

Module B

Complying with OSHA's Bloodborne Pathogen Final Rule

Objectives

- Provide an overview of the Bloodborne Pathogen (BBP) Standard
- Discuss specific Occupational Health and Safety Administration's (OHSA) requirements regarding bloodborne pathogens

OSHA's mission

- 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

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 Enforcement Revision – "Occupational Exposure"

Includes

- "Reasonably anticipated contact" includes potential or actual contact with blood or other potentially infectious material
- Human bites that break the skin

Does not include

- "Good Samaritan" acts, encourages voluntarily providing follow-up
- Dietary provider, chaplains, social provider

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
 - Includes sole practitioners and 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

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)
 - The following human body fluids:
 - 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 not limited to:**
 - Hepatitis B virus (HBV)
 - Hepatitis C virus (HCV)
 - Human immunodeficiency virus (HIV)

Written exposure control plan (ECP)



Reviewed and updated annually (within 365 days of last review)

Be made accessible to all staff

Contain all components required in the 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



Nurses



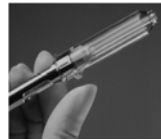
Dentists and dental workers



Housekeeping workers

Methods of compliance: *Engineering Controls*

- Remove the hazard from the employee



- Should be used in preference to other control methods
- Employer must:
 - Review and evaluate new devices annually
 - Train the employee on use and disposal
 - Document activities in ECP

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

Methods of compliance: *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.

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

Methods of compliance: *Personal Protective Equipment (PPE)*



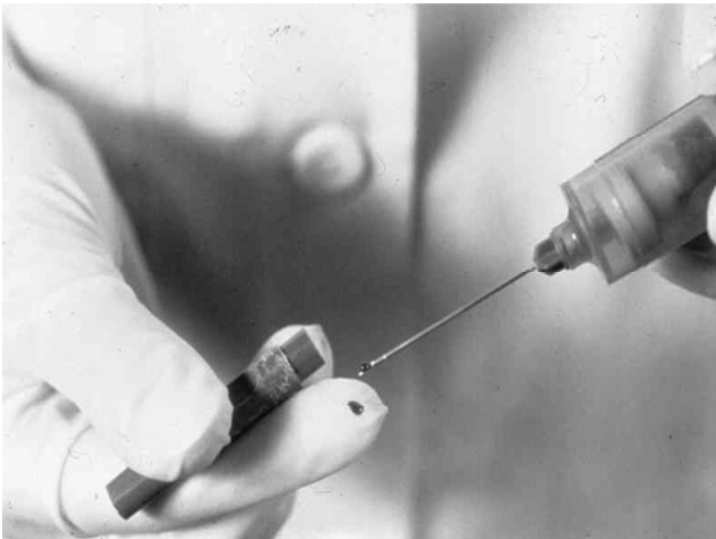
- Gloves, masks, protective eyewear
- Puncture-resistant gloves and thimbles
- Ventilation Devices

Personal Protective Clothing 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)

HBV Vaccination

- HBV vaccination has to be:
 - Offered at no cost to the employee
 - Offered after training has been provided on epidemiology of HBV and the efficacy of the vaccine
 - Within 10 days of initial job assignment.
- Vaccinations shall be 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 3 shot series).

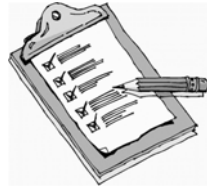


Post-Exposure Evaluation and Follow-up

- 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. 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, restriction work activity or job transfer, loss of work time, 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 agency recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Find how to use the form for a single case if you need it. 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 do not save another a copy to accessible, 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		Describe the case		Classify the case	
(1)	(2)	(3)	(4)	(5)	(6)
Case #	Employee's name	JOB title (e.g., Welder)	Date of injury or illness	Where the event occurred, or about (e.g., Loading dock north end of plant)	Description of injury or illness, parts of body affected, and administrative action taken (e.g., First aid, medical treatment, lost work time)

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, enter "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, or OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Establish
Year entered _____
State _____
City _____

Number of Cases

OSHA's Form 301
Injury and Illness Incident Report

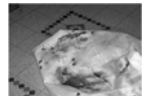
This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the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

Information about the employee	Information about the case
1) Full name _____	8) Case number from the Log _____ (Single digit)
2) Street _____	9) Date of injury or illness _____
3) City _____ State _____ ZIP _____	10) Time employee began work _____ AM / PM
4) Date of birth _____ / _____ / _____	11) Time of onset _____ AM / PM
	12) What was the employee doing just before the incident _____

OSHA

Definition of regulated waste

- 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

- Do not need labels if employees are trained and compliant with Universal (Standard) Precautions
- Employers must label or color-code specimen containers whenever they leave the facility.



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 housekeepers wear appropriate PPE including general purpose utility gloves 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.
- Must train
 - 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.



Employee training program must include the following:

1. An accessible copy and explanation of the regulatory text
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the employer's exposure control plan and how the employee can obtain a copy of the written plan;
5. An explanation of how to recognize tasks that may involve exposure to blood and OPIM;
6. An explanation of appropriate use of engineering controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE;
8. An explanation of the basis for selection of PPE;
9. Information on the hepatitis B vaccine (efficacy, safety, benefits and offered free of charge);
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. An explanation of the procedure for post exposure follow-up ;
12. Information on post-exposure evaluation and
13. An explanation of the signs and labels and/or color coding required

Employee Training

- Training program must
 - 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) 807-2860

Consultative Services - (919) 807-2899

ASK OSH – (919) 807-2875

Questions?

