

# OSHA<sup>®</sup> FactSheet

## OSHA's Bloodborne Pathogens Standard

**Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.**

### Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must 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. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational

exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

### Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**.

**This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.**

For assistance, contact us. We can help. It's confidential.



# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

## Sample Bloodborne Pathogen Exposure Control Plan

Note: This sample plan is provided for the guidance of employers who have employees with exposure to blood or other potentially infectious materials only as a collateral function of their job. This sample plan is not intended to supersede the requirements detailed in the Bloodborne Pathogens standard, 29 CFR 1910-1030.

### Employer Responsibilities:

1. Review the standard for particular requirements which are applicable to their specific situation.
2. Will need to add information relevant which are applicable to their specific situation.
3. Will need to add information relevant to their particular operations and work sites in order to develop an effective, comprehensive exposure control plan.
4. That the exposure control plan is expected to be reviewed at least on an annual basis and updated when necessary:

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## General Purpose:

To prevent worker exposure to possible infectious material (blood, blood products, blood components, or other potentially infectious material).

## Exposure Control Plan

To comply with the Bloodborne Pathogens Standard, employers must develop an Exposure Control Plan which must include:

1. A potential exposure determination of employees.
2. A schedule and method of implementation for compliance, hepatitis vaccination, post exposure evaluation and follow-up, communication of hazards to employees, and record keeping.
3. The procedure for evaluation of circumstances surrounding exposure incidents.

# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Date: \_\_\_\_\_

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following plan has been developed by, \_\_\_\_\_, (hereafter referred to as "the Company") to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials as detailed in the Bloodborne Pathogens standard. The Company has designated \_\_\_\_\_, as the primary contact person, and \_\_\_\_\_, as the back up contact person. These individuals are responsible for the maintaining all records and documentation, providing appropriate personal protect equipment (PPE), exposure incidents, communications with health care professionals and training as required by this standard.

## **Exposure Determination**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. See attached Appendix 1 for this information

## **A. Implementation Schedule and Methodology**

OSHA also requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

### **1. Compliance Methods**

Universal precautions will be observed at all job sites in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At all work areas, hand washing facilities are located: \_\_\_\_\_

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

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## 2. Work Practices

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at all job sites to accomplish this goal are:

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## 3. Personal Protective Equipment (PPE)

All PPE used at all work sites will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. See appendix 1 for additional details.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area (List where equipment will be placed):

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Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, or mucous membranes. Gloves will be available from (state location, and/or person who will be responsible for distribution of gloves): \_\_\_\_\_

Gloves will be used for the following procedures:

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Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

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## 4. Housekeeping

Decontamination of areas which have been contaminated with blood or other potentially infectious materials will be accomplished by utilizing the following materials: (List the materials which will be utilized, such as fresh bleach solutions or EPA registered germicides) All contaminated work surfaces will be decontaminated as soon as feasible.:

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## 5. Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee.

### **Employers have the option of choosing one of the following (check one):**

The vaccine will be offered within 10 working days of their initial assignment as a first aid responder unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity, or

The vaccine will be offered to the employees as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid responders who have rendered assistance in a first aid involving the presence of blood or other potentially infectious materials regardless of whether the employee has actually incurred an exposure incident as defined by the standard. All incidents of first aid will be reported by the end of the work shift to the responsible persons listed at the beginning of this plan, in order to ensure that proper precautions concerning the incident are followed and that the vaccine is offered to unvaccinated employees within 24 hours.

Employees who decline the Hepatitis B Vaccine will sign a waiver which uses the wording in Appendix A of the OSHA standard. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. Vaccines will be offered by the responsible persons listed at the beginning of this plan.

Vaccine will be administered by \_\_\_\_\_

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## **B. Evaluation of Circumstances Surrounding the Exposure Incidents.**

When the employee incurs an exposure incident, it should be reported to the responsible persons listed at the beginning of this plan. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

The follow-up will include the following:

1. documentation of the route of exposure and the circumstances related to the incident.
2. if possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.

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3. results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. (Employers may need to modify this provision in accordance with applicable local laws on the subject.) Modifications should be listed here: \_\_\_\_\_

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4. The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
5. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are listed in Appendix 2.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

### Interactions with Health Care Professionals

Certain information is required to be provided to the health care professional responsible for providing an employee with the Hepatitis B vaccine and also certain information is required to be provided to the health care professional who conducts and evaluation of an employee following an exposure incident. This information requirement is listed in paragraph (f) (4) of the standard. The responsible persons listed at the beginning of this plan will be responsible for assuring that the information is transmitted to the health care professional.

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B Vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation, and
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information.)

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## Training

Training for all employees will be conducted prior to initial assignments to tasks where occupational exposure may occur. Additionally, all employees will receive annual refresher training, which will be conducted within one year of the employee's previous training. Training for employees will include the following explanation of:

1. The OSHA standard for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne diseases
3. Modes of transmission of bloodborne pathogens.
4. This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6. Control methods which will be used at the job site to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility and who should be contacted concerning.
8. Post Exposure evaluation and follow-up.
9. Signs and labels used at the job site.
10. Hepatitis B vaccine program for this company.

## Recordkeeping

All records required by OSHA standard will be maintained by the responsible persons listed at the beginning of this plan.

\_\_\_\_\_ Date: \_\_\_\_\_  
Company Name

By: \_\_\_\_\_



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## Appendix 2

The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are:

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## Appendix 3

### Hepatitis B Vaccine Declination

#### [Appendix A to Section 1910.1030 (Mandatory)]

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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|--------------|-------------|
| _____        | Date: _____ |
| Employee     |             |
| _____        | Date: _____ |
| Company Name |             |
| By: _____    |             |