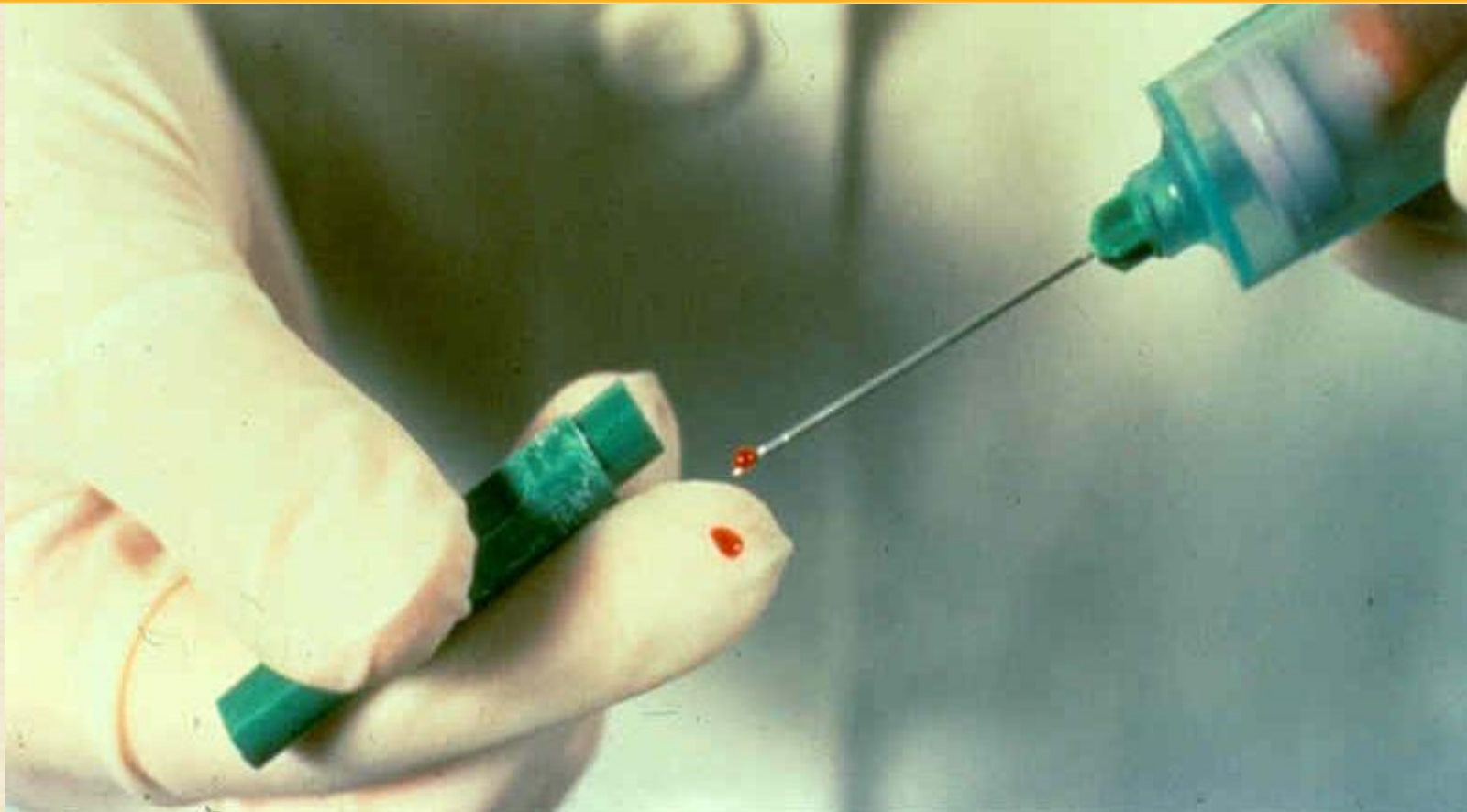
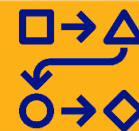
- HBV vaccination has to be:
  - Offered at no cost
  - Offered after training
  - Within 10 days assignment
- Vaccinations given according to recommendations for standard medical practice.



A declination form must be signed by employee who refuses the HBV vaccination (including those who do not complete the recommended series).



# Module B





# Post - Exposure Evaluation and Follow Up

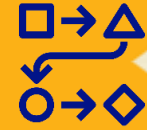


**Following a report of an exposure incident, the employer shall make:**

- 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



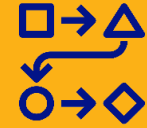
The employer must also obtain and provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.





# Record Keeping Requirements

## *Medical Records*



### **Record keeping requirements**

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, 2001, Requires a Record of All Sharps Injuries

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

## 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, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

### Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	Where th (e.g., Load
-----------------	------------------------	------------------------------------	---	-------------------------

### Describe the case

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

### Establish

Your establish

Street \_\_\_\_\_

City \_\_\_\_\_

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

## OSHA's Form 301 Injury and Illness Incident Report

This Injury and Illness Incident Report is one of the first 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 work-related incidents.

### Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the e
- 11) Date of injury or illness \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM / PM
- 13) Time of event \_\_\_\_\_ AM / PM
- 14) What was the employee doing just before the incident



## Knowledge Check

**The written exposure control plan must include:**

- A. A list of jobs in which employees have anticipated occupational exposure to blood
- B. A description of the existing engineering controls
- C. Procedures for follow-up if an exposure occurs
- D. A description of work practice controls
- ✓ E. All of the above

Select the correct response



# Definition of Regulated Medical Waste: *OSHA*



OSHA regulates identification and labeling of medical waste





# 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
- 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
- Other containers used to store, transport or ship blood or other potentially infectious materials





# Comprehensive Hazard Communication Program



## 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





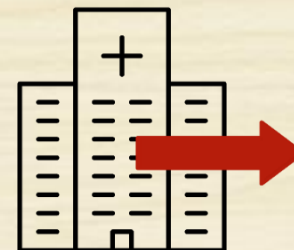
# Handling Specimens



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.



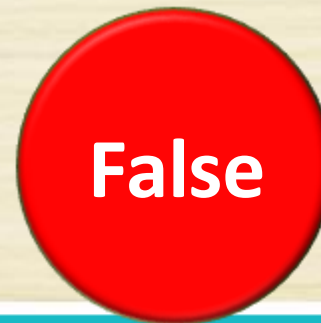


## Knowledge Check

### 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





# 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 during all cleaning of BBP and decontamination procedures.





# 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





# 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
- If new occupational exposure is recognized from the literature
- Or new procedure or use of a new type of equipment is introduced



# Employee Training



## Training requirements:

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

*Explanation of epidemiology and symptoms of BBP*

*Accessible copy of regulatory text*

*Information on types, proper use, location, removal, handling and disposal of PPE*

*Explanation of modes of transmission*



*Information on appropriate actions to take and persons to contact in an emergency involving blood or OPIM*

*Explanation of employer's ECP and how to get a copy*

*Information on post-exposure evaluation*

*Explanation of how to recognize task that may involve exposure*

*Explanation of procedure for post exposure follow up*

*Explanation of the basis for PPE selection*

*Explanation of appropriate use of engineering controls, work practice and PPE*

*Explanation of the signs and labels and/or color coding required*

*Information on Hepatitis B vaccine*



# 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



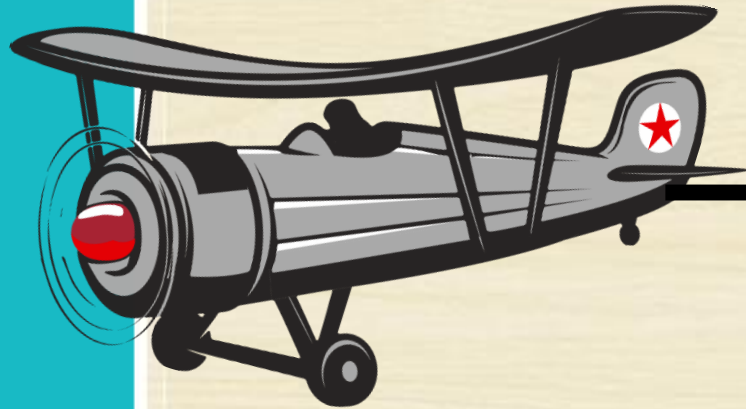
## OSHA: North Carolina

Deputy Commissioner - (919) 707-7800

Consultative Services - (919) 707-7846

ASK OSH - (919) 707-7876

NC Department of Labor – 800-NCLABOR



Questions?

