



Training Information

OSHA's Bloodborne Pathogens Standard

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 material (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.

Protecting Yourself When Handling Contaminated Sharps

Sharps are objects that can penetrate a worker's skin, such as needles, scalpels, broken glass, capillary tubes and the exposed ends of dental wires. If blood or other potentially infectious materials (OPIM), as defined in the OSHA Bloodborne Pathogens standard, are present or may be present on the sharp, it is a contaminated sharp and appropriate personal protective equipment must be worn.

A needle stick or a cut from a contaminated sharp can result in a worker being infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV) hepatitis C virus (HCV), and other bloodborne pathogens. The standard specifies measures to reduce these types of infection.

Careful handling of contaminated sharps can prevent injury and reduce the risk of infection. Employers must ensure that workers follow these work practices to decrease the workers' chances of contracting bloodborne diseases.

Safer Medical Devices

Employers are required to consider and use safer medical devices, wherever possible. These devices include those that are needleless or have built-in protection to guard workers against contact with the contaminated sharp. In addition, the employers must ask non-managerial patient care workers who could be exposed to contaminated sharps injuries for their input in identifying, evaluating and selecting effective work practice and engineering controls, including safer medical devices. The employer must document consideration and implementation of these devices, and the solicitation of worker input, in the Exposure Control Plan.

Prompt Disposal

Employers must also ensure that contaminated sharps are disposed of in sharps disposal containers immediately or as soon as feasible after use. Sharps disposal containers must be readily accessible and located as close as feasible to the area where sharps will be used. In some cases, they may be placed on carts to prevent patients, such as psychiatric patients or children, from accessing the sharps. Containers also must be available wherever sharps may be found, such as laundries.

Contaminated sharps must never be shared or broken. Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if such actions are required for specific medical or dental procedures. If recapping, bending or removal is necessary, employers must ensure that workers use either a mechanical device or a one-handed technique. The cap must not be held in one hand while guiding the sharp into it or placing it over the sharp. A one-handed "scoop" technique uses the needle itself to pick up the cap, and then the cap is pushed against a hard surface to ensure a tight fit onto the device. Also, the cap may be held with tongs or forceps and placed over the needle. Contaminated broken glass must not be picked up by hand, but must be cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps.

Sharps Containers

Containers for contaminated sharps must be puncture resistant. The sides and the bottom must be leakproof. They must be appropriately labeled or color coded red to warn everyone that the contents are hazardous. Containers for disposable sharps must be closable (that is, have a lid, flap, door or other means of closing the container), and they must be kept upright to keep the sharps and any liquids from spilling out of the container.

The containers must be replaced routinely and not overfilled, which can increase the risk of needle sticks or cuts. Sharps disposal containers that are reusable must not be opened, emptied, or cleaned manually or in any other manner that would expose workers to the risk of sharps injury. Employers also must ensure that reusable sharps that are contaminated are not stored or processed in a manner that requires workers to reach by hand into the containers where these sharps have been placed.

Handling Containers

Before sharps disposal containers are removed or replaced, they must be closed to prevent spilling the contents. If there is a chance of leakage from the disposal container, the employer must ensure that it is placed in a secondary container that is closable, appropriately labelled or color-coded red, and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.

Bloodborne Pathogens Exposure Incidents

Reporting an Exposure Incident

Exposure incidents should be reported immediately to the employer since they can lead to infection with hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), or other bloodborne pathogens. When a worker reports an exposure incident right away, the report permits the employer to arrange for immediate medical evaluation of the worker. Early reporting is crucial for beginning immediate intervention to address possible infection of the worker and can also help the worker avoid spreading bloodborne infections to others. Furthermore, the employer is required to perform a timely evaluation of the circumstances surrounding the exposure incident to find ways of preventing such a situation from occurring again.

Reporting is also important because part of the follow up includes identifying the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law, and determining the source's HBV and HIV infectivity status. If the status of the source individual is not already known, the employer is required to test the source's blood as soon as feasible, provided the source individual consents. If the individual does not consent the employer must establish that legally required consent cannot be obtained. If state or local law allows testing without the source individual's consent, the employer must test the individual's blood, if it is available. The results of these tests must be made available to the exposed worker and the worker must be informed of the laws and regulations about disclosing the source's identity and infection status.

Medical Evaluation and Follow-up

When a worker experiences an exposure incident, the employer must make immediate confidential medical evaluation and follow-up available to the worker. This evaluation and follow-up must be made available at no cost to the worker and at a reasonable time and place, performed by or under the supervision of a licensed physician or other licensed healthcare professional and provided according to the recommendations of the U.S. Public Health Services (USPHS) current at the time the procedures take place. In addition, laboratory tests must be conducted by an accredited laboratory and also must be at no cost to the worker. A worker who participates in post exposure evaluation and follow up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, the employer must ensure that the worker's blood sample is preserved for at least 90 days in case the worker changes his or her mind about HIV testing.

Post-exposure prophylaxis for HIV, HBV, and HCV, when medically indicated, must be offered to the exposed worker according to the current recommendations of the U.S. Public Health Services. The post-exposure follow-up must include counseling the worker about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.

Written Opinion

The employer must obtain and provide the worker with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. According to OSHA's standard, the written opinion should only include: whether hepatitis B vaccination was recommended for the exposed worker; whether or not the worker received the vaccination, and that the healthcare provider informed the worker of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. Any findings other than these are not to be included in the written report.

Hepatitis B Vaccination Protection

Any workers who have reasonably anticipated contact with blood or OPIM during performance of their jobs are considered to have occupational exposure and to be at risk of being infected. Workers infected with HBV face a risk for liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer. A small percentage of adults who get hepatitis B never fully recover and remain chronically infected. In addition, infected individuals can spread the virus to others through contact with their blood and other body fluids.

An employer must develop an exposure control plan and implement use of universal precautions and control measures, such as engineering controls, work practice controls and personal protective equipment to protect all workers with occupational exposure. In addition, employers must make hepatitis B vaccination available to these workers. Hepatitis B vaccination is recognized as an effective defense against HBV infection.

HBV Vaccination

The standard requires employers to offer the vaccination series to all workers who have occupational exposure. The vaccine and vaccination must be offered at no cost to the worker and at a reasonable time and place.

The hepatitis B vaccination is a non-infectious vaccine prepared from recombinant yeast cultures, rather than human blood or plasma. There is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

The vaccine must be administered according to the recommendations of the U.S. Public Health Service current at the time the procedure takes place. To insure immunity, it is important for individuals to complete the entire course of vaccination contained in the USPHS recommendations.

The great majority of those vaccinated will develop immunity to the Hep B virus. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although workers may desire to have their blood tested for antibodies to see if vaccination is needed, employers cannot make such screening a condition of receiving

vaccination and employers are not required to provide prescreening. The worker must be informed that the vaccine and vaccination are offered at no cost to the worker. The vaccination must be offered within 10 days of initial assignment to a job where there is occupational exposure, unless the worker has previously received the vaccine series, antibody testing has revealed that the worker is immune, or the vaccine is contraindicated for medical reasons. The employer must obtain a written opinion from a licensed healthcare professional within 15 days of the completion of the evaluation for vaccination. This written opinion is limited to whether hepatitis B vaccination is indicated for the worker and if the worker has received the vaccination.

Declining the Vaccination

Employers must ensure that workers who decline vaccination sign a declination form. The form also states that if a worker initially declines to receive the vaccine, but at a later date decides to accept it, the employer is required to make it available, at no cost, provided the worker is still occupationally exposed.