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Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards: What You Need to Know

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Disclosures

- **Presenter Disclosure:** Financial Disclosures: Kathleen Weissberg received an honorarium for presenting this course. Non-financial Disclosures: Kathleen Weissberg has no relevant non-financial relationships to disclose.
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Learning Outcomes

After this course, participants will be able to:

- Define key concepts related to bloodborne pathogens and occupational exposure.
- Identify the minimum standards to which employers must comply related to bloodborne pathogens and infection control.
- List the 4 main methods of compliance as defined by the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards.
- Identify best practices with regard to personal protective equipment, handwashing, handling contaminated items, and record-keeping.

Definitions

- Blood – human blood or components
- Bloodborne Pathogens – microorganisms transmitted in the bloodstream that can cause disease
- Contaminated – presence of blood or other potentially infectious materials on an item or surface

Definitions

- Engineering Controls – things in a place of employment that isolate or remove a bloodborne pathogens hazard
- Exposure Incident – contact with infectious materials by eye, mouth, other mucous membrane, non-intact skin, or parenteral contact
- Handwashing Facilities – adequate supply of running potable water, soap, and single-use towels or air-drying machines

Definitions

- Needleless systems – a device that does not use needles for:
 - Collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
 - Administration of medication or fluids; or
 - Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Definitions

- Other Potentially Infectious Materials (OPIM) – body fluids
 - Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures
 - Any body fluid visibly contaminated with blood
 - Situations where it is impossible to differentiate between body fluids

Definitions

- Personal Protective Equipment – specialized clothing or equipment worn by an employee for protection against a hazard
- Regulated Waste – liquid or semi-liquid blood or other potentially infectious materials or contaminated items

Definitions

- Sharps with engineered sharps injury protections – non-needle sharp or a needle device
- Universal Precautions – an approach to infection control
 - All human blood and certain human body fluids are treated as if known to be infectious
- Work Practice Controls – controls that reduce likelihood of exposure by altering how a task is performed

The Standard

- Requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials
- Requires employers to:
 - Establish an exposure control plan
 - Update the plan annually to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure

The Standard

- Document procedure for the evaluation of circumstances surrounding exposure incidents
- Exposure plan is available and accessible
- Feedback needs to be from non-managerial employees responsible for direct patient care

Methods of Compliance

- Universal Precautions
- Engineering and Work Practice Controls
- Personal Protective Equipment
- Housekeeping Practices

Universal Precautions

- OSHA standards are clear about practicing Universal Precautions
- When you're not sure, or you cannot differentiate, treat all body fluids as potentially infectious materials

Universal Precautions

- Using disposable gloves and other protective barriers while examining all patients and while handling needles, scalpels, and other sharp instruments
- Washing hands and other skin surfaces that are contaminated with blood or body fluids immediately after a procedure or examination
- Changing gloves between patients and never reusing gloves

Engineering and Work Practice Controls

- Used to eliminate or minimize employee exposure
 - If occupational exposure remains, PPE is used
- Employer must review, examine, maintain or replace controls on a regular schedule
- Provide handwashing stations
 - If not feasible, provide appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes

Handwashing

- Hand sanitizer does not take the place of appropriate handwashing
- Wash hands with soap and running water as soon as possible

Hand hygiene is the first line of defense and hand washing is generally considered the single most important procedure for preventing the spread of infection.

Handwashing

- Hands should be cleaned:
 - Upon completion of required tasks
 - Immediately after removal of gloves or PPE
 - Upon contact or when there is visible contamination with blood or other potentially infectious material
 - Before and after patient contact
 - Before eating, drinking, smoking, applying cosmetics, or handling contact lenses
 - Before and after using the bathroom
 - Before any activities in which hand contact is made with mucous membranes, the eyes, or breaks in the skin

Handwashing

- Proper hand-washing techniques:
 - Wet hands with water.
 - Apply enough soap to cover all surfaces.
 - Thoroughly wash all parts of hands and fingers up to the wrists, rubbing hands together for at least 20 seconds.
 - Rinse hands with water and dry thoroughly with paper towels.
 - Use paper towels to turn off faucet before discarding the towels in the waste receptacle.

Engineering and Work Practice Controls

- Contaminated needles and other contaminated sharps should not be bent, recapped, or removed with a few limited exceptions
- Shearing or breaking of contaminated needles is absolutely prohibited
- If sharps are to be reused, storage container must be puncture resistant; labeled or color-coded; and leakproof on the sides and bottom

Engineering and 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
- Food and drink shall not be kept anywhere potentially infectious materials are present
- Standards also apply to equipment

Personal Protective Equipment

- Provision
 - With occupational exposure, employer shall provide, at no cost to the employee, appropriate PPE
 - PPE is considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through or underneath

Personal Protective Equipment

- Use
 - Ensure employees use PPE unless employee temporarily and briefly declined to use it or professional judgement demonstrates increased hazard to the safety of the worker
 - Circumstances must be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future

Personal Protective Equipment

- Accessibility
 - Appropriate PPE in appropriate sizes (e.g., hypoallergenic gloves, glove liners, powderless gloves for those allergic)
- Cleaning, Laundering, and Disposal
 - At no cost to the employee
- Repair and Replacement
 - As needed to maintain effectiveness, at no cost to the employee

Personal Protective Equipment

- If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible
- All personal protective equipment shall be removed prior to leaving the work area
- When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal

Gloves

- Worn when it is anticipated to have hand contact with blood, OPIM, mucous membranes, non-intact skin and/or when handling or touching contaminated items
- Disposable gloves should be replaced as soon as practical when contaminated or if torn, punctured, or compromised
- Should NOT be washed for re-use

Removing Gloves

- Pinch and hold the outside of the glove near the wrist area.
- Peel downwards, away from the wrist, turning the glove inside out.
- Pull the glove away until it is removed from the hand and hold the inside-out glove with the gloved hand.
- With your un-gloved hand, slide your finger/s under the wrist of the remaining glove, taking care not to touch the outside of the glove.
- Again, peel downwards, away from the wrist, turning the glove inside out.
- Continue to pull the glove down and over the inside-out glove being held in your gloved hand.

PPE

- Masks, Eye Protection, and Face Shields
 - Worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and contamination anticipated
- Surgical caps/hoods and/or shoe covers or boots
 - When gross contamination is anticipated

Gowns

- Gowns, Aprons, and Other Protective Body Clothing
 - Will depend upon the task and degree of exposure anticipated
 - Should fully cover torso from neck to knees, arms to end of wrists, and wrap around the back and be fastened at the back of the neck and the back

Gowns

- To remove a gown:
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Pull gown away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard in a waste container

Housekeeping

- Employers must make sure that the worksite is maintained in a clean and sanitary condition
 - Written schedules for cleaning
 - Methods of decontamination based upon the location, surface, type of soil, tasks performed

Housekeeping

- All contaminated equipment, work surfaces must be cleaned and decontaminated
- Use appropriate disinfectant
- Clean at the end of the work shift
- Bins, pails, cans, etc. that might be contaminated must be inspected/decontaminated on a regular basis and cleaned ASAP
- Contaminated broken glassware should be cleaned up by mechanical means (e.g., broom)

Regulated Waste

- Contaminated sharps need to be discarded ASAP in containers that are closable; puncture resistant; leakproof; labeled or color-coded
 - Containers need to be easily accessible and located in immediate area where sharps are used
- Regulated waste must be placed in containers which are closable; constructed to contain all contents and prevent leakage; labeled or color-coded; closed prior to removal
- Cannot go into the regular trash

Regulated Waste/“Red Bag”

- Anything in contact with a potential infectious agent
 - Blood-soaked items
 - Gauze
 - Bandages
 - Specimen cups
 - Items containing dried blood or other fluids
 - Gloves, gowns, intravenous bags
 - Table paper
 - PPE

Laundry

- Contaminated laundry must be bagged/ containerized at the location where it was used
- Transported in color-coded bags/containers
- If leakage is likely, must be placed in a bag or container that would prevent this
- If coming in contact with contaminated laundry, wear PPE

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up

- Employer must make Hep B vaccine available to those with occupational exposure
- Must provide post-exposure evaluation and follow-up to all employees who have had an exposure incident
 - No cost to the employee
 - Reasonable time and place
 - Under supervision of a licensed healthcare professional
 - According to recommendations

Hepatitis B Vaccination

- Made available after initial training & within 10 working days of initial assignment to anyone with occupational exposure
 - Unless previously received, proven immunity, contraindicated
 - Prescreening cannot be a prerequisite
- If initially declined, but still covered under the standard, employer must make available at later date
 - Those declining must sign a statement
- If a booster is recommended, this must be provided

Post-exposure Evaluation and Follow-up

- Must include:
 - Documentation of the route(s) of exposure, and circumstances surrounding incident
 - Identification and documentation of the source individual (unless not feasible or prohibited)
 - Source individual's blood shall be tested for HBV/HIV
 - If known to be infected, no need to repeat test

Post-exposure Evaluation and Follow-up

- Must include (continued):
 - The exposed employee's blood shall be collected and tested. If consent for testing not given, sample is saved for 90 days.
 - Post-exposure prophylaxis
 - Counseling
 - Evaluation of reported illnesses

Post-exposure Evaluation and Follow-up

- Information provided to healthcare professional
 - Copy of the regulations
 - Description of the exposed employee's duties as they relate to the exposure incident
 - Documentation of the route(s) of exposure and circumstances
 - Source individual's blood testing results
 - Relevant medical records (if available)

Healthcare Professional's Written Opinion

- Provided to employee within 15 days of evaluation
- Opinion re: vaccine limited to whether or not it is indicated
- Opinion re: post-exposure eval limited to:
 - Employee informed of results
 - Employee has been told about medical conditions that might require evaluation or treatment
- Everything else is confidential

Communication of Hazards to Employees

- Warning labels must be affixed where potentially infectious material might be



BIOHAZARD

Communication of Hazards to Employees

- Labels must be fluorescent orange or orange-red with lettering and symbols in a contrasting color
- Affixed as close as possible by a method that prevents loss or unintentional removal
- Red bags or red containers may be substituted for labels

Information and Training

- Employer must train each employee with occupational exposure
- No cost to the employee and during working hours
- Training provided at initial assignment and at least annually thereafter
 - Re-trained with any changes (e.g., modification of tasks or procedures)

Training Program

- A copy of the regulations
- General explanation of epidemiology and symptoms of bloodborne diseases
- Explanation of modes of transmission
- Explanation of the employer's exposure control plan and how to obtain a copy
- Appropriate methods for recognizing tasks that may involve exposure

Training Program

- Methods that will prevent or reduce exposure
- Types, use, location, removal, handling, decontamination, disposal PPE
- Basis for selecting PPE
- Information on the hepatitis B vaccine
- Appropriate actions and persons to contact in an emergency involving blood/OPIM

Training Program

- Procedure to follow if an exposure incident occurs, including method of reporting and follow-up
- Information on post-exposure evaluation and follow-up
- Explanation of signs, labels and/or color coding
- Opportunity for Q&A

Record Keeping

- Medical Records
 - For each employee with occupational exposure
 - Name of the employee
 - Hepatitis B vaccination status
 - Results of examinations, medical testing, and follow-up procedures
 - Healthcare professional's written opinion
 - Information provided to the healthcare professional

Record Keeping

- Confidentiality
 - Kept confidential
 - Not disclosed without consent
 - Maintained for at least the duration of employment plus 30 years

Record Keeping

- Training Records
 - Dates of the training sessions
 - Summary of the training sessions
 - Names/qualifications of the trainer
 - Names and job titles of everyone attending training
- Must be maintained for 3 years

Record Keeping

- Sharps Injury Log
 - Type/brand of device involved in the incident
 - Department where the exposure incident occurred
 - How the incident occurred

Wrap Up

- Establish an exposure control plan
- Update the plan annually
- Implement the use of universal precautions
- Identify and use engineering controls
- Identify and ensure the use of work practice controls
- Provide personal protective equipment (PPE)

Wrap Up

- Make available hepatitis B vaccinations to all workers with occupational exposure
- Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident
- Use labels and signs to communicate hazards
- Provide information and training to workers
- Maintain worker medical and training records

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